



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 1: Dr. Greg Passey (Parts I and II)

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PART I

[00:00:00]

Shawn Buckley

I'd like to introduce our first witness. Dr. Greg Passey is here today. Dr. Passey, can we start by asking you to state your full name for the record, spelling your first and last name.

Dr. Greg Passey

Dr. Donald Gregory Passey. D-O-N-A-L-D, first name. Last name, P-A-S-S-E-Y, but I go by Greg.

Shawn Buckley

Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Greg Passey

I do.

Shawn Buckley

Now I'm going to introduce some of your bona fides, but I know I can't do them justice. So if I don't, please feel free to fill in. You are a physician for 22 years in the Canadian Armed Forces. And now you've been a physician for over 42 years.

Dr. Greg Passey

Correct.

Shawn Buckley

You have practised in family medicine, emergency medicine, PTSD [post-traumatic stress disorder] and associated medical health assessment and treatment. You've also trained in nuclear, biological, and chemical warfare (NBCW) as a senior officer in the Canadian Armed Forces.

Dr. Greg Passey

Yes.

Shawn Buckley

You actually were deployed in Iraq for the first Iraq war when there was a real concern that Iraq would be using chemical and biological weapons. So you were trained, and trained quite seriously, in the proper use of PPE.

Dr. Greg Passey

The first part is not correct. I didn't deploy to Iraq, but I was trained. I had advanced training in nuclear, biological, and chemical warfare and the preparation of our troops that were going overseas at that time. And yes, I do have very good knowledge in regards to the type of equipment that's necessary to protect a person under, especially, chemical and biological warfare conditions.

Shawn Buckley

Okay. Then the next thing I want to stress is your expertise in post-traumatic stress disorder. You're actually recognized internationally as an expert. You have received an American College of Psychiatrists' Laughlin Fellowship in 1995 and the International Society for Traumatic Stress Studies' Sarah Haley Memorial Award for Clinical Excellence in PTSD in 2004. The point being, you are recognized internationally as an expert in post-traumatic stress studies.

Dr. Greg Passey

Yes.

Shawn Buckley

You're here today to share various thoughts, including on PTSD, later. But I'll just ask you if you want to start your presentation.

Dr. Greg Passey

Yes. Is it up now?

Shawn Buckley

Yeah. Your slides are on; we see a slide, The "Ascent" of Man.

Dr. Greg Passey

[Ascent of Man]

If I'd had more time, the next piece of this would have been this last gentleman huddled in a cave, wearing a mask, and having a needle stuck out of his arm.

[CV]

We've gone through my CV [Exhibit VA-1].

[Disclosure]

Disclosure. So I actually contracted COVID in March of 2020, coming out of Africa when I went through London. I had it for about eight to ten days. At that point, I started doing research in regards to the virus, potential treatment, et cetera. I received articles from all over the world, and I have maintained that. A number of my patients are continuing to forward me stuff. So I'm inundated with articles in regards to COVID, vaccinations, masks, et cetera.

I was vaccinated with the AstraZeneca vaccine. I refused to have the mRNA vaccine because it was experimental in my view. My plan had been to wait for two years to see what the safety features looked like at that time. I have not been boosted since that time.

Despite my vaccination, I got reinfected in January of 2022. On day three, I decided I didn't want to go through another week or so of being sick. I treated myself with ivermectin, in addition to zinc, quercetin, vitamin B6, vitamin C, D3, K2, and PQQ10, as well as low-dose aspirin. I was improved 90 per cent,

[00:05:00]

within 24 hours and rapidly recovered.

It was interesting because, at the same time, there was a group in the United States that developed this Frontline COVID-19 Critical Care Alliance protocol, which basically included those types of compounds, supplements, et cetera. We were suppressed; we were censored. I was not allowed to talk about my experience. I was not allowed to talk publicly about potential treatment. The U.S., Canada, and other countries spent billions, billions of dollars rapidly developing an experimental gene-therapy treatment. Period.

Now when we had HIV and AIDS, we attempted to develop a vaccine. We never were able to because we could not develop a vaccine that was effective. The virus mutated too quickly, just like COVID does. So what did we do? We spent billions of dollars on treatment. Not on a vaccine. Treatment. And guess what, AIDS went from almost 100 per cent fatality rate to now you can live a full life. You need three different medications from two different types of categories, and you will live a full life.

I have absolutely no idea why our government and our public health people did not pursue a treatment research regime while they were attempting to do vaccines. Makes no sense, at all.

I consider myself part of the outraged, moderate majority in Canada. I also consider myself a defender of Canada. Not the Canada that we have today. The Canada that "was," where there was freedom of speech. You could share medical ideas. You took care of your neighbours. You didn't ostracize; you didn't point fingers. You didn't attempt to segregate people.

Our Canada has changed. This Canada was not the country I spent almost 43 years taking care of its citizens and 22 years of my life in the military, including overseas duties. That's not the Canada that I spent my time on. I sacrificed my time on.

[CV]

We've already covered that, don't need to do— I'm going the wrong way, that's my problem.

[Change of Definitions]

One of the things that was really interesting is that the original definition of immunization was "the act of introducing a vaccine into the body to produce immunity to a specific disease." Once COVID arrived, they changed the definition. It's no longer immunity: it's been switched to protection.

The term "vaccine" also got a makeover. The CDC's definition changed from "a product that stimulates a person's immune system to produce immunity to a specific disease," to the current, "a preparation that is used to stimulate the body's immune response against diseases." I can inject anything into your body, and it will cause an immune response. But that doesn't mean it's going to help you with a disease. So basically, in order to accommodate the RNA injections, the definitions were changed in regards to vaccines versus gene treatment.

[Topical Quote]

A member of the European Parliament, Rob Roos, I saw in an interview. He stated that he's really scared with the state of the world, the state of his country. He said that "science that can't be questioned is just propaganda." And I agree.

[00:10:00]

The propaganda or the authority narrative or the government narrative can also be called "political science." It's usually interlaced with lies. When Trudeau said, "Follow the science," when Bonnie Henry said, "We're following the science," what they didn't tell you was that they're following the political science, not the medical science. The evidence is clear; it's out there. They've been offered debates. Our experts will debate your experts. Let's do this. Let's televise it. Let's inform the public. Never happened, nor will it.

Coupled with the authority narrative is the loss or suppression of critical thinking. So I was taught in medical school and certainly in the military to be a critical thinker. I have the ability to look at two sides of every situation and come to an informed decision about what is factual. With this government public health narrative, it's been suppressed. We're not allowed to do that. I hate to say it, but our education system is not training critical thinkers. They're being taught narratives, and they're being taught to accept whatever that narrative is.

When I'm doing treatment with my patients, I always say to them, you know what, it's easy to judge. It's easy to judge anyone. A three-year-old can judge you. But it takes time, energy, and intelligence to understand. The authoritative narrative depends on people just judging. They don't allow you to see both sides of any issue. They present one: Trust me. It's correct. And you're supposed to accept that.

I've been in countries where if you accepted the government narrative, people died. Rwanda, 800,000 people died because of the Hutu government narrative. I don't trust any governments. I don't know any person who served in the Canadian military that trusts any

government. We've seen what absolute power can do. It will corrupt people, and they will use that power.

[Masks]

I'm going to talk briefly about masks. I'm sure it's been done. But with my background, I just want to put this to rest. So the CDC back in 2020 said that they didn't find "any evidence that surgical-type masks are effective in reducing laboratory-confirmed influenza . . ." And that doesn't matter if it was worn by the infected person or people in the general community to reduce their susceptibility. They affirmed that "surgical masks are worn in the health-care settings not to prevent transmission of respiratory infections but rather to protect accidental contamination of patient wounds and to protect the wearer against splashes and sprays of bodily fluids." Period.

CDC furthermore specified that the SARS-CoV-2-type specimens must be processed in a Biological Safety Level 3 lab space using biological safety level 3 procedures. Very, very particular. This typically requires a Tyvek full-body suit, gloves, and a HEPA-filtered, powered air-purifying respirator. Not an N95, not a surgical mask. You will not find people wearing those in there for their primary protection.

Shawn Buckley

Before you go on, can I just clarify? So the CDC quote refers to influenza. But your opinion would be, that's equally applicable to coronavirus.

Dr. Greg Passey

Any respiratory virus.

Shawn Buckley

Right.

Dr. Greg Passey

So anything that's— So the respiratory viruses are airborne. They may be spread by droplets, but they're airborne also. So yes.

Shawn Buckley

Then your other point, in pointing out that it's a Level 3 as a biological hazard. Literally, if you are trying not to catch it, you have to be in a full bodysuit and a respirator with— So your point is, this was just meaningless, the masks.

Dr. Greg Passey

[BSL 3 PPE]

Here's a photo. If they wanted us not to catch or spread it,

[00:15:00]

that photo, that's what we needed to dress as. I was absolutely astounded that the Canadian military— You know, good on them. The Ontario government asked them to go in and help

out in the chronic care facilities, right? So we're going to send all our medics in there, and I thought, great.

Then they sent them in with surgical masks and N95. We've got full-on NBCW suits and we got gas masks. We trained to use those; it's like, wow, that would have been a great training exercise. Instead, we've put them into a hazardous area without the appropriate equipment. A number of those medics got sick. Not necessary.

I still see people, it blows me away. People are driving by themselves in their car and a mask on. That's fear. Are they afraid that the car is going to give them COVID? It's fear. It's lack of information. It's the government narrative.

[Beginning of the COVID Narrative]

I want to talk briefly about Dr. Bonnie Henry. She served with me in the military. I was her superior officer at that time. She served for, I believe, it was 10 years. She would have been trained in nuclear, biological, and chemical warfare because she was in the military through the Gulf War. So she knew about what was necessary in regards to respirators and safety equipment.

We had a procedure where it didn't matter what the patient was contaminated with. We could decontaminate them, and then we could treat them in a safe manner. We never brought the contaminated person into our medical facility. Why do you want to contaminate your facility? It made no sense.

And she's worked on other things: polio, Ebola, SARS, et cetera. So she's knowledgeable.

[Beginning of the COVID Narrative, #2]

She should have known about the designation for masks, that they aren't effective for COVID. She should have known about the Spanish flu pandemic. Back in Boston, for instance, they used to take patients out of the hospital, expose them to sunlight and fresh air or they treated them in tent facilities. They called this open-air therapy. It decreased the mortality from 40 per cent to 13 per cent, just doing that.

So despite the knowledge of the medical science, she and other public health officials in Canada recommended mask mandates and indoor lockdowns—when we know fresh air is good for you: it's unlikely to be spread in fresh air. We know exercise helps counter illness, and yet, we told people, "Don't exercise. Lock down. Isolate. You can shop in the big-box stores with all those people in there. But you're not allowed to shop in a mom-and-pop grocery store," that I've shopped in 20 years. That gets closed down.

Shawn Buckley

Or go to the gym, or other

Dr. Greg Passey

Or the gym.

Shawn Buckley

exercise activities.

Dr. Greg Passey

Absolutely.

So why did they do this? Knowing what the medical science stated, why? The government narrative. They followed the political science. Well, how did that happen?

[Be Kind]

Okay, so Bonnie Henry, in her spare time during the pandemic, writes a book, *Be Kind, Be Calm, Be Safe*. My opinion: she left out “tell the truth, be ethical, and do no harm.” Page 41, quote: “I was fully aware, however, that if I were wildly offside with what the provincial health minister and government believed . . .” Not what the science showed, but what the government believed: what the government’s narrative was. “. . . it could make my position challenging, and that if I was too far off the mark, too often, the government would render me ineffective or fire me altogether,” from my \$340,000 a year job.

She goes on to say, “It’s a fine balance to be effective in the protection of the public’s health and to promote that larger goal in a way that encourages without alienating.”

[00:20:00]

Alienating who? The government? Why do I care if I alienate the government if I’m protecting my patients?

“Or, as my mentor often said in reference to the challenge and delicacy of this role, ‘You can make a point or you can make a difference.’ What this meant in practice was that, as much as we may wish to, we didn’t have to immediately take on the cause of every injustice.”

So—“Let’s not look at medical science if it’s going to be a problem. We’ll deal with that later.” So this public health officer surrendered to the government’s narrative.

Shawn Buckley

Can I just expand on that? Because you’re making a really important point. Because people in British Columbia would have seen her on TV, time and time again, making these orders and believed that the government—the premier and the cabinet—was not dictating what was happening but that she was in control. And what you’re sharing with us is, no, actually this was political. So it was smoke and mirrors: So we can blame her and say, “The premier and cabinet aren’t dictating to her.” But actually, what she’s telling us is, “No, these were political decisions that I was following.”

Why this is important is we learned the same thing for Alberta. So there, Deena Hinshaw on cross-examination, I think the lawyer—either Leighton Gray or James Kitchen—was saying, “Well, on cross-examination, basically explained, ‘No, these weren’t my public health orders, only in name.’” Basically, she would attend at the cabinet and be dictated. I think the point you’re making— I think it’s important for Canadians to appreciate that although the appearance was the government wasn’t making the decisions—and we may have all been frustrated; why did you give up your power?—the reality was these were political decisions made by the government.

Dr. Greg Passey

Absolutely.

Shawn Buckley

Okay, thank you.

Dr. Greg Passey

In her words, she admits it right there.

So it's interesting, too, because in the military, as a doctor and as a specialist, I can make recommendations. But the chain of command can override me. But when they override me, I get them to sign. I'm not accepting any medical responsibility for your decision. She was aware of that. She could have done that. But she sacrificed medical evidence for the political science, in my estimation.

Shawn Buckley

And despite the cost to the populace for her doing so.

Dr. Greg Passey

Correct. What a difference it would have made, had she said, "Let's put some money into treatment because there's other countries who are doing it with actually reasonable outcomes equivalent to the vaccine." But nobody—nobody—not the federal government, the provincial government, the public health officers. Nobody except a few brave doctors would talk about treatment. Total censorship.

Shawn Buckley

What a difference it would have made if she had stood up for science and stood up for the most competent medical decisions that could be made in the science, even if she publicly lost her job over it.

Dr. Greg Passey

I think part of what we're taught in the military is integrity and responsibility and accountability, and she is a total disappointment in regard to the medical officer corps. Sorry to say that, but truth bears it out. So basically, this public health officer surrendered to the government's narrative, and the political science overshadowed and suppressed the medical science.

Not just there. But the colleges, the colleges of physicians and surgeons. Now doctors treat people with medication off-label all the time. What does that mean? That means they're using a medication— So for instance, there's certain types of antipsychotics that are used for PTSD. There's no research on it. But the college allows it to occur. So doctors will prescribe off-label.

But we weren't allowed to talk about or prescribe ivermectin. Ivermectin received a Nobel Prize. It's an antiparasitic, antiviral, anti-inflammatory medication.

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And it's cheap, probably costs \$20, \$25 to treat somebody. And it's safer. I remember CDC and FDA, "Oh, it's veterinarian medicine, you're going to die." Why would you use the veterinarian medicine? There's ivermectin pills for people. It's safer than Tylenol or

ibuprofen. That's how safe it is. Nobody's ever died of an ivermectin overdose, ever. But people have died from Tylenol and ibuprofen. Yeah, it continues to astound me.

[Trudeau and Canadian Narrative]

I just want to talk about Trudeau and the Canadian narrative. So this is written by Andrew Chan. So Trudeau explained that misinformation is sometimes used interchangeably with "disinformation," though the former involves a "deliberate choice to spread and share falsehoods for a particular purpose, whether it's political, personal, or to create chaos."

Translated to me, disinformation, misinformation is a lie. You're lying. Let's not call it anything else. It can be hard snow, powder snow, wet snow. It's snow. Period. So misinformation, disinformation: they're talking about lies. The question is, who's lying?

[Trudeau and Canadian Narrative, #2]

April 26, 2023. Trudeau said that scientists and medical experts "understood that vaccination was going to be the way through the COVID-19 pandemic."

Which doctors? Which scientists? Because there's a lot of us that thought treatment would be the way through. But we weren't allowed to talk.

Furthermore, it goes on: "And therefore, while not forcing anyone to get vaccinated. . . ." Really? Really? Do you want to work? Do you want to go to the store? Do you want to do anything? You had to be vaccinated.

". . . I chose to make sure that all the incentives," or coercion or punishment, "and all of the protections were there to encourage Canadians to get vaccinated. And that's exactly what they did."

You can call this misinformation or disinformation: I simply call it a lie. There was no funding for treatment research, no informed consent, and extreme coercion. I've already mentioned HIV. We never developed a vaccine, but we developed successful treatment. And we were never given the chance with COVID.

There's been studies where they have compared— So the treatment of choice, it used to be Remdesivir. And now, they're talking about Paxlovid. It costs hundreds, if not thousands of dollars, right? They did a study with ivermectin. And ivermectin turned out to be more effective than either of these. Part of the reason was it hits four different protein areas, enzyme areas, on the virus. Whereas these other two very expensive, patented medications only hit one. With Paxlovid, you can get treatment. And you may have a relapse when you stop it.

[The Evolution of an Authority's Narrative]

The other thing, I'm a history buff. I used to read and watch a lot of stuff about Second World War. Joseph Goebbels: "If you repeat a lie often enough, people will believe it, and you will even come to believe it yourself." Have a look at our news agencies. Have a look at Twitter. Have a look at Facebook. Have a look at what they're doing.

Elon Musk on Friday with Bill Maher, it was pretty funny. He said, "Part of our problem is we have a woke brain virus." I thought, well, that's kind of cool. But then I thought about it. Well, what would my definition of that be? Well, woke brain virus is caused by a specific "authoritative" narrative founded on an emotional belief, usually fear, lacking substantial proof that then causes specific brain dysfunction that accepts the narrative without question. It drives censorship behaviour, which attempts to cancel, suppress, ostracize, and

vilify any voice or opposing view, even when those views are clearly supported by evidence to disprove the narrative.

[The Evolution of an Authority's Narrative, #2]

So part of our problem— A lot of beliefs are based on emotion. So part of the belief system around COVID,

[00:30:00]

the government generated and public health generated this story of great danger, which made us all afraid. So we start to believe that it's dangerous. The problem is, when a belief is based on emotions, it's very difficult, if not impossible, to change. The research is really clear on this phenomenon. A person will look for anything to reinforce their belief and will dismiss any evidence to the contrary. We're hardwired to do that.

That's why you have to train someone to be a critical thinker. A critical thinker can change their mind on something. I've changed my mind on many things. I used to think fats were bad for you. I've changed my mind on that. Sugar is bad for you. I didn't get taught that.

So basically, it came to—I choose to believe Dr. Henry and our government. This is a quote from one of my patients. "I choose to believe Dr. Henry and our government, not your so-called medical evidence." What do I do with that?

So here's some other examples of authority narrative: Once upon a time, the narrative was the Earth is flat. If you attempted to say it was round, you could be convicted of heresy and killed. The universe, the sun, the planets revolve around the Earth. Well, the scientist that actually developed that theory, it's only a theory until you can prove it, he had to retract what he knew was clear science evidence.

Shawn Buckley

Copernicus.

Dr. Greg Passey

Yes. "Change your belief or we're going to kill you. I changed my belief." Right?

Thalidomide, so here's a good one: I lived through this error. Government and the drug company said, "Thalidomide is safe for pregnant women to treat morning sickness." And lo and behold, what happened? A whole lot of babies got born without arms and legs and it got pulled from the market. Trust the pharmaceuticals? Trust the government? I don't think so.

So the other narratives: "Masks are effective." "Lockdowns are supported by science." There's no science that supports lockdowns. There's science that will support segregating people that are sick until they're better and treated. There's no science that supports locking down a healthy population. The healthy population are going to do fine. They've caught something called natural immunity.

So—"Injections are safe and effective." "Trust your government."

[Real Danger]

Let's talk about real danger versus the narrative danger.

Case fatality rate [CFR]: that's a proportion of people diagnosed with a disease who end up dying from it, expressed as a percentage. So if you caught smallpox, 30 per cent of the people would die. Thirty people out of 100 would die. Were there lockdowns with smallpox? No.

Polio, CFR for kids: 2 to 5 per cent of kids would die with polio. Fifteen to 30 per cent of adults would die of polio. I lived through that era. I remember that. Were there lockdowns? Did we close the Canadian society during polio? No. Pretty high death rates, though. Three adults out of ten are dying? Or out of a hundred, I should say. No. Three out of ten, yes.

1918-19, influenza pandemic: CFR was 2 per cent, described as a horrific pandemic, and it was. But the case fatality rate was only 2 per cent. Did they lock down? No.

Canada COVID, up to March of 2023: This is done by John Hopkins University. The case fatality rate, or risk,

[00:35:00]

was 1.1 per cent. What did we do with that? We had extreme lockdowns and suppression of Charter rights. Why? We didn't do [it] with all these other infections, epidemics within the country, far more lethal. So why?

Shawn Buckley

Well, I think you could also add that with COVID, we had learned that as far as case fatality rates, they were almost exclusively people that are very elderly. Whereas with things like smallpox and the Spanish flu, the case fatality rate would include younger people. So even less of an argument for COVID for locking down the population.

Dr. Greg Passey

Yes, actually, I'm coming to that.

Shawn Buckley

Oh, sorry.

Dr. Greg Passey

[Real Danger, #2]

So let's look at the real danger versus the narrative danger. So in Canada, as of January of this year, there were 8,195,791 people, 19 and under. How many people died over the last three years in this age group that we had to lock them all down? We had 72 people aged 19 and under die in three years with COVID. That averages out to 24 young people dying per year. The odds of you dying as a young person is 0.00003 per cent, right? Or odds are one person out of about 113,000 people would die with COVID. Do you know how many people, young kids, die of accidents every year? Far exceeds this.

Where is the real danger? It wasn't with the kids. It wasn't with the young adults. It was people over 80. There's a little over 1,760,000 people, age 80 and above. And there was over 20,000 deaths in three years, which means one death for every 86 people. Well, okay, that's a risk. That's a real risk. That's a real danger. So we need to do something with that population. But it worked out about a 1.14 per cent chance of dying.

The other thing that no doctor can explain to me that follows the government narrative— If you're vaccinated, why would you worry about anyone that's unvaccinated? When I got polio vaccine as a young kid, I didn't worry about my neighbour that had polio. I had a vaccine. I'm immune. That's what vaccines do. So why was the government and public health narrative, why was it that vaccinated people should worry about the unvaccinated if the vaccine's effective? Oh. Maybe it's not effective. Maybe they knew it wasn't effective and they didn't tell us that. That would make sense then.

So the other thing I was very concerned about, and I actually wrote my college, is they were pushing to get everyone vaccinated. They want a 100 per cent vaccination, okay? This is still an experimental vaccine. Well, it's not a vaccine; it's an inoculation. It's still experimental. If everyone's vaccinated, you have no control group. You then cannot determine what are the side effects, short-term and long-term, if you don't have a control group.

Not only that. The other thing that blows me away— Doctors were discouraged and, at times, outright told not to report the side effects. I got a family member, I got a spouse of a patient, and I got a patient that had a stroke after getting the Pfizer vaccine. All three of them after the vaccine. How many of those were reported by their doctor? None. Why? Well, I said, "Ask your doctor to report it."

[00:40:00]

"I asked my doctor, but he said it had nothing to do with the vaccine."

Well, how would he know that? It's still in the safety range, right? We're still looking at safety. You record everything as possible side effect. That's what happens when we actually go through drug regulations and we do all the safety stuff, everything. Let's say you took Ativan. You got a cold after Ativan: that's a potential side effect. It gets listed. But not with COVID vaccines. Discouraged.

Shawn Buckley

Before you move on, I just want to emphasize your last point, so can you put that slide back up, David. Can you go back to the slide you just had up?

Dr. Greg Passey

Which one?

Shawn Buckley

[Real Danger, #2]

The one about the no control group because you've made a point that I don't think any other witness has yet made. You say here, public health organizations and governments knew it was not—meaning—knew it wasn't effective. And they wanted 100 per cent vaccinated, so no control group. I think people watching your testimony might not understand what you're saying. I just want to make sure that I understand, and so that it's emphasized.

Because we'd heard evidence actually yesterday from a doctor that by the time the vaccines came out in British Columbia, there was roughly about 80 per cent natural immunity already. So COVID had marched through us. And you don't need anywhere near a 100

percent vaccination rate. Let's say there's zero human herd immunity: to have herd immunity, the percentage is much lower.

And so you couldn't get your head around, why are they pushing for a 100 per cent? Because they were: they were pushing for every man, woman, and child. But if they know it doesn't work, and they get 100 per cent of us vaccinated, then we can't blame the bad results—any side effects—on the vaccine. Because we have no control group to say, "See, it really is the vaccine." And that's an important point.

I didn't want us to jump over that without people understanding what you're saying.

Dr. Greg Passey

Yes. It's very important that you do have— Here's all the people that took the drug. Here's similar people, similar health, similar age: they didn't take the drug. Oh, all these people are having heart attacks, double the heart attack of these guys. Well, heart attack's probably a side effect of that drug, right? So without a control group, we have no idea. Trudeau and Bonnie Henry and the other public, they were pushing for 100 per cent. That's unethical. It's unethical.

Shawn Buckley

The other interesting thing is we've had other witnesses tell us— So Pfizer, and most of the shots in Canada have been Pfizer shots, actually took away their control group after a short period of time and vaccinated them. Which, again, robs us of the ability to determine whether side effects are created by the vaccine. So we really are flying blind so to speak.

Dr. Greg Passey

Yes. Yes. It's interesting, too, so there's good data out of the States. The life insurance companies, they've seen a huge increase in unexplained deaths. So taking into account COVID, okay, take that off the table. Anywhere from 20 to 40 per cent increase in unexplained deaths. And when did it start? January 2021. When did we really roll out the vaccinations? January 2021. So that data is being looked at now with what's going on there. Someone said, "Oh, it's because of the lockdowns." No. No, I don't think so. We need to look at that data. There's a smoking gun in there.

[Real Danger, #3]

Just quick, and I'm going to move on. Real danger versus narrative. So we got this narrative right now, carbon dioxide is a pollutant and we've got to get rid of it. It's not a pollutant. Plants need it, okay? It's a narrative pollution.

Carbon monoxide, that's a real pollutant and that's real dangerous. I got a carbon monoxide warning device in my house. I've travelled in Africa and I've travelled around this country. The real danger, not the narrative, the real danger: Herbicides. Pesticides. Plastics. I've seen a river in Africa you could almost walk across, it was so choked full of plastics. Industrial waste. Everyone in this room has got microplastics in their body now.

[00:45:00]

I'm not going to die from carbon dioxide. I may die from the microparticles and the other types of pollution.

We need to look in a different direction. Sorry, that's off topic, but it just bugs me.

[Use of fear]

So how do you get these narratives to go? You utilize fear: fear of punishment, sexual abuse, physical abuse, psychological abuse. They use fear. They use danger. You do the same thing with populations. Fear, punishment. I got bullied as a kid. I still remember the three guys' names, but I outgrew them and that stopped. But I remember the fear, and I remember my friends being afraid to be around me because they didn't want to be punished like I was. So the narrative: the bully uses the fear narrative to affect the people around. The government does the same thing: it uses fear, the fear narrative.

Anti-vaxxers. What's that about? Why are you afraid of that? You got vaccinated; why are you afraid? Because the government says you need to be afraid.

[Use of fear, #2]

I want to talk about this because this fear narrative— They use fear, punishment, dehumanization. They make them a threat.

Mao Zedong basically identified a large subpopulation in China as being enemies of the revolution. And he killed the most people in all of history. Everyone talks about Hitler. Hitler was in the minor leagues compared to this guy. I'm going to get in trouble for this, having said that.

Number two, Stalin: Enemy of the proletariat revolution, enemy of the state. There's the gulags. He killed anywhere from three million plus Ukrainians in the early 1930s by starvation. He continued to kill. He wiped out the officer corps. Killed them all. Didn't trust them.

And then, we get into Hitler, and he identified Jews, Communists, the infirm, even war veterans that were crippled: "We don't want them around. They're taking up space. They're taking up food. They spread disease. They take away jobs."

They demonize: the states, the government, demonizes.

[Use of fear, #3]

Pol Pot, in Cambodia: I would have been killed. I don't have calluses on my hand. Well, I'm an intellectual: "You're a danger to the proletariat. You're not a farmer. You're gone."

Rwanda: The Hutu government demonized the Tutsis, and most of that genocide occurred with machetes. Brutal, brutal.

Yugoslavia: Interesting, it was the Serbs versus the Croats versus the Muslims. And they all blamed the other, demonized and didn't think twice about killing them.

[Canada]

Why did I go there? Because I want to talk about our prime minister.

He basically told a Quebec audience that people that do not get vaccinated against COVID-19 are often racist and misogynist extremists. This is the head of our country. There we go—well, they must be dangerous then, so we should be afraid of them. People of Quebec are not the problem. But he questioned whether the rest of Canada needs to "tolerate the unvaccinated." Well, in Stalin's Soviet Union, "We didn't tolerate people. We got rid of them."

I don't like that language. It's dangerous language. It's scary language.

Shawn Buckley

You see a parallel to what's happened historically that you're sharing with us.

Dr. Greg Passey

Absolutely. Absolutely. He's using the same language, different terms, same process. The authoritative narrative. And he goes on to say, "We all know people who are deciding whether or not they are willing to get vaccinated and we'll do our very best to try to convince them." "They don't believe in science, progress, and are very often misogynist and racist." Well, that's a lie. "It's a very small group of people, but that doesn't shy away from the fact that they take up some space."

[00:50:00]

Jews took up space in Germany, and the Nazis got rid of them.

We take up space. "This leads us, as a leader and as a country, to make a choice. Do we tolerate these people?" What? If you don't tolerate them, then what? Are you going to send them someplace? Are you going to kill them?

This language is dangerous. It's scary. You all should be afraid in this country right now because of what our leader is talking about. The language he's using, he's dividing people based on a political narrative, not based on real danger. The unvaccinated were never a danger to vaccinated people if the vaccine was safe and effective, as he was saying.

[Psychiatric Impact]

Let's talk about the psychiatric impact of all this. So for the individual adult. People that had anxiety disorders; people that had depression, depressive disorders; people that had fear of germs—all of those got worse. The sense of fear because there was not effective treatment for the virus, and it was difficult to continue being treated for their mental health issues.

I was able to switch over so I could do pretty much everything by phone or by video. But a lot of people didn't have that option. The social isolation, the lockdowns. Solitary confinement has been declared by our Supreme Court as being cruel and unusual punishment.

There were tens of thousands of single people that basically, because of the lockdown, ended up in solitary confinement: Stuck in their basement suite. Stuck in their apartment. No ability to talk with people, face to face. It increased fear. There was anger, loss of jobs, loss of finances, forced to shop in big-box stores. All of these things, these are all costs.

It's bad enough for the adults. What about our kids? So especially the very young, they have to listen and see to learn. In order to develop appropriate social cues, be able to understand communication, you need to be able to see an individual's eyes, face, and their body language. So now you isolate the kids from other kids. Now they're not getting that ability to interact, learn, develop appropriate communication and social skill sets. That's all been taken away. Throw them in masks, even when they do go to school. Again, you're probably losing up to 40 per cent of the communication that's occurring.

Communication is not just by language. I seldom listen. When I say listen, I seldom believe what a person says, let me put it that way. I believe what they do and how they behave. So you can say to me, I like you. But if you're throwing rocks at me and stuff, it's like, you don't like me. So you need the ability to see and watch. And this was taken away from the kids.

We know that nervous parents, anxious parents, they can pass that on to their kids. And so, I'm expecting an upswing in mental health disorders in adults but also in children. And it'll be anxiety issues; it'll be behavioural issues; it'll be mood disorder issues. There'll be drug problems. The drug usage, alcohol usage shot way up because of the lockdowns or during the lockdowns.

You have to think about all these things. What is the cost? Did anyone do a cost-risk benefit analysis on lockdowns?

[00:55:00]

Kids didn't need to be locked down. You already saw what their risk was of dying. There was no need to lock the kids down. And the thing was, "Well, if you don't get vaccinated, you could pass it on to my grandmother." Well, first off, I'm not going to visit your grandmother if I'm sick. And secondly, if she's vaccinated, why are you worried about me?

The narrative, it's a lie. It's been a lie. They fed us this thing. We believed it because of fear. There's still people that believe it because of the fear. They use this narrative, and they use it to ostracize. They use it to segregate, to generate fear, anger against other people.

[Fire Alarm]

That's just my college saying they want to talk to me now.

[00:56:01]

[A false fire alarm went off interrupting witness testimony. There is a separate two-minute commentary with Shawn Buckley making some observations about the interruption.

Moderator comments, Full Day 2 Timestamp: 03:09:34-03:11:33

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>]

PART II

[00:00:00]

Shawn Buckley

I would like to get back to our witness, and I do apologize, Dr. Passey, for the interruption. But I think you were near the end of your presentation. I'd like to invite you to continue and then allow the commissioners to ask you questions.

Dr. Greg Passey

Yes.

[Psychiatric Impact]

The other psychiatric impact, particularly on the medical staff, was the lack of trust. Again, even within my medical community there's ostracization, and the College came after people. Not based on necessarily any incompetence, but again based on the narrative. The College bought right into the narrative.

[Vaccine Evolution]

I'm just going to touch briefly on a couple more things and I'll stop. I just wanted to talk about the vaccine evolution. So Pfizer's actually really a three-party R&D alliance. There's Fosun, Pfizer, and BioNTech. One of the three is the Chinese Communist Party. Fosun is a huge Chinese conglomerate that owns a large number of global companies. Its chairman, Guo Guangchang, is a very high-ranking member of the CCP.

[Virus Evolution]

I was asked, and I wasn't sure if I wanted to talk about this, but I'm going to. I was asked about the virus evolution. So the narrative has been that the virus was a natural mutation into an animal population. I was receiving information back early in 2000, March, April, May, where there was certainly a different narrative. There was a high probability that the virus resulted from a gain-of-function research that was funded in Wuhan. And this was partly funded by the U.S.

Now the question is— If it was actually developed in the lab, was it accidentally released or was it an intentional release? I can't answer that question, but I'm going to give you some food for thought in the next couple of slides.

Shawn Buckley

[Vaccine Evolution]

Can I just have you back up to the previous slide to that one? Because you glossed over something that I don't think we're aware of. So you're saying that three parties got together to jointly participate in the development of mRNA vaccine technology, and that is Fosun Pharmaceuticals, Pfizer, and BioNTech. Because we hear about Pfizer and BioNTech, but we don't hear about Fosun Pharmaceuticals. But you're telling us Fosun Pharmaceuticals is basically an arm, or owned by, the Chinese Communist Party.

Dr. Greg Passey

This is information from Sasha Latypova. So yes, that's basically what's being stated.

Shawn Buckley

Did he [sic] [she] relate when this agreement between these three parties was entered into?

Dr. Greg Passey

I don't have that. Unfortunately, I didn't copy out the whole article.

Shawn Buckley

Okay, thank you. I'm sorry to interrupt. But it's just that I'm not sure that that sunk in with people. That Pfizer and BioNTech were participating with a company controlled, or potentially controlled, by the Chinese Communist Party and that the contract is excluding

the use of the mRNA vaccine in China. Your slide also says that. So it's curious that a company that is potentially connected with the Chinese Communist Party is participating in developing a vaccine that would not be used in China.

Dr. Greg Passey

Yes.

Shawn Buckley

That's what you're reporting. But this is based on somebody else's presentation.

Dr. Greg Passey

Correct.

Shawn Buckley

Do you have any thoughts about whether or not this is reliable information?

Dr. Greg Passey

I believe it to be reliable, but it needs to be checked.

Shawn Buckley

Okay, thank you.

Dr. Greg Passey

So, just going back. Virus—was it accidentally released? Was it intentional?

[Unrestricted Warfare]

That's to be determined. I'm not sure a) if we will be able to determine that. And b) even if we were, would it be released?

So I just wanted to talk briefly, *Unrestricted Warfare: China's Master Plan to Destroy America*.

[00:05:00]

This was co-authored by a major general in 1999. It's required reading at West Point in the U.S. West Point is the army facility that trains all the army officers. Basically, it's the People's Liberation Army manual for asymmetrical warfare. Asymmetrical warfare is not limited to things like bombs and bullets and nuclear weapons.

They talk about it not being an overnight victory, that it should be very slow, such that the enemy's knowledge—they don't even have knowledge, that the enemy is being attacked.

The strategy set forth in the book: You wage war on an adversary with methods so covert at first and seemingly so benign that the party being attacked does not realize it's being attacked. In the age of the internet, what seems like free flow of information is also an open-door policy for one country to insert its propaganda into the thinking and belief

systems of its enemies. So a country can do that: could be China; could be Russia. Could be a number of things: could be Facebook; could be Twitter; could be the Canadian government doing such things to the population.

[Asymmetrical Warfare]

I think about asymmetrical warfare: That can take the form of taking over financial institutions, taking over mining and critical mineral facilities. It can be taking over the broadcasting system, the news system. So that could be done by a big company. It could be done by a government, like Canada has done with our news industry. So there's many ways that you can insert propaganda or a narrative and cause harm.

It's sort of interesting because when I think about the Canadian population— I'm a Lord of the Rings fan. And the hobbits in the Lord of the Rings, there's all this turmoil and fighting going all around. And the hobbits are absolutely— They have no idea, nor do they care. I feel a good percentage of our population is like that. They haven't gone anywhere; they haven't really done anything in the big world. They're not aware of what's going on around them.

There's constant threats. There's constant threats from companies, from countries. It's always around us. So again, it can occur from outside. For instance, the World Health Organization, they want to take over and determine all sorts of health initiatives in regard to pandemics. So they'll tell us—they'll tell our government—they'll tell our population—if we have to lock down. That's not good. It's not good to have an external organization. Or Bill Gates, computer genius: What does he know about medicine? Why is he one of the top people with the World Health Organization? Why is he driving the vaccine initiatives? Why is that? And he's so big. They're so big; they can influence all aspects of our community and our society. I see this all the time: Big Pharma, news agencies, federal government, provincial government. It's scary stuff.

I wanted to talk about just a couple more things and I'm going to stop. General Eisenhower, President Eisenhower back in the '50s, he warned us about the military-industrial complex and that this could threaten democracy. It could threaten our country, all countries. What he failed to discuss was— What happens when the military-industrial complex forms a bond with the government? So now the threat is not the industrial-military complex, now the threat is the government and the military complex.

[00:10:00]

So that's something to be aware of. In Russia, you can't even talk against the "special action." You can't call it a war. If you call it a war, you can go to jail.

The last thing I wanted to talk about is the illusion. I always thought that Canada was the greatest democracy in the world. I thought we were way better than the Americans and the Australians and the British. I always thought that. What I've come to realize is it's all an illusion. We don't have democracy here: what we have is a dictatorship.

You all get to vote. The closest thing to democracy in Canada are the city or the municipal elections because a councillor can still go rogue and it's not a big deal. We vote for our MLAs and our MPs. It's the illusion of a vote. We get to put people in, let's say, Parliament. They don't get to vote freely. They don't represent me. They represent the party, and they are dictated in how they vote by the head of the party.

Unless we as citizens change this, we will be stuck in this dictatorship. We'll be stuck in the political narratives, and it's only going to get worse from here. It's only going to get worse. So until such time as it's illegal for any individual to coerce or force a person as to how they vote, until that happens, including in Parliament, we will not be a free and democratic country. That has to change.

I'll end my presentation there.

Shawn Buckley

So before I turn you over to the commissioners, I just wanted to suggest one thing. You were speaking about President Eisenhower and his farewell address where he warned about the strength of the military-industrial complex. Then you took it a step further and said, "Well, but what happens then when that military-industrial complex forms a bond with their government?" I'm wondering if you would be of the opinion that perhaps we should also be concerned about the military-industrial complex forming a bond with non-government agencies or foreign governments.

Dr. Greg Passey

Yes, absolutely. I could spend a lot of time on this. Basically, there are two very large corporations that we don't actually know all the shareholders. One is BlackRock and the other is Vanguard. I'm not going to go into it here but research them. Vanguard and BlackRock. You'll see that they have their fingers in pretty much every news agency, pretty much every other publicly owned company in the world. I didn't know about this. It's absolutely scary. They can dictate; they can change the market. They can do all sorts of things. Part of the problem is a lot of our politicians, they're not independent.

Shawn Buckley

I'm just going to slow you down because I need to open it up for commissioner questions, due to time.

Dr. Greg Passey

Yes.

Shawn Buckley

Are there any questions? And there are.

Commissioner Massie

Thank you very much, Dr Passey. I have a few more scientific questions or medical questions.

I'm curious as to the rationale that you use in your analysis to get vaccinated with the antiviral vaccine, knowing that you had been infected before. So my question is probably twofold. First, is it that you were confused with the messaging that natural immunity was not good enough? Or is it because you had suffered a severe COVID infection and you thought that given that, it would be wise to boost your immune system? And the second part of my question: why did you specifically and knowingly refuse the mRNA vaccine?

Dr. Greg Passey

Good questions. Thank you. Here's my experience.

When I grew up, I got the tetanus vaccine,

[00:15:00]

and I got the polio vaccine. All those other communicable diseases back then, there were not vaccinations for. I got measles. I got mumps. I got red measles or rubella. I got chicken pox. I got rheumatic fever. I got mononucleosis. My mom was a nurse. She brought everything home. Thank you very much, mom.

But it created for me a very strong natural immunity. And so, when I got COVID— To be honest with you, I had H1N1 coming out of Egypt in 2010. That's the closest I ever thought I've ever been to dying. That was brutal. COVID wasn't that bad in comparison.

So I knew I had natural immunity, but I have a company in Africa. We're trying to help African veterans and their families and child soldiers, et cetera. So I needed to be able to travel. The only reason I got vaccinated is because I needed to be able to travel back and forth to Africa at that time. I chose AstraZeneca because it was based on the more known and old-style vaccination production.

The messenger RNA. I looked at a lot of research in regards to animals and stuff, and there's been a lot of problems. So no, I wasn't going to get mRNA shots. That was my rationale for it.

Commissioner Massie

What we've learned from many other witnesses is that—would it be from the vaccine or the infection—one part of the virus that seems to be very involved in many pathologies is the spike protein. So at the time you got the vaccine, were you already aware of the potential toxicity associated with spike or was that something that was not well known?

Dr. Greg Passey

I'm trying to think back. Here's my rationale on this. We're injecting a product into the body that causes our cells to produce a toxin that can have pathological effects on pretty much every organ system. So my concern was, yeah, you may develop antibodies against that spike protein, but it's still circulating. You're not going to clean it up all at once. And in the meantime, you can get damage from that. And there's subsequent— I didn't know it at the time. But that was my concern. It's like, I'm going to produce something that potentially could make me sick regardless of if I develop antibodies. And I didn't want to take the chance.

The other thing I didn't reveal, but I'm a cancer survivor. I had serious cancer in 2020 and major surgery, and I survived that. My other concern was what effect will that vaccine or that inoculation have on my immune system? Subsequently, I've read and seen studies that indicate it potentially can block one of the enzymes that protects you against cancer. So I'm actually quite happy that I did not get the Pfizer vaccine.

Commissioner Massie

I have another question about the number that we heard officially from the John Hopkins analysis of the case fatality rate. Based on subsequent analysis of these attribution of death to COVID, do we still think that the case fatality rate that is officially reported is as important as it is, even in older people? Or is it, part of that, maybe, that's partially COVID, but the other part could be attributed to other reasons?

Dr. Greg Passey

Yes, excellent question also. Part of the problem is that the PCR test that we've used to attempt to diagnose and identify people that have the COVID virus was never developed, nor meant to do diagnoses.

[00:20:00]

I don't think I need to get into all of that piece today. Part of the problem, though, was individuals, especially if they were admitted to hospital for anything, they were tested. If they were positive then they're identified as COVID patients.

Now a person that is a terminal cancer patient and is likely to die in the next month, testing them and saying, "Oh, they've got COVID; they've died from COVID." Well, that's not appropriate. I think we weren't strict enough when we were looking. And again, because it goes against the narrative. Ideally, the medical community would have been very, very strict in regards to diagnosing somebody with COVID versus dying from COVID. They're two very, very different things, right? I don't think, anywhere in the world, we did a good job of actually being able to specify that.

Part of the reason was, there was suppression of any attempts to do that. It did not follow the public health and government narrative. So it looked better. In the States, the hospitals were monetized. If they diagnosed somebody with COVID, they got extra money. Then if they got the person with COVID into the ICU, they got extra money. If they intubated them, they got extra money. So out of the States, I don't think you can believe anything. We weren't like that here in Canada. But it's a problem. Did they die with or die from?

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning, Dr. Passey. You mentioned, along with other witnesses as well, the damage to our children from the education perspective. More and more provinces of late are increasing the amount of mental health services that are going into the school and the amount of funding that is going into curriculum, specifically. It's sold under the guise, no health without mental health.

There's things like coping strategies, which sounds all well and good, and how to identify our early warning signs of mental health within your peer groups. These programs are going into Grades 7 and 8, and the rollout is going to be earlier grades as well. And I'm just wondering, because we spent so much money focusing on the mental health of children, I'm wondering when it will be turned around—that we look at the mental health of the people who were perpetrators in damaging our children—where we can get to that point, where the millions of dollars are spent looking at what actions they took that damaged.

As one witness said, earlier, “Sixty years before our children will be able to get past what they have done.” If we add to that the learning deficits these children have now had to endure, they will never catch up from the last three years.

How do we turn it around and say, “The mental health of the perpetrators, all the way down to the lesser magistrates, school boards as well, should be examined and looked at”? Given your background, I think you might be able to answer that question.

Dr. Greg Passey

If I had a lot of money. Truth. Truth. This forum is part of it. I’ll get to the question in a second here. My concern is the belief systems are so ingrained. We can produce all of this evidence, all of this truth. And there’s going to be a percentage of the population, probably including the perpetrators, that aren’t going to buy it. It’s like my patient says, “I trust Bonnie Henry and the government. I don’t trust your medical science.” How do I break through that? I think it’s partly— We need to look at the studies.

I didn’t talk about PTSD in kids. I mean, this has been very traumatic, very traumatic, right? You’re ripped away from your friends. Your mom and dad are scared out of their skulls. I mean, there’s a bunch of things going on there. It’s a matter of bringing forward the truth. But there was a trial, once upon a time, the Nuremberg trial. Part of what came out of that is the necessity for informed consent and that governments and other agencies

[00:25:00]

are not allowed to experiment or use experimental drugs or treatment on us without our consent.

I believe laws have been broken. And so the way we address the perpetrators, the people that put together these narratives, is we need to go after them legally. I’m not sure I trust our judicial system a hundred per cent. A lot of the judges are political appointees, and a lot of them already have their belief system in place. So again, how do we deal with that?

We have to continue to show the truth. We have to continue to look at all the outcomes, all the side effects. The learning disorders. The maturation, I didn’t talk about. Part of kids, they have to learn how to modulate and control their emotional state, especially important in teenagers. That’s one of their primary goals. This took that away. You need to be able to have bad times, tolerate it, and then recover from it. We just had bad times. We’re still trying to recover from it.

So I think the short answer: truth and legal action. I’ve been involved in class-action lawsuits against the RCMP. There’s another one coming, a couple more coming against them. Also with the Canadian Forces. Civilians need to come forward; we need to document all of that. We need to sue. Part of the problem is the government has signed this immunity: No liability for the drug companies, right, unless there’s fraud. And then, it’s not there anymore.

Did you know Pfizer had to pay \$2.6 billion in 2006 because they suppressed negative research outcomes, and they fraudulently marketed their product? And they just, this year, I think it’s another \$1.5 or \$2 billion. And we trust this company?

Shawn Buckley

Dr. Passey, I'll just ask you to stay focused on the questions, just because we have some other guests that need to testify.

Dr. Greg Passey

Sorry, I'm famous for that. So basically, legal action, civil and criminal.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

Good morning, Dr. Passey. I have a number of questions that span across a bunch of different areas. So bear with me, please.

Dr. Greg Passey

No problem.

Commissioner Drysdale

In one of your slides, you talked about PPE, personal protective equipment, and you showed pictures of what kind of personal protective equipment would normally be expected to prevent the spread or reduce the spread.

We've heard from other witnesses that part of the use of that personal protective equipment is also the disposal of it. And since the public were using these masks that they would wear for eight hours a day or more, I personally saw, and I'm sure everyone in Canada saw, these things blowing in the wind. They're in garbage cans. Kids were taking them off their faces like this.

Can you comment on how that lack of training or procedure in disposing of these biologically contaminated items may have affected the spread of this COVID-19?

Dr. Greg Passey

Well, the virus, for the most part, spreads because it's airborne and not because it's sitting on a surface. Although it can reside on a surface—I think the latest thing I saw—for two days. But you're not going to get it from the surface unless you touch that and then you start touching around your face, your mouth, and stuff. So I think it was a very poor job in regards to how do you handle masks, how do you dispose masks.

For people that use cloth masks, they should have been washed every day. Anyone using a N95 or a surgical mask, they should have been disposed of every day. In theory, it's a biohazard, right? I see them all around my neighborhood and it's like, what are people doing? So it is a problem, but it's also a problem from pollution perspective.

[00:30:00]

We haven't talked at all about the microparticles that get deposited in your lungs when you're breathing through these things all day. So I think the problem was, we shouldn't have gone that route to begin with, period. If you're sick, you're coughing, you're sneezing, wear a mask, yeah, fair enough. I'm good with that.

Commissioner Drysdale

I don't quite remember what your words were—about a different kind of warfare where the opposing side isn't even aware that they're under attack.

Dr. Greg Passey

Yes.

Commissioner Drysdale

But even if they're not aware they're under attack, would you agree with me that the goal of the opposing side would be to reduce your capabilities? If you're doing this against an army, it would be to reduce the capability of the opposing army, would it not?

Dr. Greg Passey

Yes.

Commissioner Drysdale

Were you aware that we had testimony from a Catherine Christian who said that as the result of the mandates that we imposed upon our military that we lost between 3,000 and 4,000 members out of a 17,000 force?

Dr. Greg Passey

I was not aware of the percentage. I am aware that there are a lot of veterans, individuals that left the force. I'm talking high level, like Canadian Special Ops Regiment, JTF2, that people left because of the mandate. And then, let's throw in side effects from the vaccines. Some of these people had severe side effects, and they were no longer able to remain within the military. Ideally, if I was going to attack the U.S. or us, I'd want to come up with a biological agent that knocked out the military.

Commissioner Drysdale

But a biological agent. Would it not be as effective to use a psyop against these people, where they would voluntarily reduce their effective army by 3,000 to 4,000 people out of a total of 17,000? Wouldn't that be more safe for you, for the perpetrator?

Dr. Greg Passey

Way less likely to be detected. Absolutely.

Commissioner Drysdale

You know, listening to your testimony, I learned a lot of things that I didn't know before. One particular one was that Bonnie Henry was in the military at one time.

Dr. Greg Passey

Yes.

Commissioner Drysdale

And you were in the military for over 40 years, were you not?

Dr. Greg Passey

Twenty-two years.

Commissioner Drysdale

Forty-two years.

Dr. Greg Passey

Twenty-two.

Commissioner Drysdale

Twenty-two years, sorry. What happens when the military or army, the people who are out there protecting Canada, our soldiers— If they're out and they're facing an army, and they turn around and leave the field? Is that a legal act? Is that an act that's justifiable because they were scared?

Dr. Greg Passey

In a war zone?

Commissioner Drysdale

Sure.

Dr. Greg Passey

If you leave the battlefield, you will be arrested at the very least. Potentially, you could be shot.

Commissioner Drysdale

So Bonnie Henry wrote a book. Her responsibility, at least in the minds of Canadians, was to protect Canadians' health and lead them through this. And she wrote in her book that she effectively left the field because she was afraid of opposing the premier and the political part of her party. Is that correct?

Dr. Greg Passey

That's my interpretation of what she's written, yes.

Commissioner Drysdale

I have another question. It pains me to ask this question, it really does. Some of the most dedicated and brave people in this country, our police, our judiciary. We've heard testimony of our medical people. Our judicial system, we had testimony from a retired judge. It seemed that when they were facing a challenge, they were facing the enemy—where in judges' case, they were supposed to stand between the people and the government; in the police state, they were supposed to protect the people; in the medical system, they were supposed to treat you, despite whether or not you had a vax. All of these groups, all of these protective groups in our country, seem to have left the field of battle. Can you comment on that. What you think happened there?

Dr. Greg Passey

Well, first off, we haven't all left. Again, the narrative.

[00:35:00]

Tell a lie big enough, long enough, people believe it. Lack of integrity, I don't understand it. You know, a Hippocratic Oath to serve and protect, to defend my country. What happened to honour and integrity? Where did cowardice come from? Why does this narrative eliminate or attempt to eliminate the critical thinkers?

They used to talk about the thin blue line or the thin green line. It's not a line anymore; it's little pieces of people trying to stand up. A lot of people are afraid. I've got colleagues, I can't believe, they're so afraid. They won't say a thing; they won't go— I can show them the evidence. "Oh, well, that's, no, no, no" I don't know how to explain it. They're so brainwashed. The narrative at this point has won. We are the only thing that stands between the narrative and complete disaster. Truth, integrity, honour.

Commissioner Drysdale

You talked about a quote by our Prime Minister with regard to there was no forcing of people to take the vaccines. Can you comment on the case of the Alberta woman who was waiting for a lung transplant and was denied a life-saving lung transplant because she had not been vaccinated? Would you consider that forcing someone to get the vaccine?

Dr. Greg Passey

Your choice is you can die or you can have the vaccine, and maybe we will do the procedure for you. You might as well hold a gun to the person's head. There's no evidence to support that position. They'll tell you there is. They'll tell you there is. I'm absolutely abhorred by that. Not only that, but the fact that the judiciary system upheld that. That is wrong. That's why I say, I don't trust government; I don't trust public health. I don't trust my colleagues, anymore. I certainly don't trust my College, and I don't trust our judiciary system. It's not about justice. I don't know where justice went. It's about little legal technicalities. This is just wrong. I know right and wrong. You all should know right and wrong. This is wrong in this country.

Commissioner Drysdale

Although you didn't speak about informed consent, I believe you did talk about the way the government was recording case fatality rates. It's my understanding that case fatality rates

are actually the ratio of people the government reported or knew were infected versus the number of them that they reported or knew died.

I'm wondering how that would inform the public about their risk of COVID, considering that if, for instance, they only reported two people with COVID and one died, that would be a 50 per cent case fatality rate. As opposed to there were three infections and one person died, out of 5 million or 20, 38 million. So is that number useful to an ordinary Canadian like myself to understand what my risk to COVID was?

Dr. Greg Passey

That's why on that particular slide, I looked at people over 80, the percentage. But one out of 86 would die. That's important to know, rather than— You can play with percentages, right? All the COVID numbers, they doubled this week. Well, they went from one to two. Okay, double. Big deal.

That's why I also put the kids, the young under 19. One out of, I think it was 186,000 died. Okay, I'm willing to take that risk, right? I'm in a risk category here now. I'm getting there: one out of 86, I'd want to do something about that; I don't particularly like those odds. But one out of 80-some-thousand?

[00:40:00]

My grandson's not vaccinated, and he won't be. Not against COVID.

Commissioner Drysdale

One other number that I was curious that you didn't include in your numbers, and I don't know what the number is, and I'm asking if you do. I think you talked about 80-year-olds, and their chance was one in 86 or something like that. Do you know what an 80-year-old and above's chance of just dying from any cause, any year is?

Dr. Greg Passey

No, I didn't look that up. But I can tell you the difference between the expected life span versus being shortened by COVID is not really statistically significant. So what that means is most of the people that were dying of COVID were going to die anyway.

Commissioner Drysdale

They were beyond the expected life expectancy in Canada?

Dr. Greg Passey

Yeah, yeah. Or they're right at that. That doesn't negate— I mean, they're humans. They deserve to live, and it's usually the frail, comorbid, et cetera, are most at risk. Same with the kids. Healthy kids don't typically die of COVID, but diabetes, cancer, immune compromise, et cetera. Yes, they do.

Commissioner Drysdale

I have one last question. It's something that I puzzled about for years, even beyond this pandemic. I think in your testimony, you talked about how the Canada you believe in

and/or wanted to live in was one of educated people, of justice, of logical thinkers, et cetera.

You also mentioned, I believe, that you are a student of history, and I am as well. And I can think of another people that were considered the most advanced, most accepting people in the world in the 1930s and what happened to them in Europe and Germany. I'm wondering if you can comment on any parallels or concerns that you see between what happened to these two groups of people who were considered to believe in justice, to be educated, to be scientific. Do you have any comments on any parallels you see there, sir?

Dr. Greg Passey

Well, that's part of why I quoted our Prime Minister. He's using the same process that allowed the Nazis, the Stalinists, the Chinese to basically segregate a subpopulation. And to villainize them, to dehumanize them.

It only took about 33 per cent of the population in Germany to cause that narrative to become reality and for people to be killed. The Liberals were elected with 32 per cent of the population. They're running this very strong narrative, and he's using language that vilifies, ostracizes, dehumanizes. "They take up space." "Should we really tolerate them?" That's not too far from some of the speeches I heard Hitler. And now I'm going to get crap because I've compared my prime minister with Hitler. What I'm comparing is the process, and his words, although slightly different, are very similar.

Commissioner Drysdale

Do you have any comment about how our hate speech laws protected us from those words?

Dr. Greg Passey

Our hate speech laws didn't protect us at all from his words, at all. I believe in free speech. I believe as long as you're not attempting to hurt me, you can say what you want, and I'll counter it not by censoring you but by giving you—here's the truth. The truth is what's important. It's not hate laws. It's not censorship. Truth. Truth. Hate laws don't apply to politicians, apparently, at least not prime ministers.

Commissioner Drysdale

I have many other questions, but I feel a hook coming up behind my chair.

[00:45:00]

Thank you, sir, and thank you for your service to our country.

Dr. Greg Passey

Thank you.

Shawn Buckley

Dr. Passey. Oh, I'm sorry there are further questions.

Commissioner DiGregorio

Thank you so much. My commissioners have asked many of my questions already, but there's still one thing I'm hoping you can help me understand a little bit better. So you spoke quite a bit today about part of the problem being the way that Canadians are thinking: how their beliefs are formed on emotions; how that can be very difficult to change, particularly when you're trying to seek the truth; and that people may discard it if it disagrees with their beliefs. You said that the only way to really defeat that is to encourage critical thinking in people. And I'm just wondering if you have any comments on how we can encourage, support, and develop more critical thinking in Canada within the population.

Dr. Greg Passey

So two things.

First off, until we get the government to change the narrative, it may be impossible to change the beliefs. So this government that's in power now and our political system will not change the narrative. There's no reason for them to. They've basically proven who they are. Period.

Critical thinking has to be developed in elementary school, reinforced up through high school, and then again in university. Censoring speakers on a university campus is absolutely the opposite of what you need. Let the person speak. You don't like what they're saying, don't go. Or go, and then counter them. But you have to start in elementary school. I know teachers. Critical thinking is not being taught. Narratives are. They're being taught stuff. Why are they being taught that? That's things they can learn later.

Critical thinking: Here's a problem. These people say this; those people say that. Argue on that side, and once you finish that, go and argue on the other side. Or have debates within the school system. You're not allowed to debate: Oh, you're this; you're that. Oh, you're discriminating.

Shawn Buckley

And Dr. Passey, I'll ask you to stay focused to the question again.

Dr. Greg Passey

But that's it, right? You're not allowed to have the critical thinking because you're ostracized, you're called names, you're discriminated against.

Commissioner DiGregorio

Thank you.

Dr. Greg Passey

Thank you.

Shawn Buckley

I think that those are the questions. Dr. Passey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying. You've brought up some points that no other witnesses have brought up, and you've served this Inquiry well. We thank you.

Dr. Greg Passey

Thank you.

[00:49:02]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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