



NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Witness 5: Shelly Hipson

Full Day 1 Timestamp: 04:42:47–05:37:30

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

The Commission is back in sitting, and I'd ask us to come to order, please. Thank you. Next witness is Shelly Hipson. Shelly, I'd ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

Shelly Hipson

I do.

Ches Crosbie

Thank you.

Gayle Karding

Good afternoon, Ms. Hipson. If you could just tell us what brings you here today. What role have you played in this situation?

Shelly Hipson

Over the last two years, I've been interested in finding out the truth from government. In order to do that, there's a process called Freedom of Information. Online you can pay \$5 and request any record, and so I became kind of obsessed. I got lots and lots of records, 80 to 100 records, trying to piece this all together.

Gayle Karding

So, just walk us through, very briefly, how you do that and what exactly you can ask for.

Shelly Hipson

You can't ask a question, or you can't ask for analyzed data. You have to ask for a specific record. So, you may ask for a record about vaccines and adverse reactions to the vaccines, hospitalizations. There's the Department of Health and Wellness, and then there's the Nova Scotia Health Authority. The Department underneath that has a Public Health Branch:

that's where Dr. Robert Strang would be working. And then separate from that is the Nova Scotia Health Authority, which is a registered charity. And you're also able to do Freedom of Information requests to both of those entities.

Gayle Karding

You brought hard copies of a selection of your, we'll call them FOIPOP's [requests under *The Freedom of Information & Protection of Privacy Act*], just for ease of reference. I take it these aren't all of them.

Shelly Hipson

Oh, heck no. I've got about four large, huge binders, so I was very kind to you guys. You've got the mini version of some of the highlights, and I hope that it presents enough of the picture of what I've accumulated.

Gayle Karding

Just to be very clear, every single document that we're going to be looking at today, the source is government?

Shelly Hipson

Yes, it's a government document. It's something that's come directly from those departments or the Nova Scotia Health Authority.

Gayle Karding

And specifically, I think, with the exception of maybe one or two pieces of paper, these are all specifically from the Nova Scotia government?

Shelly Hipson

Yes.

Gayle Karding

All right, for ease of reference for you explaining this to us, as well as for the Commissioners, we've divided these FOIPOP's into basically three temporal periods. So, why don't you start with describing what is the first temporal period that we're dealing with, and then you can start walking us through the information that you have received.

Shelly Hipson

What I wanted to start with is a foundation, and that foundation piece is in your binder. It's Nova Scotia Health Authority zero eight two. What that provides us goes back to 2015. So, 2015, 2016, 2017, 2018, 2019, 2020, and 2021. What we're looking at are the ICUs, the total ICUs throughout Nova Scotia. It's a big one like this, if you want to follow.

So the Nova Scotia Health Authority ICUs, and then Aberdeen Hospital, Cape Breton Health Care, Colchester, Cumberland, Dartmouth, QE2, South Shore, St. Margaret's Valley Regional and Yarmouth Regional at the top. This provides us with a scope, a context.

We can see from looking at this, in 2020, if we go down to ICUs and hospitalizations, the total for 2020 was 7,306.

Gayle Karding

Seven thousand, three hundred and six, what?

Shelly Hipson

ICU hospitalizations.

Gayle Karding

Okay.

Shelly Hipson

If we go up to 2015 and look at the total ICUs in that first column, we can see that, in 2020, it was the lowest number of ICUs since 2015, at the 7,306. Other years were 7,906, 8,300.

[00:05:00]

You would have thought maybe a pandemic would have been in 2016, as that was the highest.

2017: 8,014.

2018: 8,005.

2019: 7,708.

And we go down to 7,306 in 2020. And when we add those ICUs together for 2020, the 7,306 – I've just added to July, for example, because I have other documents that go along with that timeline – there were 12,220 ICU's.

Gayle Karding

Tell us where you found the 12,000 number?

Shelly Hipson

It's the 7,306 total for 2020 and then I've added January, February, March, April, May, June, July of 2021. I didn't include August and September because other documents go along just to the end of July. That totals 12,220. So, if we can remember that number, around 12,000 people went into ICU for about a year and a half of the pandemic.

Gayle Karding

So just to be clear, this very large document, essentially what it is: the NSHA-082 was multiple pages, and all you've done is tape them together so that it's visible all at once.

Shelly Hipson

Yes, we can also see in March 2021 that the number of ICU beds went from 121 to 117. So even in a pandemic, they were reducing the number of ICU beds. This happened throughout several hospitals. For example, Cumberland went down two, Cape Breton went down one,

Aberdeen Hospital went down four. So, it's just an interesting observation to me during a pandemic, that there would be a decrease in hospitalizations overall.

Gayle Karding

As well as a decrease in the number of ICU beds available.

Shelly Hipson

Yes. So when somebody says there's four people in hospital it can give us a reference, but there's a lot of beds there. So it's a helpful tool.

Gayle Karding

Okay, and you've put some yellow highlights, at least on my copy. Have you done that on the commissioners' copies?

Shelly Hipson

I sure hope so. That was my intention last night. I'm trying to get them done.

Gayle Karding

So those are not original to the documents, obviously.

Shelly Hipson

No, they're not. Just to help people see what I'm trying to do here: If we turn the page in your document, everybody was hearing and being bombarded with the ICUs and the hospitalizations. I was curious what was really going on, so I did a Freedom of Information request: How many ICU hospitalizations were there each month for COVID-19 in 2020 and for each month up to, including July? So, when I did that, this is what I got back, was this one.

Gayle Karding

It's entitled COVID-19 ICU hospitalizations.

Shelly Hipson

And if we want to take a brief look at that, we can glance down again by hospital. And these are just your 10 ICU hospitals. So out of the 10, five of them had no ICU hospitalizations for a year and a half into the pandemic. Aberdeen, Cumberland, South Shore, Regional, St. Martha's, and Yarmouth had no ICU hospitalizations. If we look at the rest of them, they are less than five.

Gayle Karding

With the exception of the QE2. On a couple of occasions.

Shelly Hipson

Yes.

Gayle Karding

Okay, and when you say ICU hospitalizations, this is specifically referring to in the COVID-19 units?

Shelly Hipson

Yes, this is COVID-19 ICU hospitalizations. So when we look at the 12,220 ICUs that happened during that same period on the first sheet that I gave you—there's another little sheet, because I told them that I couldn't add these at the bottom—so there's another one. We can see that Aberdeen had zero, Cape Breton Health Complex had ten, Colchester Regional had nine, Cumberland zero,

[00:10:00]

Dartmouth five, QE2 74, South Shore zero, St. Martha zero, Valley Regional 12, and Yarmouth zero. When I work those out, basing it on the number of ICUs in this first one, they are all less than 1 per cent. So COVID ICU hospitalizations were less than 1 per cent.

Gayle Karding

Okay, what's the next document that you have here?

Shelly Hipson

So that dealt with ICUs. The next one: "Well," I thought, "they're not in ICU, maybe they're all in general admissions." So I did a combination, and that's Freedom of Information NSHA 2021-173. And that's quite a long one. You're probably going to have to stretch it out here.

Gayle Karding

In the next one that I have— Oh, you've got a long one, okay.

Shelly Hipson

Yeah. It should be in the orange in the back. And just to give the audience sort of a visual as well, I've highlighted the yellow, which would be zero hospitalizations and ICUs throughout Nova Scotia.

Gayle Karding

You mean specifically—and I'm looking at this document reading it—you mean specifically COVID hospitalizations?

Shelly Hipson

COVID, ICUs and general hospitalizations. The vast majority, I was quite surprised: There's no one there. It's pretty empty of COVID.

Gayle Karding

It would appear that there's a number of spaces here that are blocked out with a section 20, sub 3, sub A cited.

Shelly Hipson

Yes—anything less than five, they blank them out. They gave me the reason that if it's one person, I may be able to figure who that person is. So it's to protect their privacy. It's interesting they black them out for their privacy.

But anyway. So, that's what that is. They're still all less than five.

Gayle Karding

Okay. Have you provided the document where they provided that explanation in the binder?

Shelly Hipson

Yes, it's one of the Freedom of Information responses.

Gayle Karding

Okay.

Shelly Hipson

I did ask them for an update on this one, and if we turn the page—it's not always easy to get. The update: they wanted to charge me \$2,190. So, freedom of information sometimes is not free. They may put stumbling blocks, I feel, in your way to be able to access that information. I just stuck that in.

Gayle Karding

Let's just back up. I want you to explain, or just clarify, that first NSHA 2021-173. What was the period over which you were seeking and obtained this information? Over what period?

Shelly Hipson

That went for the year 2020 and up until October 2021.

Gayle Karding

So, January 2020 to October 2021.

Shelly Hipson

To October 2021, yes.

Gayle Karding

And when you asked for the update, what was the period that you sought in NSHA 2022-047 that was going to cost you \$2,000?

Shelly Hipson

I asked for November, December, January, and February, so four months.

Gayle Karding

And that was going to cost \$2,000?

Shelly Hipson

Yes.

Gayle Karding

Had they asked for any additional funds in the original NSHA-2021-173 to give you the same information, for the period of a year and ten months?

Shelly Hipson

No.

Gayle Karding

So that will cost you \$5.

Shelly Hipson

Yes.

Gayle Karding

What ended up happening to your updated request?

Shelly Hipson

I redid it and I broke it apart. I do have it a little bit further on and it gives us an opportunity to compare what was happening in 2020-2021. Then it shows something kind of significant at the beginning of 2022. I have that more towards the end.

Gayle Karding

Okay. So just to put some of this

[00:15:00]

into our situational context, this long document is related to NSHA 2021-173 and includes all of the COVID hospitalizations and ICU hospitalizations of January 2020 to October 2021. The vaccine began to be rolled out at the end of 2020, December 2020. Does that sound about right?

Shelly Hipson

Mm-hmm.

Gayle Karding

Okay. So far, it would appear, looking at this these numbers, that they seem to remain consistent up until October 2021. Is that fair?

Shelly Hipson

Yes.

Gayle Karding

All right. So, the next FOIPOP that you want to address is what?

Shelly Hipson

It's a comparison of deaths from diseases of the respiratory system from 2019 and comparing it to 2020. We were told there's so many COVID cases. What was really going on with all of the respiratory illnesses? And that is this sheet here.

Gayle Karding

This is 2022-00455-SNSIS, standing for Service Nova Scotia and Internal Services. March 30, 2022?

Shelly Hipson

Correct. We have 2019, and we can see, we'll just scan right down. We've got influenza 42, pneumonia 148, other chronic pulmonary diseases 496, et cetera. It totals 895 total deaths from diseases of the respiratory system. So, 895 in 2019.

In 2020, if we scan down all of those as well—and that includes 66 of COVID-19—there's 827. So, 895 in 2019, 827 in 2020. It actually decreased by 68 during that period.

Gayle Karding

Now, this particular graph, is this one that you produced?

Shelly Hipson

It's one that I produced. The actual documents I've put in your binder. The hard copy data. I've just put them into a graph so that we can compare what happened between the two years.

Gayle Karding

Okay, so you've done, not really an analysis, but you just reorganized the data, pulled the ones that were specifically respiratory, and put it into this graph. But you've provided the actual FOIPOP where you sought records providing total number of deaths per month in Nova Scotia for 2019, 2020, 2021 and so far in 2022, as of March 30th. Records showing a breakdown with totals of causes of death for 2019, 2020, and 2021. What you were provided had a lot of other causes of death as well.

Shelly Hipson

That's right.

Gayle Karding

Okay. And you've highlighted for the commissioners which ones you've used to put into your graph. If they wish to double check your work, or confirm those numbers, they can do that.

Shelly Hipson

That's right.

Gayle Karding

Okay. And so, this is a comparison of 2019, which is pre-pandemic and the first year of the pandemic which was 2020.

Shelly Hipson

That's right. I asked for 2021, but it was incomplete, so I wasn't able to use that data.

Gayle Karding

All right, would you like to move on to the next?

Shelly Hipson

So, we are at 2021-015-75HEA. The important thing here, I feel, if we just turn to the second page; it's page one, just after the FOIPOP. I highlighted in your binders a deceased case. And I'm just going to read that out to you, because it is quite concerning to me that this would be the definition.

Gayle Karding

Let me just back up for everybody's benefit. We're talking about a FOIPOP request made on December 15th, 2021. Is that when the response comes?

Shelly Hipson

That's the response. I made it on August 19th, 2021.

[00:20:00]

Gayle Karding

Okay, and this is what you had sought from the government. You had sought the definition of a COVID-19 case, and a couple of definitions, including how they define a deceased case, and so on.

Shelly Hipson

Exactly, yes. So, a deceased case, that's on page one: "A probable, or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause of death identified such as, example, trauma, poisoning, drug overdose."

I'm going to read it again. "A deceased case: a probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause

of death”—trauma, poisoning, or drug overdose. “A medical officer of health, relevant public health authority, a coroner, may use their discretion when determining if a death was due to COVID-19. Their judgment will supersede the above-mentioned criteria. A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor.”

So, a COVID-19 death may be attributed, or is the cause of death: the public health authority or coroner may use their discretion and it can be from a clinically compatible illness.

Gayle Karding

Okay.

Shelly Hipson

Page 4, Table 2, COVID-19 cases. It’s just interesting to note that out of a total of 5,884 confirmed cases, one quarter of them were asymptomatic. In Table 3, number of deaths of asymptomatic people are zero. I started to question the whole testing of asymptomatic people. So it’s interesting how many had no symptoms.

If you don’t have any questions there, I’m going to go right to the next—

Gayle Karding

Okay, I don’t believe that I do. This particular FOIPOP covers March—or the graphs cover—it would appear, March 2020 to August 2021.

Shelly Hipson

Right.

Gayle Karding

Okay. And these graphs, just to clarify, because some of these graphs you’ve made— These graphs are ones that were included in the response as they appear from the government.

Shelly Hipson

Yes.

Gayle Karding

Okay.

Shelly Hipson

So the next Freedom of Information is Nova Scotia Health Authority 2021-185. And what I asked for was, “any record, proof, document, report that an asymptomatic positive COVID-19 case is contagious and spread to others in Nova Scotia.” The response is: “We have conducted a thorough search of our records, but we were not able to find any records responsive to your request. We are now closing the file.”

Gayle Karding

Okay, and that was on December 7th, 2021.

Shelly Hipson

Mm-hmm.

Gayle Karding

So that one seems to speak for itself.

Shelly Hipson

Yeah.

Gayle Karding

Okay, the next document is a graph. And I take it that this is one that you produced right?

Shelly Hipson

Yes, it is.

Gayle Karding

And just to highlight for the commissioners, the sources of your information of the numbers that you've put in here are entered in the middle there where it says FOIPOP, and it provides a number. Is that right?

Shelly Hipson

Yes.

Gayle Karding

Okay. And then the percentages are something that you did.

Shelly Hipson

That's my calculations.

Gayle Karding

Based on the numbers that are in the documents cited here.

Shelly Hipson

That's right.

Gayle Karding

Okay, so can you just very quickly walk us through what this is?

Shelly Hipson

Okay, so I just wanted to put it in context. The population of Nova Scotia is just over a million people. In 2020, there were 238,474 tests done. And in 2021, 1,347,912. That's totaling just over 1,500,000 tests that were completed. Comparing that to our population,

[00:25:00]

that's a substantial number of tests. Of course, there could be people that are retesting, but that's a lot of tests. The negative tests were 1,564,648. So out of all of those total tests for two years, 20,446 were positive.

The number of people that died was 114. We know of those 114 in that first year, at least that 53 of them died at Northwood, a long-term care facility. Those are my percentages, so I'm just going to skip over those. The number of people that die in Nova Scotia: it's approximately 10,000 people a year. So, 20,000 people died in those two years, and 114 of them were from COVID.

Gayle Karding

Attributed to COVID.

Shelly Hipson

Attributed to COVID, yes. It's a very low percentage, which leads me into the next Freedom of Information response, which would be about the comorbidities. A hundred and fourteen people died. At least 53 of them were in long-term care. So, I wanted to know what else was going on? Why did they die? In order for me to stay healthy and my grandmother to stay healthy.

So the next one was Freedom of Information 2021-01142. I asked for the comorbidity data that the people had who died with or from COVID-19, including ages, sex, any information, or studies that has been gathered on those who have died with COVID-19 in Nova Scotia.

And the next one is this. And we can see in Table 1, that 86.7 per cent of them were 65 years and older. Only 13.3 per cent of them were under the age of 65. Down in Table 3, we can see that cancers were 6.7 per cent, cardiac disorders were 60 per cent, chronic renal disease was 11.1 per cent, diabetes was 21.1 per cent, immunocompromised conditions were 5.6 per cent, neurological conditions were 54.4 per cent, and pulmonary disorders were 18.9 per cent. And most of them were in long-term care. So just to add context to that.

Gayle Karding

Okay, I think now we're moving into the next temporal phase, where we're talking about after the rollout of the vaccine. We do need to pick up our pace a little bit to make sure that we get everything in. So, let's introduce your documents and the commissioners would be able to mostly consider the documents themselves. What's the first one you're speaking to—2021-01590-HEA?

Shelly Hipson

That's one of the first ones that I did that I learned about the adverse events following immunization. I'm going to leave that for them to read, due to time.

I'm going to skip to 2022-01349. And in that Freedom of Information request, made on August 29, 2022, I asked for correspondence, reports, documents given to, sent to, reported to, received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long-term care, nursing homes administration, on the topic of COVID-19 vaccine adverse events, side effects, and deaths that have occurred since it was rolled out in our province. This would include correspondence and reports on adverse events and deaths that are temporarily associated with the vaccine that have not been clearly attributed to other causes, that Dr. Robert Strang has in his possession.

Page one, Dr. Robert Strang is sending out references for communication. We saw how, across Canada, the chief medical officers seemed to parrot a lot of lines. I can understand that now because it was included in this particular Freedom of Information response. We see Dr. Bonnie Henry, Dr. Dina Hinshaw, Dr. Teresa Tam all being included in this.

Gayle Karding

Okay and this one refers to media lines.

[00:30:00]

Shelly Hipson

Yes.

Gayle Karding

So, they're indicating how people should discuss this in the media.

Shelly Hipson

With the public. Yes.

Gayle Karding

Is there anything to highlight there in particular, or just that they all have the same media lines distributed to them?

Shelly Hipson

On page 5, January 21st, 2021. That's only about a month after the rollout. Question 3, "Can vaccinated people spread the virus to others?" "There is limited evidence on whether someone who received the vaccine is still able to spread the virus." So here we were told that it was safe and effective, but that clearly states that there is limited evidence on whether someone who received the vaccine is still able to spread the virus.

"Everyone must continue following public health measures regardless of vaccination with COVID-19 vaccines to protect themselves, their loved ones, as well as people and communities at risk of more severe disease and outcomes of COVID-19."

Page 13 are emails to and from Robert Strang and their medical officers. The first one is: "Hi Rob. In case you receive any queries, I'm looking into an adverse event following immunization following the death of a resident vaccinated in long-term care. A female received a Moderna COVID-19 vaccine and died."

So that's one, and I'm just going to flip through them. Another one: "Hi everyone. Please be aware of an adverse event following immunization reported today and confirmed"—and I'm not even going to try to pronounce that word—

Gayle Karding

Encephalopathy.

Shelly Hipson

Thank you. "Develop neurological symptoms." Another one, a serious adverse event, vaccine-induced immune thrombotic thrombocytopenia.

Gayle Karding

Is that on page 16?

Shelly Hipson

That's on page 16, yes. So, with that one they choose to notify the Premier's office. There are people that have adverse reactions, including swollen, tingly lips, closure of the throat, and they are still recommended to proceed with their second dose of the vaccine.

Gayle Karding

Can you cite page 19?

Shelly Hipson

Sorry page 19. On page 24, it's just interesting: "Some adverse events are identified during the clinical trial process. However, new issues can arise once a health product is on the market because it is being used by a much larger number of people." Very much larger.

Page 27, again. Just itchiness and swollen throat after a Pfizer shot. Shelley McNeil is going to assess this situation. And this is after the second dose actually. And they— Of course, I mean, they were allergic to the first one. No big surprise. Immediately experienced headache, itchiness, flush. So the second one, the same type of reaction.

Page 29. "Some unusual adverse events following immunization came in today. Stroke, thrombotic events, thrombocytopenia alone, thrombosis, thrombocytopenia."

They knew—this was in the first few months—that people were having these adverse reactions to the vaccine.

Gayle Karding

I guess I should have been asking you for dates. That most recent one that you just cited where there's stroke, thrombotic events, pulmonary embolism: that was April 15th, 2021, for example.

Shelly Hipson

Yes.

Gayle Karding

And the earliest one that you cited was January 24th, 2021?

Shelly Hipson

Um-hmm.

Gayle Karding

So those are all between those dates.

Shelly Hipson

Yeah.

Gayle Karding

Okay, so let's move on to the next set.

Shelly Hipson

Zero-two-one-two-four. I asked the same thing—

Gayle Karding

This is for a different time period, I take it.

Shelly Hipson

A different time period. I had to break that one down because I couldn't get it all at once. They were going to charge me some money, so I broke it up. Page one at the bottom: we can see allergic reactions, anaphylaxis to one, two, three, four, five, six, seven—continuing on page two—eight people.

[00:35:00]

Neurological reaction. Female receives a Pfizer, excuse me, vaccine and has a seizure.

If we scan down, some of those are pericarditis, hyperthyroidism, rashes, pulmonary embolisms.

A male receives a Moderna shot, rash toes then serious and hospitalized. A male gets Pfizer and has a cardiac arrhythmia, thrombotic stroke, pericarditis, ischemic stroke, ischemic stroke, hemorrhagic stroke.

Gayle Karding

I'm just going to stop you. So what's interesting about this set is that at this point in June of 2021, they're now breaking down their emails to Dr. Strang into five-day increments.

Shelly Hipson

Yes.

Gayle Karding

This particular email is addressing June 7th to 11th, of 2021. They've got eight allergic reactions. They've got one neurological reaction, eight that they consider non-serious—but it includes a pulmonary embolism as well as a vitreous detachment and pericarditis. And then they've got six serious hospitalized, which you've just read to us there. A couple of ischemic strokes, hemorrhagic strokes, pericarditis, thrombotic stroke, and so on, and a death, which appears was due to pulmonary embolism. That's all in a five-day period?

Shelly Hipson

Yes.

Gayle Karding

And Dr. Strang's response was: "Will be interesting. So do we have serology for specific cases?"

Gayle Karding

He responded to that, indicating that he had seen it.

Shelly Hipson

Yes.

Gayle Karding

Okay. So then moving on very quickly through the next—

Shelly Hipson

It's the same sort of thing: anaphylaxis, allergies, pericarditis.

Gayle Karding

This is June 14th to 18th?

Shelly Hipson

Yes, June 14th to the 18th. Seizures, ischemic stroke. Again, pericarditis. Another pulmonary embolism. Even things like colitis and allergies. Another pulmonary embolism. So that's that date. And it just keeps going. He was receiving these emails knowing that people were being seriously injured and dying and having strokes. Yet it was being told to us that it was safe and effective. Page five, he has the word "concerning."

Gayle Karding

So just to back up. The response to the June 14th to 18th email: that email was sent on June 18th at 6:14 p.m. And at the top of the page at 8:17 p.m. What was Dr. Strang's response on the top of page 3?

Shelly Hipson

"So we would have to acknowledge a single case, but with few details due to privacy."

Gayle Karding

Okay. And then on that particular date, they were reporting six allergic reactions. Five they considered non-serious, but including pericarditis, tachycardia; five serious, hospitalized, including a bilateral pulmonary embolism, seizure and stroke in the same person. And on that particular date, no deaths were reported.

Shelly Hipson

Right.

Gayle Karding

And then on the next page, page five, that report covered— Well, it's in a slightly different format. But on July 12th, Noella sends an email to Dr. Whynot. "We have several myocarditis, pericarditis reports that we received today. This is the first one." And following the email thread up, what was Dr. Strang's response on page five?

Shelly Hipson

Just, "Concerning."

Gayle Karding

This is all in June and July of 2021. And the mandate and the vax pass were brought in in the fall of 2021.

Shelly Hipson

That's right.

Gayle Karding

There's several more pages of this. But, as interesting as it all is, I think we should fast-forward. And we will make electronic copies of these available to the commissioners. I'll speak to whoever might be able to put them on the web as well. What's the next one? You've got two or three minutes.

Shelly Hipson

Okay. I just want to highlight in 2022-1408, that they are not counting any of the deaths after 30 days. We can see sort of a criteria

[00:40:00]

that they have to follow. The criteria are very tight: localized events, seven days; allergic events, 48 hours; neurological events, 56 days. What I've noticed in the reply to my Freedom of Information request is that there are no adverse events being recorded after one month. So I don't know what people are seeing in their community, but I certainly have concerns of what's happening in mine. And it may take a little bit longer for blood clots to manifest into death. And they are not recording anything after one month.

Gayle Karding

Okay. I don't know how you feel about making the last one that we discuss, the comparison of the more recent hospitalizations for COVID? I think that's the one in your red folder at the back, but I'm not—

Shelly Hipson

I think it is, yeah. 161.

Gayle Karding

Yes. NSHA 2022-161.

Shelly Hipson

So, if we pull out that— We've gone from basically zeros. Did I did write on my copy, did I write it on your copy?

Gayle Karding

Probably. I've got lots of notes.

Gayle Karding

Five thousand, nine hundred, seventy-two.

Shelly Hipson

Five thousand, nine hundred and seventy-two general admissions for COVID.

Gayle Karding

Over what period?

Shelly Hipson

From—it's just January to October 2022. So, we've gone from nothing, zeros, to a substantial increase to general hospitalizations that are happening.

Gayle Karding

Specifically for COVID.

Shelly Hipson

Specifically for COVID.

Gayle Karding

As attributed by the government.

Shelly Hipson

Yes.

Gayle Karding

Are there any other ones, any last thing you want to include in there before we close?

Shelly Hipson

The exemptions, I just wanted to touch on that. The Public Service Commission did the exemptions for their government employees: 76 people applied for an exemption; 67 of those were declined. And I was quite surprised that the criteria for the exemption came from the Nova Scotia Public Service Commission and the Nova Scotia Department of Justice. They were the ones that created the exemptions for people, which was very hard to get an exemption.

The other thing that I just want to mention briefly is in the Adverse Events Following Immunization for the year 2022. On page 4, at the bottom, “a category of adverse events following immunization labeled other serious or unexpected events are not shown but are relatively frequent. These primarily include reoccurring conditions, gout, and cancer.”

They have actually acknowledged reoccurring cancer in a government document—in January 2022.

Which just leads me to Statistics Canada saying that the third week of January 2022 was the deadliest week in Canada since the pandemic began, with 27 per cent more deaths than would be expected. Recently we’ve had an article in the CBC: “Nova Scotia tight-lipped about the spike in deaths. Unexpected high numbers of people are dying in an untimely fashion.”

Gayle Karding

Thank you very much.

Shelly Hipson

Thank you.

Commissioner DiGregorio

Don’t go away yet, I have a question.

Gayle Karding

Oh, sorry, questions. Ms. Hipson, the commissioners may have questions.

Shelly Hipson

Yes, sorry.

Commissioner DiGregorio

Is this on? Can you hear me? Oh, there we go. Thank you for that. I have a couple of questions around the Freedom of Information process. Did you experience any issues in having your requests granted?

Shelly Hipson

It's been unreal. I had to be so determined and patient. There were so many stumbling blocks. I would apply and they'd extend it for another 30 days. And then they'd say, "Oh, you know, 30 days, the extension, that's 60 days.

[00:45:00]

Then it's going to cost you—this is one FOIPOP—it's going to cost you \$540." It was an important one, so a few of us chipped in on it. And even when I paid the \$540, they did not grant me the information. So it's been unreal, yes.

Commissioner DiGregorio

And how do you think they could improve that process?

Shelly Hipson

That's a great question. Freedom of Information is not free. Ontario, I believe under their act, it's more so than here in Nova Scotia. They have the liberty to put it as a stumbling block in your way. So, I would like to see it. If it's true, Ontario can't do that. So, I would like to see it. It's our information. They are our public employees. None of this I should have had to go through Freedom of Information requests. It should have been given to us. And then we wouldn't have been scared.

Commissioner Massie

I have a couple of questions. I'll start with a medical one, maybe it's out of your expertise. I noticed that many of the cases reported were sort of anaphylactic shock. Are you aware whether they make any distinction between anaphylactic to some drug or septic shock? Because septic shock can actually be induced by LPS, that have been shown recently to be a fairly present contaminant in the mRNA preparation.

Shelly Hipson

Yeah. Sadly, that is beyond my scope.

Commissioner Massie

They haven't made the distinction?

Shelly Hipson

No, I've never seen it in my information.

Commissioner Massie

My other question is— This is a very thorough work you've done. Your dedication is impressive. If you would now synthesize the message that you can gather from all of the data from the government site and contrast that with the message on the government site, what would be your appreciation?

Shelly Hipson

I think what I'm hearing you say is: Compare what I know and what they've told us from this?

I think it's sad that they didn't provide the context and they created so much fear. With the fear, people went out and got vaccinated for something that, based on my numbers, has a 99.5 per cent recovery. That troubles me: that we have those types of people that would do that to us in our government. It troubles me to see that nobody was in ICU and yet in the media line, it felt like we were just being totally overwhelmed, that the hospitals were overwhelmed, the schools were, you know.

In my mind, I cannot fathom why anybody would want to do that to people. It troubles me that that's who we have in leadership positions.

Commissioner Massie

Maybe one last question. The pandemic is a global event, so you would expect that you would have similar numbers across provinces in Canada or the States or other countries. When I look at the numbers you have compiled for Nova Scotia, by and large, that seems to be fairly low compared to what we've seen from other places. Do you think that there's something special about the people in Nova Scotia or the way the pandemic has been running in the province?

Shelly Hipson

With media lines that they used across the country, I bet if you went to every province and did exactly what I did, you'd be quite surprised. I feel that it would expose the truth. I do feel that we've been bamboozled into thinking that something was really deadly. And I don't think that happened.

I think it was like when you look at even the deceased case, and it can be probable and from a clinically compatible illness—

[00:50:00]

I mean, to a coronavirus? And they're including that in a count. It's pretty easy to get those numbers up, right? People in long-term care, sadly, when they die, they do fill up with mucus. To swab that? Okay, you've got the symptoms of COVID.

And here in Nova Scotia, 83 is the median age of somebody dying of COVID-19 in the province. The life expectancy in Nova Scotia is 80.

Thank you for your questions.

Commissioner Massie

Thank you.

Commissioner Drysdale

You talked a fair bit about ICU beds in the province. I have a couple of questions. One is: Did you also ask about the ICU bed staffing? Because it's one thing to say you have a bed and it's another thing to have a staffed bed.

Shelly Hipson

That's a great question. And I did. I asked for the number of beds that were staffed over the last two or three—2019, 2020, and I believe it's for 2021. And there are around 3,100 staffed beds. And I didn't see a decrease. Now, that might be happening in 2022.

I did do another Freedom of Information asking how many people were no longer working or who were out on COVID. And that seems to be growing. So yes, that's a great question.

Commissioner Drysdale

My next question again has to do with ICU beds. I thought I heard that you were looking at stats prior to 2019, and so my question is: Did you look at ICU bed numbers in the province, say from four or five years ago, and then try to see what the trend was? Whether the ICU beds in the province prior to the pandemic were increasing or decreasing or staying the same?

Shelly Hipson

That's what this beauty chart is here, the first one. As far as the beds are concerned, they're staying about the same. As far as the ICUs, hospitalizations particularly with COVID: I think they could be seeing a bit of a problem. There is another fold in there with the ICU beds and it looks to me like they've tripled for COVID ICUs.

Commissioner Drysdale

One last question because I know we are short on time. This is more or less based on the testimony we had earlier from Dr. Phillips. You talked about a number of adverse reactions, and you did a FOIA request on that. Do you have any information as to how many of those adverse reactions were actually reported into the CAEFISS system?

Shelly Hipson

No, not into that system. I don't. I see where I've done Freedom of Information requests and I'm seeing a change in those numbers. They're decreasing, they're not increasing. So, I do question how much cleaning of the data they may be doing. I don't think they're all getting in there. And when I start to see the emails and the number of strokes and things that are happening and then I see the serious adverse events, the number should be much higher. There's something going on there in my opinion.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

Thank you for your presentation. I just have one quick question. Given that the chief medical officers across the country had the same messaging for communications to the populace, I'm just wondering why there were different mandates and measures put in place from Nova Scotia to other provinces within Canada? Did any of the Freedom of Information requests actually give any evidence as to why that would be happening?

Thank you.

Shelly Hipson

No, the media lines that I received were primarily dealing with reactions to the vaccine. So, they were specific to that.

Commissioner Kaikkonen

Thank you.

Shelly Hipson

You're welcome.

Gayle Karding

Okay, thank you, Ms. Hipson.

[00:54:56]



Final Review and Approval: Jodi Bruhn, August 3, 2023.

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