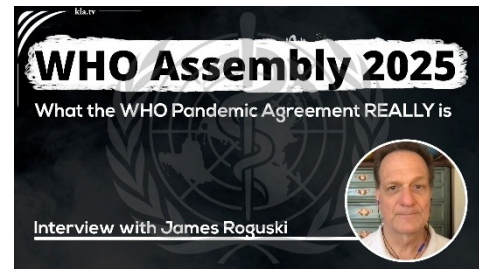




WHO Assembly 2025: What the WHO Pandemic Agreement REALLY is – Interview with James Roguski



The WHO is pushing hard to implement a new legally binding Pandemic Agreement. Finally after more than a full year of secrecy it even published the current version on its website. James Roguski joins us to explain the true meaning and implications of this agreement and why they can't really sign fully sign the agreement which seems to give critics another year of possibility to push back against the selfish greed and false narratives the Pandemic Agreement is built upon. Also the US is still very much affected. A must see for everybody who wants to know what this agreement really is!

Please read the resolution paper and the Pandemic Agreement for yourself. The latest version of the resolution was published by the WHO on May 15th, 2025 and is available here: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10Add1-en.pdf

The latest version of the Pandemic Agreement is here:
https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10-en.pdf

Interviewer: We are very happy to be back with James Roguski. We're going to talk about the WHO pandemic treaty. James says he has some breaking news for us. We'll get into all that. James, thank you very much for the interview.

James: Oh, thanks for having me. And it's very timely. You know, the WHO's World Health Assembly, the 78th version of it, is going to be meeting the last full week of May. And there's plenty to talk about. So where do you want to start?

Interviewer: Well, this is kind of an update. And for a lot of our viewers, they already have some information on this, but there's going to be a lot of viewers who are brand new to it. Given all the things that sort of plague our inboxes and our Twitter feeds, maybe some people don't see. You say you've been shouting from the rooftops for two and a half years on this, trying to get people to see the importance of it. So let's assume that your listener doesn't know the importance of it, really doesn't have the facts about the WHO treaty. Can you just do a elevator pitch to the new listener?

James: Are we going up the elevator in the Burj Khalifa? Do I got like a few minutes or, you know, can I? It's got to be 30 seconds.

Interviewer: Taj Mahal...

James: Oh, the Taj Mahal, that's not too far. In short, OK, the World Health Assembly is

meeting from the 19th to the 27th in Geneva. Now, that is not the same as the World Health Organization. The World Health Assembly is delegates from all the nations show up. They have an assembly and they make decisions because they're the ones who are supposed to be the governing body of the bureaucracy that is the WHO. And the main thing on the list, you know, they've got many things that they're going to be discussing. But the main thing that's been of interest to me for the last three years, actually a little bit more than three years, is something called the pandemic agreement. It's had many names. A lot of people refer to it as the pandemic treaty, all pretty much the same thing. And what I have. I have gotten documents regarding this morning and it confirmed my suspicion, but they're leaked documents. They're not official documents yet. They may change, but I think it's actually good news and it's something that I've been aware of. They've been negotiating this pandemic agreement for three years and it's not finished. The negotiations, they have not reached agreement on something called the pathogen access and benefit sharing system. Now, I know that won't mean anything to people who've never heard about any of this, but in short, they're going to need, it appears, at least another year to negotiate that aspect of the agreement. So, you know, on the insides, I'm cautiously jumping up and down for joy because we have maybe another year to get people to understand what in the heck is this agreement really, really all about. It ain't over till it's over. And it ain't over. There is, you know, I haven't heard a fat lady sing yet. And these negotiations have been so misrepresented, so misunderstood and confusing to many people. Hopefully we'll shed some light on it. But I believe at this moment, I'm cautiously optimistic that they need another year to finish the job. And in that year, we're going to get to expose them. For what they're really doing.

Interviewer: Excellent. Excellent. You know, that is good news. It does give me hope. I am more than cautiously optimistic hearing that. But I want to address the listener who might say to himself, OK, that's great news. But I tell you what, it doesn't matter because on January 25th, Trump did his job. He came out and he got us out of the WHO. So, you know, WHO can do its thing. What does it matter? USA is out of it. Doesn't affect me. What do you say to that guy?

James: Well, you know. That's what they would like you to believe. OK, I'm going to do my best to keep this crystal clear so that, you know, people who've never heard about this do not get confused. There's a whole nother can of worms that everyone seems to be ignoring. And it's completely separate from what we were just talking about, the pandemic agreement. There's an existing document goes all the way back to 1969 called the International Health Regulations. The United States is still a member of that. I haven't heard Donald Trump or his administration say one word about that agreement. That is in place. That is international law. It's legally binding. And on June 1st of 2024, amendments were adopted when the United States was, you know, participating and they were adopted. And there is a time period by which every individual nation has the opportunity to write a very simple letter to the W. H. O. and say: No, thank you we reject those amendments for our nation. We will continue to abide by what the IHR international health regulations were before those amendments." Now that's absolutely possible because a couple of years prior, they passed some amendments. And four nations, Iran, Slovakia, Netherlands, and New Zealand, wrote such a letter and said, no, thank you. And so the deadline for that rejection is July 19th, coming up 2025. And you know, no one is talking about that because quite frankly, the pandemic agreements, you know, the last week of May that that's at the time the priority, but Americans are blind and deaf to the fact that, wait a minute we are not out of this by any stretch of the imagination.

Interviewer: You know, is the W. H. O. the world governing body that implements the details of the IHR regulations?

Roguski: Well, I'll take your language and change it just a little bit.

Interviewer: Please do.

Roguski: They're the directing and, you know, they want to be seen as the directing and coordinating body. Yes. But, you know, unless, you know, I. I hate to do this, but I'm going to have a little fun with you. Okay. Everyone raise your hand if you've actually read the international health regulations. Okay. It's it's a long document. Most people haven't read it. It is absolutely not what people think it is. And I'll try to summarize it. It's an international agreement that essentially sets some standards. And you know, nations have goals that they have agreed to try to achieve. Right. And if the rubber hits the road is on a local basis in your country, maybe in your state or province or your county or municipality, the local laws are what, you know, have caused the problems over the last five years. It is not the case that the director general of the W. H. O. can order any nation to do mandates or lockdowns or any such thing. They make recommendations. And so, you know, there's a lot of interference that you deal with locally at whatever level it is. And usually it's very, very local because, you know, whoever's knocking on your door or preventing you from going to work or traveling or living your life, probably are not wearing a W. H. O. insignia. You know, they're local people who are implementing and enforcing local emergency regulations, that kind of thing. So the problem is local. And, you know, depending upon where you live. There are horror stories, you know, when you read the law in Singapore or Western Australia or Canada or, you know, I read a law in South Carolina that I was shocked that it was actually in existence. It said, you know, in an emergency situation, if doctors don't help with implementing the vaccines and such, they can lose their license. And you know, that's in the law. I always thought it was like medical boards and, you know, just giving everybody a hard time. But if you're not familiar with the IHR and you're not familiar with your local laws and statutes and regulations, everybody who's been talking about this, you know, has quite frankly been spreading misinformation.

Interviewer: So would you say that local laws and regulations are definitely affected or yeah, are definitely affected and related to the IHR regulations?

James: They use the IHR regulations to set local laws. It's a guideline and they try to reach these goals and ultimately, and this happens on every level of government, one level of government, you've seen this so many times, you go and you try to push back and they go, oh, sorry, you know, it's because of that department. And then you go to that department and they go, oh, no, sorry, it's because of that department. They shuttle you back and forth. They want to lay blame on anybody but themselves. And so what the IHR is really all about, and I'll try to give the very, very quick view because we could be here for days. It's an agreement for nations to report, oh, there's something going on in our nation, some outbreak, you know, some problem. And as soon as they find out they're supposed to have facilities in place that they immediately let the WHO know. And then the WHO is supposed to spread the information. Spread the word around, you know, to everyone else in the world. That's the core function of the IHR. And in each nation, the rules that they have for that surveillance can be incredibly draconian. And so wealthy nations have spent billions of dollars, I believe

fraudulently, using the PCR process to go checking their poultry operations. Or their dairy farms or their septic, you know, wastewater treatment plants, looking for problems to create, you know, this fear of, oh, my God, there's another outbreak and you're all going to die. And the reason for these negotiations is poor nations around the world don't have the money to do that. And the agreements are designed to take money from wealthy nations and organizations and the World Bank and all that. Funnel it. But to the poor nations so that they can look for these, you know, scary pathogens, because when they find a scary pathogen, they want to share it. That's what I mentioned, the pathogen access and benefit sharing system. They want to set up this worldwide network to go find pathogens that are not necessarily causing any problems. The term they use is pathogens with pandemic potential. And I interpret that with an extra P. They're pathogens with pandemic profiteering potential. If they bring them into this organized PABS system, then when they share the genetic information and some company wants to make a test or a drug or another injectable, I refuse to call them vaccines, the money that flows in the contracts that could be dispensed to purchase those. I mean, you're talking about a lot of these products maybe, you know, in preparation for when they scare you in the future, put them in the national stockpile. This is what these negotiations are all about. The business end of. Well, if we find something that we can scare people with, we can make a lot of money on it even if there isn't an outbreak. Now. Yeah, I've also been talking in the United States about the PREP Act. We won't go into that now. I'd love to talk to anybody about that. But linked to the PREP Act is one thing that they talk about, which are security measures. And just to put this into perspective, the United States has allocated three and a half billion, with a B, dollars per year to purchase products to put into the national stockpile in case there might be an emergency of some outbreak. Well, it's classified information as to what they're buying and putting into the stockpile because that's a national security issue. But the budget that we are spending. to buy products to stockpile is as big as the entire WHO budget. So what the WHO is trying to do with the pandemic treaty or pandemic agreement is essentially very similar to what happened with the Framework Convention for Climate Change. Now, you've got to go all the way back to 1992, and every year, all of the nations of the world that have agreed to that, and it's everyone through the United Nations, they've been meeting with the conference of the parties, and it has grown to be a trillion-dollar boondoggle. And this is what the WHO is trying to create for pandemic preparedness, prevention, and response. They want to create a whole new bureaucracy that is focused on preventing the next pandemic by looking for pathogens that aren't causing any problems. They only have potential to do so. Bring them in. Bring them into the laboratory. Analyze them. And dish out contracts to put products into the stockpile and have it so that they're manufactured all over the world. They want global distribution of the means of production. They want to oversee the logistics and distribution network, and they have a coordinated financing mechanism to funnel billions and maybe potentially trillions of dollars. . . into making products that I think are actually the biological weapons that they want to inflict upon people. The tests are fraudulent. The drugs cause more harm. You know, think remdesivir, causes more harm than benefit. And the quote - unquote vaccines, the mRNA platform, is a biological weapon designed to destroy people's health. They're not talking about that. They're talking about: how much money can we generate? They're not talking about how much money can we generate? to give contracts to our cronies around the world. I've dubbed it the new OPEC. It's not the oil producing and exporting countries. It's the Organization of Pandemic Emergency Corporations. This is a racketeering, money laundering, mafioso, corrupt, conflict of interest business deal that they want everyone to sign on to. And they all want to sign it because they want a piece of the pie.

Interviewer: And you're saying that the whole climate change industry is basically their model that they want to copy.

James: Yeah, essentially. I mean, not the theory of climate change, but the idea, be afraid, be very afraid. We don't have any proof. We can't, you know, we've been working for 30 years and it's only getting worse. Give us more money, right? Now it's a trillion dollar, you know, boondoggle. And so that model, setting up a bureaucracy, that meets once a year, you know, getting donations from countries and whatever. Exactly. It's the idea of a framework convention. And, you know, back in 2021, when they started this, they said, oh, well, we're going to need \$33 billion a year. Okay. You know, I take that back. It might've been 31, but it was in the \$30 billion range. Okay. Well, the entire WHO budget is about, three and a half billion, which is, you know, a chunk of money, but that's 10 times that. And the United States alone is funneling that amount of money into buying products from pharmaceutical companies, you know, vaccines and drugs and whatever else they may be buying, and just putting them in the stockpile. They don't need to declare an emergency and have people take the products because it's this endless churn, right? If you've ever worked retail, you know, products go out of date, they expire. So you make some vaccines five years later, they expire or whatever the expiration date is, got to make some more. And as long as quietly it's been determined that, oh, well, we got to have this in the stockpile and we got to have that in the stockpile. It's a money -making corrupt business venture.

Interviewer: What are the chances of us being able to, you're saying, when you asked us to raise our hand, those who have read the IHR documents, what about our own government? What about people in Health And Human Services and the CDC, do these people read them? Do they know about it?

James: There are certainly people who are in the bureaucracy who are aware because they were involved in the negotiations. They may or may not still be in the administration. They may be public, you know, civil servants, and they may still be there. The point is that in all of this, has there been room for public comment? Still to this day, for the pandemic agreement, the WHO, the last time they published an official version was May 27th of 2024. Now, by their own rules for the meeting that they're going to be having starting on May 19th, they were supposed to provide all of the documentation that is going to be discussed six weeks in advance of the meeting. Well, you know, we're coming right up on it. None of these documents, I've obtained leaked versions, but none of the documents that we're talking about have been made public so people could discuss them. And what it seems like they're going to do is put on a theatrical production. There's terminology that I want to make sure people are very, very clear about in regards to the agreement. Many people call it the pandemic treaty. It's officially the pandemic agreement. Either word is fine. It's not going to get stuck on that. The negotiators came to a point about a month or so ago where they go, okay, all of the highlights and all of the text in the document is green, meaning we're good with it. So they reached an agreement, but that agreement put off for the future this very important pathogen access and benefit sharing annex. And so they've agreed, on most of it, but they also know that it's not done. But they're going to make it look like, oh, we're all so happy here. It's all agreed. And they're going to create a working group to continue for the next year to hash out the most contentious aspect of it. And let me expand just a little bit on how that all came to be. If you go back a number of years and you remember when Omicron, you know, came into our awareness. Yes. Yes. When South Africa and Botswana identified

what they claimed was a new, very, very different, you know, very different variant, and it was named Omicron, they handed over the genetic sequence to the world. And they were not happy when Pfizer and Moderna used that to make the boosters. And they didn't get any money in return. Their intellectual property that they identified and handed over to the world made Pfizer and Moderna a whole bunch of money. And so they gave pathogen access, but they didn't get any benefit sharing. And that's what this is all about. The wealthy nations and all the pharmaceutical companies want to spend billions of dollars. They want all the relatively poor nations to spend billions of dollars looking for the next big, scary pathogen, hand it over so they can turn it into products to make a lot of money. And the argument is, well, what are we going to get in return? And, you know, that's where they're still hung up on this PABS system. So I'm cautiously optimistic. We will have to wait and see what happens. But I guess I want to be raising people's awareness of what is likely to be a confusing theatrical production. They want to pat themselves. They want to pat themselves on the back for a job well done. But they have been saying for three years, nothing is agreed until everything is agreed. Well, it appears that the biggest, you know, part of what the whole reason why these negotiations are happening is because the poorer nations said, hey, we're not going to give you our pathogen access unless you share the benefits. And that PABS system, the annex doesn't even seem to be available. They're planning on spending at least a year to negotiate it. And then maybe at the 79th Assembly in 2026, if they agree to the annex, then maybe nations could sign and become parties to it. So for new people, you know, who haven't ever heard about any of this, here's what the real problem is. These people have not even not one word, not one. One word at all about, hey, wait a minute. The use of the PCR process as a diagnostic test, that's fraudulent. And and things like Remdesivir that didn't help that that harmed and killed, you know, probably millions of people. The ventilators that, you know, there's a horror story and the jams are, you know, the new pandemic, the adverse events from the jams are really, you know, a worldwide pandemic right now. What in the world? What in the world? What are you people thinking? And this is why they don't and this is why they don't want public comment and discussion on the topic.

Interviewer: Exactly. Exactly.

James: And so what they learned, OK, in 2021, when they rolled out the jabs was that big pharma was not big enough. And the WHO is completely and totally in bed with big pharma. They're the marketing promotion arm. And so here's how sneaky these guys are. But I've been paying attention. So I'm aware in the definition of terms in this pandemic agreement, they have a phrase, you know, relevant pandemic health related products. OK, but they don't actually define them. They reference to the agreement for the international health regulations. And that was back on June 1st of 2024. And it's essentially all pharmaceutical products. There's no herbs or vitamins or minerals or homeopathic. Remedies or anything like that. It's drugs and diagnostic tools, which, you know, quite frankly, are fraudulent and devices like ventilators and such and, you know, biological products like vaccines. But they also added cell and gene based therapies. And so you got to dig and they didn't give you a link and you got to go find, you know, what what they're basically doing is putting together what I feel. It is organized crime to fund the build out of big pharma around the world to go look for pathogens that aren't causing anybody any problems necessarily and make it sound like they're very scary. They've got pandemic potential. Bring that into their laboratory network. Do whatever it is they're going to do in the laboratory and and turn that into products that quietly nations can sign contracts to put them in. In their stockpile. And that's a money

making venture, even if they never have a pandemic or an outbreak or any such thing. Oh, we got to be prepared.

Interviewer: I wonder if the next time around they're going to have all their ducks in order and they won't have these these renegade rogue African presidents who have their own laboratories. They do their own tests and they find out that, you know, well,

James: You're an optimist and I'm an optimist. But I'm going to bring in some reality. OK. Many of those presidents, unfortunately, are no longer on the planet. Exactly. What you're dealing with now are if you put yourself into the position of being a dictatorial head of state of any of these countries, the problem they had is in the middle of covid when they wanted to enforce vaccine mandates. Oh, wait a minute. We don't have anything on the shelf. Right. They didn't have the manufacturing capacity. They didn't have the money to get the contracts. There wasn't enough manufacturing capacity and cold storage and all that sort of stuff. They learned it's pretty hard to mandate a product that you don't currently have in stock. OK, and they don't want that to happen again. They want to have the stockpile ready so that at any point. In time, if they want to impose their will upon their own people, the WHO will be there at the ready with all of the products that are needed to impose those mandates on a local level. It's not that the WHO is going to make a local tyrant do that. They're going to facilitate it and profit from it. OK, subtle difference, but all the difference in the world, it's your local leaders, your local. You know, bureaucrats and health officials and doctors and everything else who are still believing that the answer to infectious disease, you know, after the outbreak has already happened, is an mRNA bioweapon. Wait just a minute. OK, so I'm optimistic that it and I'm cautiously optimistic because I don't like to speculate and I don't like to predict the future. But the documents seem to bear out that we may have another year before. They can finalize this PABS agreement. And what we need to do is continue to put our shoulder to the grind and and expose them for what they are. These products are biological weapons. Why in the world are they reaching an agreement to manufacture more fraudulent tests, devices, drugs and, you know, mRNA? That's evil. That's not for health. That's for the redistribution of wealth. And I think we might. Be able to have another year of awareness before they can finalize this thing, if that is the case. I guess my contract in the soap opera has been renewed for another season. I'm sick and tired of it. You know, I'm sick and tired of the WHO, but it looks like they have not completely negotiated the pathogen access and benefit sharing annex. And we need to make that impossible for them to ever do.

Interviewer: Absolutely. Now, you say the last thing they want is public discussion of all this. And I would ask, look, if if the world rulers and they seem to be all on board, look at the COVID pandemic response. If they really wanted this agreement, why is it such a lengthy process? Why is it taking the WHO so much time? I don't think they would want another year. They want to hammer it out now, don't they?

James: They have been trying. But here's the thing. Here's what it really boils down to. I'm just really going to repeat what I said. Okay. The relatively poor nations around the world are being compelled by the wealthier nations to spend billions of dollars to go looking for pathogens. There's a lot of biodiversity in the Amazon and Sub-Saharan jungle and everywhere else they they want the poor nations to spend. So this is where we have the ungodly amounts of money. Surveilling, looking for, testing for pathogens. So that they can bring this new information into this laboratory network so that the pharmaceutical companies

can make a whole heck of a lot more money. I mean, there's been billionaires made just on the testing. Well, The argument is, well, if you want us to do that, you're gonna have to pay for it because they don't have the money to do it. And if we give it to you, you're going to have to share the money. the benefits and so you've got your you know rock in the hard place it's like hey wait a minute how are we going to track and what do you owe us and what are the contracts going to be and and so if you had 193 parties to an agreement and everybody wants a piece of the pie okay they're having a hard time you know satisfying everybody's desire to come out of this profiteering off of people's disease and the pharmaceutical companies don't want to give up control and so the poor more relatively poor nations you know it is believed that they have this biological diversity that could be turned into a lot of money through big pharma and it goes all the way back to a convention from 1992 where you know access to these biological resources it's viewed as a national resource where you know it used to be with herbs and things like that you know pharmaceutical companies would come in and get the native wisdom of how to use some herb turn it into a drug make millions and billions of dollars and and you know the indigenous people who had the wisdom got a big pile of nothing well they've wised up to that it's not because the negotiators from the African nations are in alignment with you and i they are not they are in alignment with the with their own financial interests against the pharmaceutical companies who have their obvious interests and the who wants to be able to facilitate the distribution logistics you know contracting uh regulating approving um you know they want to be involved in the money flow and they're creating a whole new bureaucracy conference of the parties that is very similar to what was done with the framework convention for climate change it's a boondoggle it sounds like when you say they want to be involved in the money flow it sounds to me like they want to they want to offer the biggest bribes here so they can get this necessary precondition that they need before they can sign the treaty that they want to speed up the regulatory process so that you know the stamp of a new product it just goes right out the door you know they want to have this financial cord or coordinating financial mechanism which is all about the money flow and the money flow and the money flow and the money flow and the money flow already been approved in the amendments to the international health regulations last year which the united states is a party to i haven't heard Donald Trump say a word so if people in the United States are listening raise the issue "excuse me President Trump you have until July 19th to send a letter to the WHO rejecting the amendments". Well one of the executive orders that he put forth interestingly enough six months ago he put forth a letter to the who rejecting the amendments from when he did it is going to be past that July 19th deadline he directed even before Marco Rubio was the Secretary of State he directed the State Department to evaluate or reevaluate all of our international agreements you know to come back with recommendations as to whether or not we should get out or stay in well and those recommendations are supposed to come out after July 19th if you if they take the full 180 days okay okay Because, you know, he was in an office until the 20th. So it's after that. And the 19th is obviously before. And so fundamentally, the, you know, whether or not we are in these international agreements at any point in time, the United States, when it decides to leave an international agreement, it just leaves, doesn't really care. What are they going to do? But as it stands right now, we are a party to the international health regulations and the amendments that were adopted set up the funding mechanism to funnel, you know, potentially billions of dollars into manufacturing biological weapons around the world in direct competition with our own Defense Department allocation of three and a half billion dollars a year to put all of these products into our stockpile. Are we setting up, you know, a new Cold War biological arms weapons race? Well, the pharmaceutical companies don't care. They're going to contract with the U. S. Defense

Department and they're going to contract with the WHO PABS system. They win either way. And, you know, this is how it's always the case. You put this side against that side. But the people who are pushing for it come out winners no matter what, unless we wise up and push back. And I'm like I said, confident. I'm cautiously optimistic that we're going to have time to continue to expose the simple fact that these products that the pharmaceutical industry has used over the last five years, the fraudulent diagnostics, the devices that, you know, murder people, the products like Remdesivir and others, you know, run death is near is what it really should be called. And the MRNA platform are not health products. They're wealth distribution. Products and they only take healthy people and turn them either into dead people or lifelong customers because of the harm that they cause. A lot of people, you know, in your audience probably know that. But, you know, the negotiations have ignored what we all have come to understand. They don't want to hear that. Nobody's had the guts to stand up in the halls of these negotiations and go, excuse me, what the hell are we doing? These products don't help. Right. And putting them in the stockpile, spending billions of dollars actually read that, you know, diverts money away from what if people had vitamin C and vitamin A and vitamin D and minerals and herbs and homeopathic remedies and the level of health, you know, was elevated around the world. So people are less prone to these problems. No, no, no, no, no. We don't want to talk about that. We can't make any money off of that. And, you know, that's what we're really dealing with. And a lot of people. People know it. But the discussion of what is actually in this document, I'll try to make it clear. It's really a business deal. It always has been. The local issues with your, you know, municipal government, your county health department, your province, your state, your nation. That is where the tyranny needs to be rooted out in the laws like the PrEP Act that protect. People when they do harm and make it so that you can't sue them. That's what the PrEP Act is all about. Or they just give outrageous powers that the PrEP Act gives the Secretary of Health and Human Services. Unblemished, unlimited authority to say just because he says so. Well, you know, there might be an emergency in the future. And here's what we're going to use. Doesn't need to be FDA approved. Doesn't even really need to be emergency use authorized. Could be a, you know, experimental product. And as long as these certain organizations, you know, hospitals, doctors, whatever, use what I tell them to use. You can't sue anybody if you're harmed. Okay. Now, I'm working in the U. S. People can go to repealtheprepact.com to learn about that. I've put together notsafeandnoteffective.com about the jabs. I've put together PCRfraud.com. That's obvious. It's about the PCR. And I've also put together maskcharade.com because that's what it is. They're ridiculous. And if people want to learn about the treaty, they can go to rejectthetreaty.com. If you want to learn about the amendments, you can go to rejecttheamendments.com. And if you want to give me a phone call or text or signal or telegram or WhatsApp or whatever, my number is 310 -619 - 3105. I am that serious about all of this. These people are trying to kill people. They're trying to murder. You know, they're trying to inflict harm with these products that they claim are lifesaving. And they they literally want to make these a universal public good. Now, what that word or phrase means, it's kind of like air or like oxygen or sunlight. There's so much of it that you can get all that you ever wanted. Literally, they have used this term. They have argued that in the middle of 2021, the poor nations were suffering from vaccine apartheid. All of the wealthy nations were hogging up all these wonderful jams. We need to have so much manufacturing capacity all around the world that the world is just swimming in drugs and devices and diagnostics and jams. So. We need to have so much manufacturing capacity all around the world that the world is just swimming in drugs and devices and diagnostics and jams. Oh, you want another MRNA? How many would you like? You know, they're just flowing off the factory line. This is insanity. Yeah. This is. It's a major culling. They don't want

they don't want countries that aren't on the program because then we'll see the evidence that they're not dying of jobs when they're not getting the jobs. It's a culling.

Interviewer: Yep. Well, James, then it seems like what the average Joe has to look has to be aware of and be involved in and be active in is one. This deadline to the timeline to reject last year's amendments to the IHR coming up in July. That's very important. And also, you say that they're going to be putting on a show. Finally, they're going to come out and they're really going to push this pandemic treaty agreement. But we need to start talking. We need to have open debate. So we're ready for that. So we can discuss it when it when when the media barrage comes.

James: There's the word that they're likely to use is that the World Health Assembly will adopt the agreement. But in the agreement, it says, well, you can't sign it until you also adopt the Pabst annex. So it's a you know, it's a head game. Right. We adopted it, but we can't sign it. OK, see you next year. And oh, if that is the case, if that is what happened, you know, I know what I'm going to be doing for the next year is pointing out how absurd it would be to spend billions of dollars to manufacture biological weapons to harm people. What in the world? I mean. That they are, in my view, in my optimistic view, they are setting the stage for their own destruction, because when people understand what they're doing, any sane person can realize that the W. H. O. has got to go.

Interviewer: Absolutely. Excellent. Well, in that case, I hope we can maybe set something up as this deadline approaches in July and we're going to be keeping in touch. Thank you so much for your time today. James Roguski.

James: Thank you. Thank you.

from dws

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This may interest you as well:

#WHO-en - World Health Organization - www.kla.tv/WHO-en

#WHO-PandemicTreaty-en - WHO-Pandemic Treaty - www.kla.tv/WHO-PandemicTreaty-en

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