



## NATIONAL CITIZENS INQUIRY

Regina, SK

Day 3

June 1, 2024

### EVIDENCE

---

**Witness 13: James Roguski**

**Full Day 3 Timestamp: 10:48:55–11:34:04**

**Source URL:** <https://rumble.com/v4yvzz9-regina-hearings-day-3.html>

**Wayne Lenhardt**

Our next witness is James Roguski. I may be mispronouncing that. Can you hear me, James?

**James Roguski**

I can hear you fine. And you pronounced it perfectly. Thank you.

**Wayne Lenhardt**

Okay. First of all, could you spell your name for us? And then I'll do an oath with you.

**James Roguski**

James Roguski. J-A-M-E-S R-O-G-U-S-K-I

**Wayne Lenhardt**

And do you promised to tell the truth, the whole truth, and nothing but the truth in your testimony today.

**James Roguski**

I do.

**Wayne Lenhardt**

I don't have a lot of detail on the specifics of your presentation, but it's going to be on the WHO pandemic treaty, I'm assuming. So if you could maybe—

**James Roguski**

Well, actually, it's going to be primarily on the, just hours ago, adopted amendments to the International Health Regulations.

**Wayne Lenhardt**

Yeah, actually, I heard that from Mr. Buckley just a few minutes back. So, if you could maybe give us a snapshot of your qualifications, and then just start your presentation.

**James Roguski**

I am 64 years old. I studied computer science in school 45 years ago. But in recent years, I've been involved in natural health. I used to manage a couple of mom and pop herb and nutrition stores. I've written a couple of books related to that topic. I have built many websites and reported on natural health issues. And two years ago, all of that was censored off the internet. Well, not all of it, but quite a lot of it was censored off the internet.

And I found that I came upon documents about the WHO [World Health Organization], and I applied my research capacities over the last two years to basically reading the documents and reporting on what the WHO had been facilitating in regards to negotiations around the world with all the many different countries on two tracks. You mentioned both the Pandemic Treaty and the International Health Regulations. I'm not a doctor. I'm not a lawyer. I'm just a regular person who dug into the information, read it and reported on it to the best of my ability, and I continue to do so.

**Wayne Lenhardt**

Okay. Why don't you proceed, and I'll ask you any questions that I have as we go.

**James Roguski**

Okay. The timing of this is actually quite fortuitous. We sort of foresaw that it would be better to do this testimony today, because only about five or so hours ago in Geneva, the 77th World Health Assembly concluded their yearly meeting just hours before the deadline, the last hours of June 1st. And one of their very last orders of business was to adopt amendments to the International Health Regulations.

And so, my testimony is about the latest changes that the various nations have made to the International Health Regulations. Those were originally adopted on June 25th 20—I think, actually, I'm sorry, I may not be clear on the date, but I think it was July 25th, 1969, they were amended several times. They were last amended in 2005. And to my knowledge, very few nations on the planet, Malta being one exception, have actually gone through the process of implementing them correctly into their national laws.

I cannot speak to whether Canada has done so. It does not appear that Canada would require Parliament to vote on it. That's not part of the legal structure in Canada and other Commonwealth nations. And so it's simply adopted, approved, or signed off on, whatever term people may want to use, by the executive branch of the government. And so back in May of—

**Wayne Lenhardt**

Can I stop you there for a minute? And again, we do have a hard stop at eight o'clock, I believe. Number one, what are these regulations and why would a country want to adopt them?

## **James Roguski**

Well, the 2005 version of the regulations set standards for nations to comply with basically on reporting whether or not they have identified some kind of unusual outbreak of disease in their country. And so if your health system identifies very specific diseases that are listed in the annexes of the regulations, they're supposed to have an International Health Regulations focal point, which is an office in the national government that communicates directly with the WHO to alert the WHO that there's some kind of a health problem—in this case, Canada or any other country. And the WHO will then determine whether or not that constitutes a Public Health Emergency of International Concern or PHEIC, or "PHEIC" [pronounced "fake"], and that would then alert all of the nations of the world that something was going on in Canada that could spread across the border and would alert all of the many nations.

And so after COVID, there was the belief that was put forth two years ago by a declaration in the 75th World Health Assembly that they wanted the WHO to strengthen the International Health Regulations. And even prior to that, there was a special session of the World Health Assembly that ended on December 1st, 2021, that the nations asked the WHO to oversee negotiations to not only strengthen the International Health Regulations, but to also negotiate a new Pandemic Agreement. So there's been two tracks of negotiations, one for amending—the many times already amended International Health Regulations—and another for a new agreement.

Now what happened today, about six, five or six hours ago, was the World Health Assembly was presented with the results of the negotiations that have been going on for well over a year. And they had late night sessions all week to finalize the details of the amendments to the International Health Regulations, and they did adopt those changes. The other track, the Pandemic Agreement, they did not reach a final consensus agreement. They kind of knew that coming into the meeting, and so they agreed to extend the negotiations.

The next negotiation is scheduled to start sometime in July. They hope that they can get it done in a short period of time, and they might call a special session before the end of 2024. And if that does not happen, then they're shooting for getting a consensus agreement on a new pandemic agreement for the next World Health Assembly, which happens in the last week of May every year. So that would be 2025.

And so I would like to take a little bit of time just explaining to people what these amendments are, because there has been a lot of confusion about what is in these documents. Today is really the first time we get to see what they've actually approved. I don't know if you have any questions or if you would like me to go ahead.

## **Wayne Lenhardt**

Let me put this into perspective from my position here. Number one, I guess the first question I have is: Why does Canada need to get involved with these regulations? Are we not capable of figuring out our own health situation? And if we need to deal with other countries, our cabinet can pick up the phone and call England or wherever they have to. I mean, if you read some of the material on the WEF [World Economic Forum] and the WHO, it looks as if there are certain serious concerns about the WHO wanting to actually come into countries and essentially take control of them if they could declare a pandemic. And then we can get back into what into what is a—

## **James Roguski**

If I may, that information is flawed information. It has been making the rounds. And what I'd like to do is stick to the evidence of what's in the document. That concern is not what these documents are about. Many people have said that, and I'm here to testify for what these documents actually say. I encourage people to read the documents. They are publicly available. And what you'll find is that, well, number one, Canada is a party to the International Health Regulations. They've agreed to work with other nations through this legally-binding international instrument. They agreed by default, because the way the International Health Regulations were adopted and the way they are amended is not by a proactive approval of the amendments.

Now that the amendments have been adopted by the World Health Assembly, and Canada sent a delegate, each nation has—and this is arguable—but between 10 and 18 months to review these amendments. And the head of state or any other authorized person, could be maybe the foreign minister or the health minister, could reject the amendments—any individual one, sort of like a line item veto, or they could state a reservation where they could sort of nitpick the details of any given version of this. But the fallacy that you mentioned is that this is not about the WHO commandeering Canadian healthcare.

If I could summarize the best way for people to understand what is going on in these amendments, and in the WHO in general with everything that they do, there are three things that they assume are just absolutely wonderful. Diagnostic testing: think of the RT-PCR, which is in my view not a test at all. It's a laboratory process improperly used to diagnose people. Various drugs that are claimed to be beneficial: they call it in this document "relevant health products." And one of the most important things here is that they actually do define relevant health products, and it includes the very things that many people in the NCI testimonies are very, very concerned about. Relevant health products include medicines, vaccines, diagnostics, and they recently added cell- and gene-based therapies.

Now, the purpose of these amendments is not to question the effectiveness or the safety of any of those products or any of the health protocols that were put forth: the social control mechanisms of social distancing or lockdowns or isolation, or any of those sort of things, travel restrictions. The purpose, obviously, in these amendments is to redirect wealth, essentially, from wealthier nations who have more money to put into what they call a "financial mechanism" to fund the build out and manufacture of more diagnostics, more pharmaceutical drugs, more mRNA—I hesitate to call them vaccinations—mRNA products, as well as, like I said, gene-based and cell-based therapies.

Because the reason why these negotiations were called for is that back in December of 2021, a number of nations were unhappy that nations such as Canada—use that as an example—signed contracts to get 400 million jobs for approximately 40 million people. And many nations were unable to afford or secure contracts to get what most people would call "pandemic-related products." They wanted the WHO to negotiate agreements, whether amendments or a new agreement, to ensure equitable access to—they now call them "relevant health products."

I'll venture off of the facts and give an opinion, if I may. I think that it's atrocious that there was not one word mentioned, and to my knowledge throughout the entire World Health Assembly all week long, questioning the safety and effectiveness of any of the products that were touted as being beneficial during the COVID years.

And so the problem that we have with these amendments is that they were put forth and they were agreed to by people who apparently completely and totally believe that the best way to prevent, prepare for, or respond to anything that could be called a “public health emergency of international concern” is through the very testing, diagnostic procedures, drugs, or jabs that I’m quite certain a lot of people who’ve testified to the NCI are calling into question. There was zero calling into question the veracity and safety of these products.

And there’s many, many details in the amendments. The documents are readily available, I would point them to Article 13. One of the sections I’ll read verbatim is that: “The Director General of the WHO ‘shall’ support states parties upon their request, in scaling up and geographically diversifying the production of relevant health products, as appropriate, through relevant WHO coordinated and other networks and mechanisms.”

Now that goes hand in hand with Articles 44 and 44bis, which is a funding mechanism that will seek funds from wealthy nations—of which Canada would be considered a developed nation—to take money from wealthy nations to run it through various funding allocation mechanisms to build out the capacity, geographically diversified or distributed capacity, to manufacture more diagnostic tests, drugs, and jabs without any thought about whether or not those platforms are actually valid.

So the main concern is that, you know, Canadian money would be used to build out Big Pharma around the world. And there are a handful of amendments to Articles 24-27-31-35 and Annex 6 which strengthen the rules and the requirements to use those very, in my opinion, flawed diagnostics and products to potentially allow foreign nations to restrict the travel of Canadian citizens outside of Canada.

Article 31 in the International Health Regulations says that the nation to which you are travelling can compel travellers to undergo medical examination, prophylaxis, vaccine—depending upon what you determine a vaccine to be—or be isolated and quarantined. And the amendments and the annexes that I listed seek to strengthen what I feel is an absolute infringement upon an individual’s right to travel and their bodily autonomy to be able to do so without having a nation express its national sovereignty at the, quite frankly, abuse of the individual rights and freedoms of the person who’s seeking to travel.

**Wayne Lenhardt**

Okay. I assume you have more analysis.

**James Roguski**

I certainly can. I was taking a breath so that you could get a word in edgewise.

**Wayne Lenhardt**

We’ll have the commissioners do that at the end.

**James Roguski**

Sure. The definition of a pandemic was never in the International Health Regulation. So anyone who previously had ever used the term “pandemic” was doing so by using a vernacular term. It wasn’t anything that was in the International Health Regulations, and it still isn’t. They had bounced around the idea of defining a pandemic, but in the final version, they defined a “pandemic emergency.” And as I read it, I would like people to think about

how, quite frankly, vague a “pandemic emergency” is. It means a public health emergency of international concern that is caused by a communicable disease. And there’s four things: 1) has or is at high risk of having wide geographical spread to and within multiple nation states; 2) is exceeding or is at high risk of exceeding the capacity of health systems to respond to those states; 3) is causing or is at high risk of causing substantial social or economic disruption, including disruption to international traffic and trade; and 4) requires rapid, equitable, and enhanced coordinated international action with whole-of-government and whole-of-society approaches.

Now, that is vague enough that a pandemic emergency could be declared by the Director General. He can do that without any other check or balance on his declaration. It appears to be solely up to, in Article 12, the Director General to make that determination. If you look at those words very carefully, it would not require any statistics about how many people were hospitalized or how many people may have died, not even how many people have gotten ill. The term is defined in such a vague way that I feel it should be void for vagueness, because it enables the Director General to make that declaration. And there is no means by which the World Health Assembly can compel the Director General to reevaluate that determination.

Now, that does not compel, or mandate, or order, or require any nation to actually take action. That’s one of the false bits of information that’s been circling around the Internet. But it gives the ability for—whether it’s national, provincial, or municipal authorities—to use that as an excuse to then also declare an emergency based on nothing other than the fact that the Director General made a declaration.

I can speak very specifically to the United States in our laws. I should have said at the beginning, I am a resident of California. I live in Glendale, California. In the United States, our health minister, if you will, the Secretary of Health and Human Services, is able to declare a public health emergency on a national basis simply by saying, “Well, the Director General of the WHO declared an emergency.” So that’s the justification needed. It’s not an order, it’s not a command, it’s not the WHO taking over your nation’s health situation. It’s an enabling act that is often used as an excuse.

And so my encouragement is to every person in Canada and every person around the world to read the document—it’s not horribly difficult—and not to listen to the hearsay evidence of what other people say about it. I don’t want people to listen to what I say. I’m trying to simplify it and encourage people to read what is, you know, as of six hours ago, brand new international agreement that your nation and every other nation has between 10 and 18 months to evaluate and reject, and between 12 and 24 months to implement into law and practice in your country.

### **Wayne Lenhardt**

Okay. Is that pretty much the conclusion of your presentation? And should I ask for questions?

### **James Roguski**

I welcome any questions given the time. You know, there’s 60-70 pages of documents here. But the main issue that I think I would like to bring to NCI’s attention is that this entire document is predicated on what I believe to be a fraudulent set of premises. They’re based on the concept that one authority figure can use some type of a diagnostic test to determine that another human being, man, woman or child, is somehow contagious, is dangerous to

their fellow men, women and children. And that—I again give an opinion—fraudulent belief in such a use of a PCR as a fraudulent diagnostic test, they want to believe that that would authorize your national officials and give them authority to infringe upon the rights and freedoms of people who would like to travel.

And when you apply that also to drugs and vaccines, which would then require vaccine certificates, which are mentioned in the articles that I mentioned earlier— The requirement for someone to subject themselves to a flawed test, flawed prophylaxis with whatever kind of drug, and flawed, quote unquote, “vaccines” that don’t do what vaccines had originally been defined as doing: imparting immunity—if an injection does not prevent infection or prevent transmission, it’s just nomenclature to be able to call that a vaccine. And I’m pretty sure that this document does not define a vaccine.

So in requiring people to submit themselves to those fundamentally flawed premises, the money that is being redirected from wealthy nations like Canada to poorer nations to build the infrastructure to manufacture billions of dollars of these products, is a mistake beyond imagination that is only matched by the mistakes that have been made over the last four to five years. So thank you very much. If you have any questions.

**Wayne Lenhardt**

Let me ask the commissioners at this point if they have any questions. I do have a couple of comments that I think I’ll make maybe near the end. Any questions from the commissioners?

**Commissioner Drysdale**

So, if I understand you correctly, this agreement isn’t binding on the sovereignty of a country. It can’t force a country to do something, but it may be used as a precedence to undertake something in a country. In other words, if the WHO declares an emergency, then the country like Canada could use that as an excuse to declare an emergency in Canada, whether one exists locally or not, but they’re not legally bound to do so. Is that correct?

**James Roguski**

Correct.

**Commissioner Drysdale**

We’ve seen this. This is interesting in that we’ve seen this right down to the level of municipal governments, where municipal governments don’t enact, debate, dispute their own laws, but they take on the suggestions of various NGOs and adopt those measures. We’ve seen this in the climate change issues that have come right down to the municipal level, where we find that the municipalities just adopt these NGO-type recommendations. And that sounds to me like what this is.

And it’s pernicious because politicians seem to lean towards taking on the suggestions, if you want to call it that, of these other groups, because it’s easy or it’s popular. I’m not sure what the requirement is. So even though this isn’t legally binding, it certainly is another one of these intrusions from an outside source which our government or municipalities have a tendency to adopt. Is that about right?

**James Roguski**

Let me confirm what you said, but add a little something to it. The authority for the Director General to do that by declaring a public health emergency of international concern has been in place since this was agreed upon in 2005 and came into effect in 2007. And that's what actually happened in COVID, is the Director General declared a public health emergency of international concern, and nations around the world responded to that voluntarily. However, they decided to do so.

Now in some countries, it is written into regulation that the health minister very specifically can cite that as the only reason. You'd have to look into every nation and province and municipality to see what authority that person had, to declare an emergency in their jurisdiction. What's being added is an additional higher level called a "pandemic emergency." So the vagueness of this, it's like splitting hairs to try to decide: Essentially, the Director General gets to determine if he wants to declare a public health emergency of international concern, and at the same time decide whether or not he wants to call that a pandemic emergency.

I'm sure there will be all kinds of papers written about the differences between the two, but the important part is, that's how we got into the COVID mess to begin with. He made a declaration, and nations and provinces and municipalities and counties all around the world, it's this cascade downward. So I agree with what you said exactly. It's just adding yet another level of complexity.

#### **Commissioner Drysdale**

Well, but, see Canada—I want to make sure I'm thinking about this correctly—Canada has experienced the huge consequence of vagarity, if that's a proper word, a vagueness in legislation. And I specifically talk about what happened here with regard to our Charter of Rights and Freedoms. There's a clause in our Charter of Rights and Freedoms that says you have all of these rights and freedoms and they come from God, "except." And what we had happened in Canada in the last three or four years was that those rights disappeared because it was an "except." And we also found in Canada just recently that the federal court did rule that the government violated those Charter of Rights and Freedoms because of this vague clause, and yet there's no penalty.

You know, you go out and you speed in your car and you get a ticket and there's a penalty. You pay a fine, and that's a pretty minor law. But if you break the highest law in Canada, the Charter of Rights and Freedoms, nobody goes to jail, nobody gets a fine, no one gets a yelling at from an RCMP officer. And so having that taste in my mouth right now, and having spoken about how this is vague and it can be interpreted one way or another, and knowing that governments have a tendency to use these experts or these opinions of these outside NGOs, or whatever you want to call them, and use that as an excuse, really concerns me.

#### **James Roguski**

If I may, you're talking about something that touches my heart. You're using words that I've spoken, I can't tell you how many times. But I want to make sure I'm clear about something, okay. All of the abuse of rights and freedoms that happened within Canada are a result of the vagaries of Canadian law.

#### **Commissioner Drysdale**

Correct.



**James Roguski**

There's nothing, there's nothing in here that is going to force Canada or any provincial official or municipal official to do anything. This is not the WHO commanding anything. All of those problems that you have—and you really touched something, that you said it as well as I could ever say it, and I just want to agree wholeheartedly—you can speed and get a ticket, but you could violate people's rights to the point where, you know, enormous harm.

It really comes down to: If a doctor failed to give you the information that you need to be properly informed in order to give consent—you know, fully knowing the risks and benefits of any treatment—can you find the law that would penalize that doctor for failing to do something that we all believe is a requirement? If there is no penalty written into the law, then it's not really a crime. And until that happens, crimes are going to— Unethical, immoral, and horrible things can occur if the law has been corrupted to not restrain that behaviour with some sort of penalty.

**Commissioner Drysdale**

Right.

**James Roguski**

That's not what this is about, okay. This is about what Canadian officials can do, or vice versa, when someone is travelling internationally. It's you are very, very vulnerable the moment you set foot out of your country and you're on some other jurisdiction. Canadian laws don't necessarily apply if you travel to some other country and vice versa. So international travellers are incredibly vulnerable under the International Health Regulations. They want it that way. That's why it's been in there since 2005.

The rest of this document is taking money from wealthy nations, putting it into a funding mechanism to build out Big Pharma around the world where poor nations, they want more jobs, they want more diagnostics, they want more drugs, because they truly believe that those things are the path to preventing or responding to the next pandemic. And I think you've taken plenty of testimony that would call that into question.

**Commissioner Drysdale**

I agree with everything you said. But with regard to the international travel, I'm not sure that even before this you had a right to international travel. I mean, don't get me wrong. Let me explain myself. You have a right to leave Canada. You have a right, according to what's written in your passport, to return to Canada with undue delay.

But the United States doesn't have to allow me in for any reason. It might be because I'm wearing purple socks, or Britain or France or any other country. So I don't actually have a right to international travel. I have a right to leave Canada and come back to Canada, but I don't have a right to go to Mexico or the United States. Am I misunderstanding what you were talking about?

**James Roguski**

Allow me to absolutely agree with you. But let me read again from Article 31. Now, this is existing since 2005. I'll summarize: The state party may compel the traveller to undergo medical examination, vaccination, prophylaxis, or isolation or quarantine.

Now, I guess you could debate what the word "compel" means. It's not clear as to whether or not they could keep you in quarantine or isolation until you submit to what they are compelling you to do. I agree, if they don't want you to come into the country, then so be it. Many people, however, are coerced into—They know that it's required, so even though it doesn't necessarily fit with what they want to do with their body—that coercion.

I know people who are in the health movement. They have organizations because years ago, they wanted to travel and they submitted to the vaccination that was required, and it damaged their health to the point that they are now part of the health freedom movement. But the question is: If you are travelling and you've landed on another nation's jurisdiction on their territory, Article 31 says that they can compel you to undergo exam, vaccination, prophylaxis, isolation, or quarantine.

The vagueness of that and the fact that it's predicated on some form of a test or a drug or a jab, where there are no details whatsoever as to the requirements that— You know, in Article 21 of the WHO Constitution, the World Health Assembly is empowered to write regulations and detailed specifications for diagnostic tests and for the purity of products, both biological and pharmaceutical, and for advertising and labelling of those products.

And for 77 years—this is now the 77th World Health Assembly—they have never put any such details in the International Health Regulations showing evidence that a diagnostic or a drug or a jab is a valid protectant for contagion. They leave that over to the WHO.

The World Health Assembly is supposed to be the governing body of the World Health Organization. But what they've done is not specified that, as per their authority in the WHO constitution. They hand that over to the WHO, who quite frankly has turned the emergency use authorization—just like the FDA in the United States and other health agencies have done—that authorization process is a money-maker. They charge for approvals to be listed as, you know, approved products.

And so what we're dealing with here on an international level is very similar to what we're dealing on many different country levels: where products are approved by regulatory bodies that are captured by the corporations that are making the products, that are seeking the approval. And so you're absolutely right. Canadians have a right to travel, you know, within Canada. But when you leave, you're at the mercy of this agreement an all of the nations.

### **Commissioner Drysdale**

Well, you know, we're short of time, and I'll just say that an interesting examination here would be how this meshes or doesn't mesh with international law as it pertains to: There are certain human rights that are associated with international law that you cannot violate. There are certain ones that under certain circumstances, you can squeeze a little bit, but there's also certain ones that you cannot violate. And it would be interesting, because it's supposed to be part of the normal legislative process when you're in the process of discussion and examining a new law, that you also have committees that examine how it is affected by other laws.

And it would be interesting to do that study and see how this meshes or does not mesh under those [inviolable] international human rights, which these countries are in agreement to by just being part of the UN. It's a requirement of being part of the UN. So we haven't got time here, and that would be an interesting discussion and thought process.

**James Roguski**

Just allow me to thank you for raising that point. I could not agree more. Absolutely.

**Commissioner Drysdale**

Thank you, sir.

**Wayne Lenhardt**

Well, I think it comes down to this, Ken. I think it comes down to: What are we talking about here? Because if we're just talking about developing a standard, I mean, as an engineer, you probably use the CCD [Construction Change Directives] contracts, the standard ones. It's one thing to say, "Okay, we've got this organization that's going to develop a protocol that then the members are free to use if they want to." It's another thing to say, "We're going to develop this protocol and all of these people who sign up are going to have to use it. And not only that, they will have to use it, plus any amendments that we make to it in the future."

So, I mean, if this is just an interesting exercise in healthcare, that's one thing. I mean, it might make interesting reading before we go to bed. Frankly, I think I'll buy the book on war on ivermectin that we heard about this morning instead of this. But, you know, treaties are different. I mean, a typical treaty is two countries or more that have agreed on giving something to each other.

Like, when I was working for the federal government, I got sent off to a diplomatic conference where they were going to amend the plant patents legislation in 10 countries, okay. And what that means is that's a typical treaty. These 10 countries say, "Look, we're going to develop a basic framework, and if you have a plant patent in Belgium, we are going to recognize that in Canada," or US or whatever. And then if we have somebody develop something in Canada, then Belgium and Iceland and Sweden, or whatever, we're all going to get together and we're going to recognize each other's patents, okay. It's sort of a bit like a contract. And the problem I have with what's going on at the UN right now is that, first of all, treaties are between countries, okay. The WHO is not a country.

So, and the second thing is, a treaty usually gives something and gets something back in return. It's a bit like a contract. I mean, is this just a fun exercise to talk about, you know, some definitions in healthcare? Is that all we're doing? If that's all we're doing, I don't have a problem. But if you look at what the WHO is talking about as far as a treaty goes, they're talking about perhaps even saying they're going to send troops into countries if they declare a pandemic, and they're going to take over your infrastructure, and they're going to tell you how to deal with your pandemic. That's where I start to have a real problem.

**James Roguski**

If I may. That is not what is in here. That is internet misinformation.

**Wayne Lenhardt**

It's not, it's exactly what Tedros has been talking about. I've read some of it over the internet in the last year.

**James Roguski**

Well, I caution you to stick to what's actually in the evidence in the documents, because that is the misinformation that we've been battling. What we're really dealing with here, I'd like to try to summarize it. Arguably—and there's a lot of details that we don't have time to get into—Canadian citizens, they should have 18 months, but it's going to be said that they only have 10 months, to convince the executive branch of your government to reject these amendments, either in part or in full, or to state reservations about them.

And one of the big issues is, you know, how much is this going to cost Canada? So you have a limited period of time to review this document, comprehend what it means for people in Canada and around the world and raise the awareness of people, because this is not going to be voted on by Parliament. They have no say. You can talk to your members of Parliament if you want. Maybe they could apply some pressure. This is your Prime Minister and your House—

**Wayne Lenhardt**

Why would we be subject to it then? What is the authority behind it?

**James Roguski**

The acceptance of any international agreement in any of the Commonwealth nations comes down from King Charles through the Governor General to the executive branch of government. And if they agree to it and Canada signs on or Canada fails to reject it, it is assumed by the adoption that happened today—it is assumed that unless your executive branch of government, head of state, whoever has the authority to just write a letter to the WHO either to reject this or detail reservations about it, it will go into legally-binding effect in 12 months. You snooze, you lose at this point.

**Wayne Lenhardt**

I think we'll leave it at that. On behalf of the National Citizens Inquiry, I want to thank you for your testimony today.

**James Roguski**

The honour is mine. Thank you for having me.