



NATIONAL CITIZENS INQUIRY

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EVIDENCE

Witness 1: James Corbett

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Shawn Buckley

I'd like to call our first witness of the day, who is joining us virtually from Japan. So, James, can you hear me?

James Corbett

I can hear you. Can you hear me?

Shawn Buckley

Yeah, I can hear you. I'll ask our AV person to turn your volume up a little bit. I'd like to begin today by asking you to state your full name for the record, spelling your first and last name.

James Corbett

My name is James Corbett, that's J-A-M-E-S, Corbett, C-O-R-B-E-T-T.

Shawn Buckley

And James, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

James Corbett

I do.

Shawn Buckley

Now, James, you are an independent journalist. You have the Corbett Report, which is an independent, listener-supported, alternative news source, and it operates on the principle of open-source intelligence. You've got a different history in your background, and I have to

tell you that I've heard from several people comments about you that are just full of respect for the work that you do and the integrity of your research. So you come to us with a very good reputation, and we're pleased to have you join us today.

And you are here to discuss with us some kind of global issues, like the Global Pandemic Treaty, the International Health Regulations, and One Health. And I'm just going to let you march into the presentation that you've prepared, and then we may have questions along the way and certainly afterwards.

James Corbett

Okay, excellent. Thank you for that. Thank you for inviting me here to talk about this. I think this is incredibly important and, in fact, in some ways goes to the heart of what all of the craziness of the past few years has really been about. So I hope I can do it justice. I do have a presentation prepared, but obviously please do interrupt and ask for clarification at any point you need to.

In order to start in on these subjects, I think we need to establish some ground facts. And so, it would help probably to know what is the World Health Organization [WHO]. And for those who don't know, the World Health Organization was founded as a specialized agency of the United Nations in 1948 specifically to promote, quote, "the attainment by all peoples of the highest possible level of health." And it proposes to achieve this task by acting as, quote, "the directing and coordinating authority on international health" work. All right, excellent. That sounds noble. It sounds like something that people could get behind. But as always, the devil is in the details.

So some questions that might arise, as we hear these words that come from the founding Charter of the World Health Organization: What is health? And who determines the highest possible level of health, let alone how to attain it? These aren't idle questions, as I know you know from the very impactful harrowing testimony that you have heard over the course of this Inquiry.

The answers to those questions really do go to the heart of what we are facing: what we have seen over the past three years, certainly, and what we might see again in the future if we allow this to continue—lockdowns, mandates, travel restrictions, forced medical interventions and procedures, and rule by decree of governmental or presumed health authorities.

So this is an extremely important subject. And I just want to lay that out before we start diving into the details. Because although the worst of the COVID hysteria may or may not be behind us, I think the real battle is only now beginning. And that battle is a battle over the definition of, and the declaration of, and the ability to govern over the next, quote-unquote, "the next pandemic," which we are constantly assured is right around the corner. So this is an incredibly important issue.

So today I want to talk about two separate but related processes that are taking place under the auspices of the World Health Organization. One is, well, it's being referred to officially as the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response [WHO CA+], which is a very, very long roundabout way of not saying Global Pandemic Treaty. But they, I think, specifically do not call this a Pandemic Treaty because the word "treaty" brings with it certain legal obligations and would require ratification by legislatures, at least in those states where they have constitutional procedures for governing the signing treaties.

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But conventions and agreements are covered under the WHO Constitution itself, which grants the governing body of the World Health Organization, the World Health Assembly, the power to, quote, “adopt conventions or agreements with respect to any matter within the competence of the organization,” which when ratified, will oblige each member of the WHO—which for the record is almost every nation-state on earth, of course, Canada, no exception there—would oblige them to adopt those conventions or to notify the WHO’s Director-General of rejection of those, or reservations to those, stipulations within 18 months.

So that’s kind of the framework for why it is not being called a Global Pandemic Treaty. But at any rate, this treaty, in all but name, is being drafted behind closed doors right now. This process has been going on for the better part of a year now and is expected to be unveiled with an agreement or other instrument at the 77th World Health Assembly, which will be taking place next May.

In the meantime, they are having closed door briefings and sessions that are not open to the public in which they are negotiating the text of this document. There is an entire bureaucracy that has been set up to handle this process of the drafting of this not-a-treaty called the INB, the Intergovernmental Negotiating Body. And that has held, I believe, a couple of hearings now for public input into this process. But all that means is that accredited institutions and organizations that get permission can Zoom in and basically make a short presentation about their feelings about what the treaty should include. Very few people given a chance, of course, to speak out against the process itself, and I think that’s instructive in and of itself. But the meat of the negotiations of this draft treaty are taking place behind closed doors, and there is very little transparency on this process.

We do have a zero draft of this treaty that was unveiled earlier this year [February 1, 2023] and that we can at least see the text that they started with from ground zero, which gives us some insight into this process. It includes increased tools for epidemiological genomic surveillance and integrated One Health surveillance systems, which might raise the question, what does any of that mean? And those are good questions, but unfortunately not ones you will find the answers to in this zero draft of the treaty. Because in the definitions section of the zero draft, you will note that, for example, it says, under definitions, “‘One Health surveillance’ means . . .” And then, of course, that’s left blank because they have not come up with a definition of One Health surveillance yet, but it is included in the text of this zero draft [February 1, 2023]. They talk about the need for integrated One Health surveillance systems without telling you what One Health surveillance means.

Other such things like that abound in this document. There are obligations for member states to, quote, “tackle false, misleading, misinformation or disinformation.” And I think given the events of the past few years, we know exactly what that looks like and what form that takes. As someone who had his YouTube channel of nearly 600,000 subscribers scrubbed for daring to talk about such things as the philosophy of science and other things related to the events that are going on, I know firsthand what that legalese text implies.

The zero draft also includes verbiage about control over when, where, and how a pandemic is declared within each member state’s borders. So it says, quote, “the INB is encouraged to conduct discussions on the matter of the declaration of a ‘pandemic’ by the WHO Director-General under the WHO CA+ . . .”—which is what they’re calling this not-a-treaty— “. . . and the modalities and terms for such a declaration, including interactions with the International Health Regulations and other relevant mechanisms and instruments.”

So yes, even the process by which a pandemic will be declared by the World Health Organization under this new treaty, or whatever they're calling it, is left open to negotiation. And again, negotiations which we do not have access to as lowly members of the public who will simply be subjected to whatever rules end up getting forced into this document.

I think that should be concerning in and of itself. But actually, it's in some ways, maybe even worse than most people realize. Because at least at this point,

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the World Health Organization does not officially declare a pandemic to have started or over. There is no official declaration of pandemic. There is an official declaration of a public health emergency of international concern (PHEIC), which is a different declaration altogether.

People might have heard recently that the WHO has declared the pandemic over. But that's not quite true, as even the fact checkers will, in this case, correctly tell you, "No, they declared the end of the public health emergency of international concern," but they did not say that the pandemic is over. So this document is at least putting on the table the possibility of literally a declaration of pandemic by the WHO Director-General, in particular, which is interesting for reasons that relate to that PHEIC.

But let's delve into the other side of this. Because as it says in that text, talking about this rule of the WHO Director-General declaring a pandemic, it says, "including interactions with the International Health Regulations." And that is the other document that I want to talk about. One is this treaty, which they are not calling a treaty. The other is amendments to the International Health Regulation.

Shawn Buckley

James, can I just slow you down for a sec before you go to the International Health Regulations. Because to some of the people that will be watching your testimony today, this will be brand new. So you're basically saying that we should be calling this a "Global Pandemic Treaty," what they're negotiating. But even the title—they're using words to kind of confuse so that we don't understand what it is. And that this is being negotiated behind closed doors, so it's not a public process. Is that right?

James Corbett

That is correct in substance. Obviously, it's my supposition that the unwieldy title contributes to the confusion around this process. But it is not supposition that the word "treaty," specifically brings with it certain legal obligations that I think are being obviously avoided in this lengthy appellation.

Shawn Buckley

And then I just want people to understand. So when you're saying definitions are left blank—when laws are drafted or treaties are drafted, they'll actually put a definition in and then start using those words. So the definition is very, very, very important. So when James is saying, "One Health surveillance"—which sounds very Orwellian—or "One Health surveillance systems," saying these terms are being used, so they have a specific meaning. But the text that's been released, they're not telling us what the meaning is.

So I just want people to understand how important that point is that James has brought up. It makes it impossible for us reviewing the text that has been released to really understand the significance. And I can tell you, having drafted legislation for government, that when you actually already have a term, you have a definition in mind. You know what that term means; you're not throwing it in there for good measure. So to me that's quite concerning what you brought up.

And also, just slow this down before you move on. You're telling us there's actually provisions in there to deal with misinformation. So they're already anticipating censoring information that goes against what they say?

James Corbett

That is the certainly the implication. There is no language, at least in the zero draft, that's been provided to the public to specifically say how member states are committing to tackling false, misleading, misinformation or disinformation. But I think we've seen exactly how that has been done over the past few years, including direct governmental interference in social media. For example, trying to censor—not trying, but actively censoring people who go against the pronouncements of any declared public health authority. So I think that's essentially what is being declared.

But specifically, it's from Article 17, paragraph 1 [zero draft, February 1, 2023]: "The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation," which is an interesting addition.

And just to clarify, yes, Chapter I, the Introduction, Article 1, Definitions and use of terms. They do have in the zero draft [February 1, 2023], four of the terms defined. But they leave "pathogen with pandemic potential," "One Health approach," "One Health surveillance," "infodemic," "inter-pandemic," "current health expenditure," "universal health coverage," and "recovery" are all left undefined at this point.

Shawn Buckley

Interesting. Okay, sorry for interrupting, please continue.

James Corbett

Valuable things to elaborate on.

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All right, so let's talk about the other process that is going on. And I think, again, supposition, this is another part of the deliberately confusing nature of this process. In addition to this treaty, or whatever they're calling it, there is a proposal to amend the International Health Regulations. So what are the International Health Regulations?

Back in 1951, the World Health Assembly, the governing body of the WHO, adopted the International Sanitary Regulations, which was an attempt to consolidate the multiple and overlapping international agreements that then pertained governing quarantine procedures and other international health controls—that were, at that time, a series of bilateral deals between various countries and that was quite confusing, obviously, for an

increasingly globalized society, international trade, et cetera. So that was consolidated into this International Sanitary Regulations. And that was ultimately turned into the International Health Regulations in 1969. And those IHR, International Health Regulations, were amended in 1973 and 1981.

At that time, the entirety of the International Health Regulations covered specifically six diseases, but specifically focused on three of them: cholera, yellow fever, and plague. But after the SARS-1 hysteria of 2003, there was a push for amendment and sweeping reform of these IHR, International Health Regulations, to take into account the new and novel diseases that could appear in the future. So that push led to the adoption of the last round of amendments to the IHR in 2005. So that is the most recent edition of the International Health Regulations. And that was the addition of the International Health Regulations that introduced that aforementioned public health emergency of international concern, which is a specific declaration that is made ultimately by the Director-General of the World Health Organization.

Although, supposedly, theoretically, there is an independent advisory board that advises the Director-General whether or not to declare a public health emergency of international concern for any emerging virus or pandemic, or what have you. And that independent advisory board, really—according to what I think the drafters or, at least, what was presented to the public—it was the advisory board that's ultimately making this decision, and the Director-General just gives the rubber stamp to their recommendation.

Of course, that turned out not to be the case with the declaration of the monkeypox public health emergency of international concern last year, in which, according to reports, apparently, the Director-General Tedros broke the deadlock in the advisory panel by declaring that it was a public health emergency of international concern. And it's interesting that it's even portrayed as a deadlock when, in fact, the majority of the independent advisory board recommended against declaring a PHEIC.

But what is a PHEIC? Why is it important? What does it do?

Essentially, the declaration of public health emergency of international concern opens up a number of powers for the World Health Organization up to and including—as was reported back in the mid-2000 “teens” during the *Ebola* public health emergency of international concern; it was reported even in Newsweek and other places—that the powers that are unlocked by such a declaration could even include, conceivably, NATO boots on the ground in order to enforce quarantines or deliver medical aid or intervention, or what have you.

So this is a significant declaration. And of course, it also brings into effect a number of contracts that are signed for various governments that ultimately obligate them to purchase prophylactics, including vaccines or whatever else may be available for the declared health emergency. And that became a significant factor in the first ever declaration of a PHEIC back in 2009, during the swine flu pandemic, which ultimately ended up being a less deadly flu season than regular. But that being what it is, the declaration of PHEIC obligated countries around the world, including, of course, in Canada, to purchase swine flu vaccines that, ultimately, a lot of them ended up getting destroyed, unused. But whatever, at any rate, it was there. And an awful lot of money was made on the back of those vaccines.

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And an independent investigation from the Council of Europe the following year, as well as a British Medical Journal investigation, found that there were serious conflicts of interest between the independent advisory board that advised then WHO Director-General Margaret Chan to declare that PHEIC and the very pharmaceutical manufacturers who ended up benefiting from that declaration. So that's kind of the context of this International Health Regulations and what's on the table.

This current round of negotiations for further amendments to those IHR include a grab bag of proposals of potential amendments. Some of the ones that pop out immediately include the idea of striking out the words, quote, "full respect for the dignity, human rights, and fundamental freedoms of persons," from the IHR principles, giving WHO greater authority over surveillance monitoring and control of health threats—including greatly expanding the PHEIC power with proposals suggesting giving the Director-General the authority to declare not a public health emergency of international concern but an "intermediate public health alert" where a public health event does not actually reach the threshold of declaration of PHEIC but "requires heightened international awareness" and preparedness activity.

So, whatever that means.

Granting the WHO the power of a global emergency health legislature, including proposals to potentially change the currently "non-binding" and "standing recommendations" on medical and/or non-medical countermeasures to address a PHEIC that the Director-General shall issue to WHO member states after a consultation into binding recommendations. So they are actually proposing to change that wording from non-binding to binding, which ultimately does make the WHO into a de facto government, at least, public health emergency legislature.

It includes proposals for working with partners to establish a Global Digital Health Certification Network, which is intended to enable member states to verify the authenticity of vaccination certificates issued under IHR, as well as other health documents. And proposals to expand the scope of the International Health Regulations to cover not just demonstrable ongoing public health emergencies, but all risks with a potential to impact public health.

In other words, this is an astounding power grab that is, again, represented in these two parallel processes: the treaty that they're not calling a treaty and the International Health Regulations amendments that are separate processes, that are being run by separate governing bodies, but that, as the WHO states, could overlap. And there are meetings that again are going on behind closed doors as to whether or how these two processes should merge. Or maybe there should be two separate processes. Maybe they should continue with one of them, but not the other. It's all left completely opaque at the moment.

So those are the two processes. And in order to understand, I think, what's really on the table, we have to understand the overall idea behind the concept of public health in general and where it is going in the future. I'll pause for a moment in case you need any further clarification on anything I've presented so far, though.

Shawn Buckley

And actually, that's a perfect time for pause. It's interesting. We had a witness yesterday, Denis Rancourt. I don't know if you're familiar with him. He's a physicist by training but had been a full professor for years at the University of Ottawa and an interdisciplinary

researcher. He's presented on all-cause mortality using Canadian and U.S. data. And one of the points he brought up a couple of times was, in the past when pandemics were declared be that avian flu or swine flu or whatever, there was no indication in all-cause mortality that there was ever a pandemic. So, in other words, you couldn't see it. But he says you could see a heat wave for three days; that would show up, other things would show up.

But actually, every single time a pandemic had been declared, there was no rise in all-cause mortality. So basically, the implication is that these pandemics are declared when there is no public health emergency. And here you are telling us that basically, countries like Canada would lose their sovereignty so that if a pandemic was declared by the World Health Organization, we would have no choice but to allow them to basically counter some pandemic. Are we hearing you correctly about that?

James Corbett

Member states are already obligated to do a number of things under the WHO Constitution,

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including implementing the conventions and agreements that are decided upon by the World Health Assembly. So really, there are already obligations that are in place for Canada, as we've seen, I think, through the course of the past few years, let alone decades. That in fact, for example, there is a stipulation in the existing International Health Regulations that all countries have to comply and actively assess their compliance with the International Health Regulations and pandemic preparedness generally. And Canada, as you may or may not know, actually, the Government of Canada posts on their website, occasionally, their updates as to their self-assessment of their compliance with the International Health Regulations. So there are already stipulations in place. I think the proposed amendments just give the potential for these obligations to expand.

Shawn Buckley

It's interesting. So that explains why, I mean, it seems that most of the world, certainly the Western world, followed kind of one plan. And James, what I've always found interesting—and this is just my thinking—but let's say we were facing a serious threat by a virus and we've got to figure out what to do. It would seem to me you'd actually want different countries trying different things so that you could see what works and allow different theories to be tested.

But we basically have entered a world where one organization has the power to decide how we deal with a serious threat. And if they get it wrong, then the whole world will face the consequences of that. Because that's the flip side. But if they get it right, well, great; all's well and off we go. But if they get it wrong, it means the catastrophe is magnified. But basically, that's where we're at legally.

James Corbett

I concur wholeheartedly. I think that gets actually to the real heart of the philosophical issue, let alone the legal issue, that we're facing here—which is the question of the centralization of power over “public health” in fewer and fewer hands. And, in fact, that's kind of how I'm planning to end this presentation. But perhaps we should cover One Health before wrapping up with that.

Shawn Buckley

Sure, can I just ask one more thing? Because you just went over it quickly. You were saying they were striking out some principle. Can you just read that text slower for us? I think it's important for us to understand.

So there's principles in the current International Health Regulations. So it means, principles—just so that people hearing your testimony understand—they're supposed to be what guides the interpretation and application of these regulations. So they're kind of fundamental to what our goals are. But please share with us what is being removed or being proposed to be removed as a principle.

James Corbett

Yes. So the text that is being proposed to be struck out from Article 3, which is the principles of the IHR document, is "... with full respect for the dignity, human rights and fundamental freedoms of persons." And the proposed alternate text—again, people can find this on the WHO's own website; they have a post of the proposed amendments [IHR proposed amendments, WHA75(9) (2022)]. The proposed alternate text: instead of "... with full respect for the dignity, human rights and fundamental freedoms of persons" is "... based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development." I will let you parse that for yourself. But, anyway, that's what they want to replace the text with.

Shawn Buckley

I think George Orwell would be proud of that one.

James Corbett

I concur.

Shawn Buckley

Yeah, please continue this. And I can just share with you that I believe everyone is finding this very interesting and we haven't had somebody speak to us about these issues. So we certainly appreciate you sharing with us.

James Corbett

All right, so what we have heard, so far, I think is fairly concerning. But actually, where I think this is going demonstrably is even more concerning. And what this is raising the spectre of, is the concept of the One Health approach or One Health agenda, which is being adopted by many different health authorities in many different countries. The CDC in the United States, the World Health Organization is talking about it. In fact, there's an entire institutional framework that's taking place, taking shape around it.

One Health: that phrase was apparently coined in the wake of the SARS-1 events,

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back in 2003–2004, to discuss the threat of emerging diseases—diseases emerging from animal populations and the contact of animal and human populations, so zoonotic diseases.

And that concept started to come on board that public health is not just about your individual health as a human being, it is about the health of nature, including animals. So the CDC, for example, defines the One Health approach as “a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.”

So again, I think like the founding principles and definitions in the World Health Organization Charter, this is language that is designed to sound very appealing. But I think quite quickly starts to get into some very interesting philosophical areas, shall we say.

So I think we have to recognize what is being done here is a rhetorical move to essentially make every corner of the globe, every natural resource, every plant, every animal, including every person, as part of an interconnected web that forms this new definition of public health: One Health. And so, embedded within this idea, within this concept, is if we have a centralized, specialized agency of the UN, like the World Health Organization, which is in charge of coordinating international public health, we need some sort of centralized control that will have jurisdiction essentially over every one of these constituent elements—every habitat, every resource, every animal, every plant, and every person—in order to coordinate not public health but international One Health.

So I think we see where this is starting to go. And of course, it doesn't just involve the World Health Organization. Again, by its very nature, this is such a broad concept that it applies to every nook and cranny of every bureaucratic infrastructure in at least the UN panoply, as evidenced by the fact that the World Health Organization has just joined a quadripartite coalition—consisting of the Food and Agriculture Organization [FAO] of the United Nations, bringing in that food concept that was referred to by Catherine Austen Fitts; the United Nations Environment Programme [UNEP], bringing in the spectre of Rio Summit and UNFCCC [United Nations Framework Convention on Climate Change] and the IPCC [Intergovernmental Panel on Climate Change], et cetera. The World Organization for Animal Health [WOAH] and the World Health Organization have now combined forces to tackle this One Health approach idea. And they have set up a new “high-level expert panel,” to coordinate activities on One Health, which is defined as “an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems.”

So again, this sounds laudable. But it is predicated on a devaluing of human life in order [inaudible: 0:33: 19] equity, which I guess we're supposed to assume is always, in every context, a wonderful word—equity with nature. So humans have to be devalued to the point where we do not prioritize human health over the health of, say, an animal species or something along those lines. And I think people understand where that concept is going or where it could go. But at any rate, that is the One Health approach that is now being fostered under the auspices of not just the WHO but a number of international organizations.

Shawn Buckley

So that's how we end up locked down in 15-minute cities and eating crickets.

James Corbett

Unfortunately so, or at least I believe that is part of the plan. So yes, as you indicate there, this is not just about the concept of health as we tend to think of it—as in you feel sick and

you go to the doctor and you get some medicine, or something along those lines. It has to do with every aspect of your life: where you live, how you live, what you eat, et cetera, et cetera. It would be difficult to think of any aspect of your life that would not come under the purview of this One Health idea.

Shawn Buckley

That's quite striking actually. So did you have more to share?

James Corbett

I can talk about the next steps in this process.

So with regards specifically to the International Health Regulations, again, they are being proposed to be adopted at the 77th World Health Assembly next May by a simple majority vote.

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And so, given the scope of the Constitution of the WHO and specifically Article 21, the amendments of the IHR—when and if they are adopted—will come into force within all member states within 12 months of adoption unless a state proactively files rejections or reservations within a 10-month period after the adoption. At any rate, this is a very, very short timetable and I think, again, the momentum is on the side of the bureaucratic meddlers here, shall we say.

As regards to the treaty, that they're not calling a treaty, that would require—I think there are different interpretations of this—but I have read that it would require a two-thirds majority vote in the World Health Assembly with each member state being able to sign and ratify the treaty in accordance with their own domestic laws.

But, as I say, I think overall, the World Health Organization Constitution, as it is written, is interpretable in ways that would suggest that any World Health Organization member state is obligated to enact whatever convention or agreement is signed. So, again, I think that there are different legal opinions of what this is. But I think we have a very narrow window in which to act. And I guess the question for Canadians is, what can be done or what should be done?

So I guess on the most basic legal/political level—obviously, given the fact that a formal registration of concern is required to at least stop this from being automatically implemented in Canada within one year of its adoption—then obviously, I think, politically, people's energy should be directed in that direction, at least at this moment. And there are movements afoot in a number of different countries right now not only attempting to preventatively get their member states out of this process for the negotiation but actually to withdraw from the WHO altogether. And I note that there was a press conference on the steps of the U.S. Capitol just this week involving several U.S. congressmen, I hear 21 of them, actually, were there demanding a complete withdrawal of the United States from the World Health Organization.

So that is, I think, at least a sign of the type of political movement that could be happening if people were engaged and aware on these issues. Although, obviously, the Canadian political context may be a little bit different than the American context. And I think one thing that we could be assured of is that the establishment media would ignore or denigrate such a

political movement, to the extent that they acknowledged it at all, in the exact same way as they did with the Freedom Convoy.

But more to the point, I think, perhaps more hopefully, I see the formation of communities of interest—public and private membership associations and other organizations—forming on the basis of the principle that human beings have natural bodily autonomy, and medical interventions cannot be enforced or forced upon anyone against their will. And so, I think the idea of people coming together on that basis, including doctors and other medical professionals and regular people, coming together on that basis to form their own sort of splinter medical system, to me, seems the more thoroughgoing approach here, not recognizing the diktats of centralized health authorities.

However, obviously, nothing is going to change unless and until there is a widespread recognition among Canadians, and people all over the world, of the fundamental underlying issue: What is “health”? And who gets to define that word? Who gets to describe what a health crisis is, and what states, let alone individuals, must do in the event of a declared health crisis?

These are the fundamental questions. And who controls those powers? Which really raises, I think, the fundamental underlying question of all of this. Because what I’ve been describing with regards to these powers that are coming into view might raise the spectre of medical martial law—essentially times of suspension of regular law in which health authorities essentially act as martial authorities, being able to dictate law into law just by saying it. Which is exactly what we saw over the past few years.

But I think it’s even worse than that. What we are seeing is the erection of an infrastructure

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for a new paradigm of governance: the biosecurity state. And if you are unfamiliar with the writings of Giorgio Agamben, he is a famed and noted Italian philosopher who has been writing about this subject for the past few years. I highly recommend his work, including an article he wrote in March of 2020 called “Biosecurity and Politics,” where he identified this as the crux of the issue. He wrote, “the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity).” And I think that is the spectre of what we are facing: the imposition of medical interventions in the name of health but essentially as a new paradigm of governance that we are looking at.

And so, I think we need to fundamentally question the need for health authorities’ centralized control over the medical system rather than the idea that people can choose for themselves what medical interventions and what medical precautions they are willing to take or not take. And also, the acknowledgement that with our fundamental right of bodily autonomy comes with it our right to essentially ignore and to go against the outward imposition of dictates and obligations by any presumed health authority. So, any treaty, any convention—International Health Regulations—that are signed that do not recognise, fundamentally, informed medical consent and the right to bodily autonomy, it’s null and void.

Shawn Buckley

James, I'm just going to step in if you'll let me. It's interesting. So you're telling us stuff. And I've just, when I do have time to see non-mainstream media, you hear about International Health Regulations and that this is going on. But I can tell you personally, I've not heard this type of detail that you're providing. So basically, Canada is walking into the situation where really our entire sovereignty could be given up in the name of this One Health initiative where everything from our food supply to our complete medical system to our freedoms could be dictated from an outside source. That's basically what's happening and we're not hearing anything about it.

James Corbett

Yes, I think it is already happening and yes, we are not hearing about it.

Shawn Buckley

Are you aware of a single group or anyone that is on this issue in Canada that should be given some support, or we could be directed to?

James Corbett

There are a number of individuals and independent media that are talking about these issues. But in terms of actual coordinated political movement on this front, I don't know. As I say, I live in Japan, so I am not in touch with any particular group.

Shawn Buckley

No, I was just asking because if you're not aware of one, then perhaps that there's a need that needs to be filled here and that's important for us to know.

Also, it's interesting, just as the National Citizens Inquiry has been moving about province to province, I ended up being out for dinner with some of the people involved in the NCI, including local organizers in Vancouver. And sitting to my left was a person from Quebec that lives on a fairly sizable acreage, he is telling me that his chickens have to be registered and he's only allowed three chickens. And then somebody living on a farm in BC is saying, "Oh, I have to register every cow, every sheep, every chicken," like, the amount of control. And then I have a personal friend in Alberta who's being told that, well, any water body, they have to have a fence this size and that would include their rain barrel. Like, it's just, all of a sudden, this micromanagement of rural properties and animals being imposed from above, which makes zero sense unless there is an effort to basically have total control over food supply and animals and rural properties. And it sounds like this would be connected.

James Corbett

I think it is. But on that note, I think that the pushback that we're seeing from Alberta, from Saskatchewan, the Alberta Sovereignty Act [*Alberta Sovereignty within a United Canada Act*], or whatever these things are being called—which I'm not following the passage of these bills closely—but I understand would essentially be a declaration of the provincial government's right to exclude federal authorities from butting in on their jurisdiction,

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which, of course, health is actually a provincial jurisdiction not federal.

Shawn Buckley

Right, okay. I'm going to turn you over to the commissioners to see if the commissioners have questions. And they do.

Commissioner Drysdale

Good morning and thank you for coming and providing your testimony.

You know, we've completed 22 days of testimony across the country at the NCI right now, and it's like a large jigsaw puzzle that seems to be coming together. And when I was listening to your testimony, it reminded me of some testimony I think we had in Vancouver, and one of the witnesses held up a document that they said was prepared by Theresa Tam. And what it was is that the climate emergency was the biggest threat to human health in Canada. And I kind of wondered about that. But are you aware of that document? And does that kind of fit in with this whole WHO control and pandemics that you're talking about?

James Corbett

I am not familiar with that document in particular, but I am certainly aware of many pronouncements along those lines that have been made over the past few years. And I certainly do see that as absolutely a fundamental part of the One Health agenda. I think the preparation of the public for the idea of a climate crisis, climate emergency, and ultimately lockdowns on the basis of such an emergency has been foreseen, has been talked about, has been openly written about by a number of people and institutions, the World Economic Forum and others, for years now. And so I definitely see that as part of the unfolding One Health agenda.

Commissioner Drysdale

And I forgot to mention, and I don't know whether she still is, but I know Theresa Tam was the head of one of the WHO health committees. I can't quite recall which one it was, but I believe it just started a few years ago, and again, I don't recall whether she's still the head of that or not. But it certainly, it goes right along with what you're saying.

We had another witness in, I think it was Vancouver, and she was an expert in international law and human rights. And in her testimony, she had demonstrated how Canada, during the pandemic, had violated, or allegedly violated, a number of the human rights, which are guaranteed under the UN treaties, underneath a number of health treaties. And it's just interesting, then, how these human rights guaranteed under similar documentation by the UN are being trampled on by the health care directives that are being contemplated or being implemented by the WHO through the UN. Are you aware of that contradiction between human rights treaties and what you're talking about here, the proposed WHO?

James Corbett

Yes, in a sense. But I think that the legal documents and constitutions and other things that presumably we are ruled by, or that constitute the rule of law, are not really worth the paper that they're written on, generally speaking. And in fact, that's, of course, I would say, exactly what we've seen over the evisceration of the *Canadian Charter of Rights and Freedoms* over the past few years. In fact, Giorgio Agamben, who I mentioned earlier, wrote an entire book about *State of Exception*, talking about that issue and exploring it from the philosophical and jurisprudence and historical angle, that there is always a moment of

aporia in these constitutional documents that essentially allow for the declaration of some sort of emergency that says all the rules are aside.

And I would note specifically with regards to the United Nations and the *Universal Declaration of Human Rights* that it propounds, they all sound wonderful and woolly until you get to Article 29, paragraph 3, which says, “these rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.” Essentially, yes, you can have all these wonderful rights unless and until the United Nations says you can’t, and then you can’t. So I think those are the types of legal trickery that are played in these documents.

Commissioner Drysdale

Well, I think that’s why you rightly pointed out definitions and the grab bag of words that were in definitions. And Canadians, if they aren’t, should be very much aware of how their constitutional rights or their *Charter of Rights and Freedoms* was completely neutralized by what seemed to be innocuous words,

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high-minded words.

I mean, if we’re not aware of those things now and scared to death about these definitions that go on and on and on and could mean anything. But it seems, to me, that you’re saying that this is a common practice, that they put in these kinds of words they can manipulate any way they wish.

James Corbett

I think that is the case. As I say, I would definitely direct you to Agamben on that issue. He has written extensively about this, and it is demonstrable in a number of documents. And there is, generally speaking, some sort of emergency clause or an emergency act, a public order emergency, for example, that can be declared that will suspend basic constitutional rights.

Commissioner Drysdale

The last thing. You know, when I was listening to your presentation and also listening to some comments made by Mr. Buckley, it reminded me of what’s happened so many times in the past. I mean, in Soviet Russia, they got a hold of the food production and they murdered or starved to death 20 million Ukrainians, I can’t remember what the number is; they argue about what that number is. In China, they did the same thing during the late 1950s and early 1960s, and they took control of all of the food production. Are we seeing that same thing happening today in Canada and in the Western world, but more importantly, at least to me, in Canada?

James Corbett

I would say, anyone who isn’t paying attention to the consolidation of the food supply in the hands of fewer and fewer corporate interests—but also governed over by an international institutional infrastructure, the Food and Agricultural Organization and other associated institutions—if you’re not concerned by that process, then you’re probably not paying attention.

And in fact, the consolidation is getting worse and worse as we step forward into the Great Food Reset, which has been declared. And that involves such things as lab-grown meat to try to cut down on the horrible pollution that we know that actual regular farming and ranching are wreaking on our environment. Except for a recent report—that may or may not throw any kind of spanner in those works—that apparently, the lab-grown meat will be 25 times more energy- and resource-intensive than regular farming. I wonder if that will in any way derail the plans.

But at any rate, this is definitely a part, again, of that One Health agenda and that One Health approach. And the consolidation of the food supply in the hands of a few corporations cannot be ultimately for the benefit of all humanity. There is, at the most basic level, a very obvious financial incentive for corporations to do this. But from the perspective of people who are literally thinking about trying to manage the human population in general, there could be no greater choke point for doing that than by controlling and manipulating and rationing the food supply.

Commissioner Drysdale

You know, historically speaking—except for a handful of people at the top, some of those names that we know—central planning, state Soviet-style planning, has never been successful. I mean, have we not learned our lesson in history? I mean, the 20th century was predicted to be the century of the masses, mass control; there were a number of books written in the late 1800s about that. And have we not learned our lesson?

We had a witness yesterday, we talked about the definition of fascism, and these are not their words, these are my words. They were talking about us going into fascism on steroids because, you know, in the past, they never had the technological and electronic control and brainwashing that we have today. I mean, have we not—will we not—learn our lessons from history?

James Corbett

Unfortunately, it doesn't seem so. And, actually, history would give us the proper terminology for this because people are grasping around for historical precedents and political analogues—and they talk about fascism; they talk about communism. What they should be talking about is technocracy, and that was a movement that was quite popular in the United States and in Canada in the 1930s. In fact, Elon Musk's Canadian grandfather was a prominent member in the Canadian technocratic political movement who ultimately ended up fleeing Canada and going to South Africa, but that's another story.

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But technocracy was an idea that was predicated on the idea, not of a fascist system, not a communist system, but the control of society, the engineering of society, at a scientific and technical level by technical experts who would decide—who would calculate—the entire energy inputs and outputs of the entire economy and base the economy around that calculation. And they would issue energy credits to the people who would then use those energy credits to purchase items. And that was a truly bizarre and crazy idea in the 1930s because it would have required systems for continuously monitoring and surveilling every transaction in the entire economy in real time, which, of course, didn't exist in the 1930s.

That technology exists now. And although the historical technocratic movement and Technocracy Inc., which was one of its products, has not exactly disappeared, but it's

certainly not a prominent political part. But I think that ideology is still around and that really starts to explain some of the directions that we're heading.

For example, the concept of carbon rationing and the concept of universal basic income, and some of these other concepts that are floating around, are at base technocratic ideas that have been adapted and adopted for the terminology that appeals to us in the 21st century. But I think if we don't understand that history and where that idea developed from, I think we will not truly be able to understand what is happening until it's too late.

Commissioner Drysdale

Well, yeah, I mean, we now have state-sponsored euthanasia. We have the state holding back life-saving medical procedures from a lady who testified yesterday because she wouldn't comply with something, you know, a procedure that had nothing to do with the transplant. We have state-based racism, where they're pitting every different group of people against each other, regardless of what measure you want to look at. We have unprecedented propaganda, 24 hours a day. People are acting like cyborgs where they carry a device in their pocket and they think because it's not under their skin, they're not a cyborg. But even in this room, we hear the phones ringing and beeping and clinking and clanging. I mean, from what I understand from you, and I understand from some of the other witnesses, this is at an unprecedented level of control. And therefore, we as a human race are at an unprecedented risk to their will. Can you comment on that statement?

James Corbett

Yes, let me underline and underscore exactly what you're saying there. For any of the Commissioners who do not know about it, I would wholeheartedly exhort you to look into Policy Horizons Canada, which is an arm of Canadian government that a few years ago produced a document on biodigital convergence, which talks exactly about what you're talking about: ultimately towards the creation of that cyborg-intermediate species, whatever we are becoming with this increasing adoption of technology, where they actually talk about the ways that at the medical level, we will be more and more merged with machines. And again, you have to read this document in its own words; don't take my word for it.

But one of the things that they talk about in the document is the breakdown of the philosophy of vitalism, which is the idea that there is actually a real and meaningful distinction between organic life and inorganic matter. And they say that those lines are blurring because now people and animals and plants are engineerable, and we can put various biomechanical devices inside of them, and we can tinker and alter them. So the actual distinction between life and nonlife is beginning to break down. And they, I believe, frame that in a positive context in their documents. So yes, these are some very fundamental questions that we're facing.

This agenda is really about much more than simply public health. I think this is about the real question of the definition of human: What does it mean to be human? What is the value of human life itself? And obviously, it does raise the spectre of eugenics and other really terrible ideas from history. Ultimately, I think you could trace it back to Malthus and the fundamental Malthusian idea that there are too many people and that we must get rid of some portion of the population so that we can continue to live. Those fundamental philosophical wrong turns, I would say, continue to haunt humanity.

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And that is the direction in which I think all of this institutional momentum is heading.

Commissioner Drysdale

Thank you, sir.

Commissioner DiGregorio

Thank you so much for your testimony today. It's been a while since I studied international law, a number of decades, I guess, back in law school. But my understanding was always that international law isn't really a set of rules that are imposed on countries, but it's more a set of agreements that countries reach with each other about how they're going to behave both with each other and internally.

And so, I guess with that framework in mind and thinking about the treaty that you've talked about today and the International Health Regulations—should we be thinking about these documents, and these amendments to these, as things that really Canada is signing up to be binding and to be bound by? Or should we really be looking at these as something that maybe just will give our politicians legal cover: if they want to implement things that maybe aren't in the best interests of Canadians, but they can then turn to and say, "Well, but it's the law, we've signed up to this"?

James Corbett

There is absolutely an element of that. And I think the underlying principle that we have to understand here is that, exactly right: there is nothing that would stop Canada from tomorrow declaring we are not part of the World Health Organization and making it so by fiat. It can be done. And of course, there is actually a process for withdrawing from the World Health Organization, et cetera. But what would happen if Canada just simply declared themselves to be out of the World Health Organization? Well, then by decree, it could essentially be manifested in reality. Because as you say, there is no international courts that could adjudicate this in a way that they could impose rules from the outside. It has to be done to some extent willingly.

So yes, it is important to keep that in mind because I think that is part of what I'm gesturing towards: not just with the political solution, but the political solution as a manifestation of that change in public perception and public consciousness—that, in fact, actually, it is what we are deciding.

Now, of course, there could be and presumably would be many different knock-on effects in terms of Canada's relation with the United Nations, and with various other states, et cetera, if they were to make such a declaration. But at the end of the day, it is essentially a choice that each member state makes.

Commissioner DiGregorio

Thank you.

Commissioner Massie

Thank you very much for your root cut analysis of this very, very complex situation. It actually goes in many different dimensions in terms of the definitions, as you mentioned. The One Health, to me, evoked immediately this notion by a lot of technocrats that they

really dream of a one-size-fits-all solution because they think they know it all, right? And if we just listen, then everything would be fine.

It seems, to me, as you pointed out, that we are living a paradigm shift in terms of governance. But to some extent, it seems to me that since the dawn of civilization, there's been a kind of a dream by rulers to control everything. It was not possible sometime if they had more control by fiat with soldiers and stuff. But nowadays, the main way to control is information and the connection of people across the world. And because it seems to be able to connect in a virtual world with internet and stuff, I think that people in the ruling class, the technocrats, think that it's now possible to actually control the world because they have technology that will allow them to do that.

So we are sort of back to the same sort of conflicts between what I would call the subsidiarity principle as a model of governance versus a top-down governance with wise people that know it all and will do it for our own good. The issue I found in terms of fighting that, and you've mentioned a few areas where we could actually be more active and combat it, is that human beings, being what they are, no human being is infallible and can actually fall prey to corruption. Some people are more susceptible to that than others, but in the end, if you have good institutions,

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this will actually keep that under control to some extent.

So as you move the control or the regulation or the exercise of power in any area higher and higher, what is going to be the control mechanism to ensure that the wise people on those boards are smart enough and, I would say, honest enough to do the right thing? And if they don't, then what? Who's going to be the arbiter that says, "Guys, you're not doing the right thing. We need to change you. We need to take care of your conflict of interest." Who's going to rule that? That to me seems to be the issue. And I don't see any solution to do that in a really high-level, international governance where the people there are not elected. Where's the accountability in this system? And is it possible to do it effectively?

James Corbett

It has always struck me as a kind of a strange conundrum that we can recognize that people are inherently fallible at the very least and corrupt, corruptible at any rate. And yet, those from that very same pool of fallible and corrupt people, we should be able to pick people who will then rule over vast swaths of humanity for the best interest of all. It's always struck me as a strange contradiction in terms.

But the question ultimately, I think, answers itself. Because as you say, as we get further up that ladder towards more and more centralized control, by fewer and fewer people, over more and more of the globe's population with less and less accountability, obviously there is less and less mechanism for there to be actual control when people start to act in fallible and corrupt ways. So the obvious answer to that is—well, then, we need to decentralize and get down closer to a local level where people have more accountability over what's going on.

As was raised earlier in the questioning, I think it's important to understand that the idea isn't that that would somehow solve the problem of corruption or fallibility. Of course, there would still be problems in various places. But there would, at the very least, be a plethora of different alternatives that people could turn to. Well, if I don't agree or like this

particular paradigm of governance, well, there's this other one just over there. And I think the expansion of basically the competing systems of control, at any rate, competition is generally good. And it is, I think, good in the concept of creating positions of power and control.

Of course, I, being myself, I tend to take that to its logical conclusion, which is, ultimately, power should be decentralized all the way down to the individual. But I know that's seen as a radical idea for many. At any rate, I would be happier if the institutional momentum was going in the opposite direction and less power was being ceded to the centralized authorities rather than more.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning, James. Thank you for your testimony. I tend to judge organizations by the mantra that you use, and I noticed that you mentioned DIE, diversity, inclusion, and equity. So when I think of that from the WHO perspective, I think of Taiwan. And I don't want to get into the one-China-two-states issue. But I think of Taiwan wanting to apply to be a member of the WHO since 1971. They've continued to make that request, and they continue to be denied. And then I think of your testimony that there should be a parallel kind of movement for democracies of people who are free.

Would it be possible, and just kind of taking all of those thoughts together, and make it a possibility for Taiwan and Canada to agree to move forward as a free and democratic society where persons have personal autonomy and continue to work outside of WHO, instead of Taiwan trying to become a member? I know in 2022, they were looking at observer status, but even as an observer status, as you allude, we don't really have input and the opportunity for feedback. So I'm just wondering, would that be a starting point if we could get democracies outside of WHO, who were rejected, to start the movement?

James Corbett

It certainly would be a possibility. In fact, often, I find it interesting that we get so normalized and conditioned into the status quo

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that we forget that there was a time before the status quo.

So thinking, for example, about the International Sanitary Regulations that became the International Health Regulations—as I say, there was a vast sea of bilateral and trilateral and other deals between various nations for quarantine regulations and other medical procedures that pertained at that time. And it was seen as just this horribly complex mess—Well, we have to sort out, you know, where is this coming from? And what needs to be done with it? and blah, blah, blah—rather than just one overall International Health Regulations that all of these states will agree to, and it'll make it easier.

But in fact, the very same technologies and other things that are being talked about now—that could make, for example, digital health certificates, i.e., vaccine passports, feasible—is the very same technology that would make those types of bilateral relations, Canada

agreeing to work with Taiwan and “we will set up this particular regime of health regulations and controls, and whatever, between our two nations.” Imagine if Canada did that bilaterally with every country that they traded with or had relations with: Why would that be difficult in this technological age where knowing the process for importing goods, or whatever, can be obviously put into an app and put on everyone’s phone? It wouldn’t be a difficult thing to do in this case.

But now we’ve been so trained into the idea that it must be handled in one overarching International Health Regulations that governs almost every state on the planet. Why? So I think we do need to interrogate that fundamental assumption. And it should be noted that there are alternate organizations to the World Health Organization that are out there.

The World Council for Health and other things, which are predicated on the idea of individual human autonomy, bodily autonomy, health freedom, et cetera, rather than the principles of the World Health Organization. It’s just most people don’t know about the World Council for Health because they don’t have the funding of the pharmaceutical industry and others behind them.

Commissioner Kaikkonen

And then my last question is just about Taiwan itself and how they managed through the pandemic. When you think of Taiwan being a little bit bigger than Vancouver Island and housing 23 million residents, I’m just wondering, somewhere in the pandemic when I checked on how they were doing, they had eight deaths. And I just kind of think that maybe we should be following what they were doing. And so, when we talk about health and WHO being mandated to protect our health and then still rejecting Taiwan, as a viable example, I just wonder what your thoughts are there.

James Corbett

Well, as I understand, you did hear testimony from Denis Rancourt, and I have interviewed him about the mortality statistics surrounding the so-called pandemic, et cetera, that, as he testifies, indicates that there was no identifiable wave of deaths that were attributable to some novel virus, et cetera. So, at any rate, I think that does show something about the way that we count and order these statistics could have an effect on how the country managed them.

But even if we were to accept at face value just the terms of the World Health Organization and other presumed health authorities about how to measure these statistics, I will note that the Independent Panel for Pandemic Preparedness and Response has an interesting admission on their recommendation report, which is available on their website: Namely, that they look at the different measures that different countries took for pandemic preparedness before this so-called declared pandemic took place. And they plotted them against, at least, the reported death rate in each country. And you can look at the graph that they came up with, which shows that there was absolutely no correspondence whatsoever between the compliance with various pandemic preparedness ideas that are being propounded by the World Health Organization and the ultimate outcome in terms of measured death rate from the pandemic.

So, I don’t take those statistics seriously, but those are the official statistics. And you can look at them and see that, for example, Canada, highly compliant, getting a 93 out of 100 score for external evaluation of pandemic preparedness and yet having one of the top death rates in this graph. So it shows that whatever they are proposing in terms of pandemic

preparedness and in terms of how we should position ourselves for the future is demonstrably, quantifiably, according to their own statistics, clearly made-up nonsense. So I don't know why we should be putting any faith whatsoever in these proposals from the World Health Organization and others about what to do for pandemic preparedness.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

James, those are the Commissioners' questions. There being no further commissioner questions, on behalf of the National Citizens Inquiry, I sincerely thank you for joining us today and sharing this information.

James Corbett

Thank you for the opportunity.

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