

# Newest Threat to Medical Freedom—Monkeypox “Emergency”

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The World Health Organization declaration of Monkeypox as a “Public Health Emergency of International Concern” (PHEIC), was made by one man, WHO Director-General Tedros Adhanom Ghebreyesus, who has no medical training, over the objection of the majority of his own expert committee of medical and scientific advisors. Nine of the committee members thought a PHEIC should not be declared and six supported a declaration.

“Nine and six is very, very close. Since the role of the committee is to advise, I decided to act as a tie-breaker,” Tedros said in a news conference called to announce the decision.”

Perhaps it is the “new math” that leads to the conclusion of a “tie” with a 3-vote majority on one side? And why did Tedros decide to go with the minority opinion rather than the majority?

Rosamund Lewis, the WHO technical lead for monkeypox, said in a July 20 press conference: “About 98 percent of (Monkeypox) cases are among men who have sex with men—and primarily those who have multiple recent anonymous or new partners.” She then said they are typically young and chiefly live in urban areas.

So why did Tedros decide unilaterally to declare a *global emergency* for the vast majority of people who do not fit this profile?

A little-known fact about the PHEIC designation is that it triggers implementation of the International Health Regulations signed in 2005 by more than 190 countries. It seems evident that WHO plans to continue their power, implemented with the COVID emergency declaration, to dictate global public health policy, and their directives for oppressive measures such as lockdowns and travel restrictions that WHO pushed globally during COVID. Since COVID obviously wasn't stopped, WHO appears determined to implement still more draconian measures, and push more coercive vaccine mandates.

Conveniently, shortly just before the monkeypox scare, Bavarian Nordic's JYNNEOS vaccine was approved by the FDA in September 2019 for use against both smallpox and its cousin monkeypox. This is in spite of published data showing JYNNEOS product is associated with higher risk of myocarditis, also a serious risk with the COVID shots.

The U.S. government has reportedly stockpiled enough smallpox vaccine for the entire population in the event of a biowarfare attack, and has recently ordered \$113 million worth of vaccine from Bavarian Nordic, with an option to buy \$180 million more for a total of 13 million doses.

Conceivably, the U.S. could mandate this vaccine—if enough could be made. Voluntary compliance would likely be a problem, as smallpox vaccines are already well-known to cause myocarditis and pericarditis, already causing death and disability world-wide with COVID-19 vaccines.

Panic over a monkeypox threat is yet another potential means to midterm elections and prevent the expected Republican takeover in Congress.

How much fear is warranted? The Truth for Health Foundation Monkey Pox Fact Sheet can be downloaded free; here are some highlights:

Monkey pox has been known in Africa since 1958, primarily as a disease of ground squirrels. It can spread to monkeys and humans with close contact and poor hygiene, but very few cases have been reported outside Africa before now.

Monkey pox is far less contagious than smallpox, influenza, or COVID, and is much milder than smallpox and unlikely to be lethal. You catch monkeypox from contact with bodily fluids such as saliva or semen, as well as skin lesion, either directly or from soiled linens or clothing.

Symptoms include fever, headaches, and lymph node swelling followed by an eruption of pus-filled blisters. The skin lesions can resemble those of shingles, chickenpox, or syphilis. The rash tends to start on the face and has the unusual feature that blisters can form on the palms of the hands.

The first cases were associated with two large European “raves.” The Canary Island event occurred—just coincidentally—on the same date as a hypothetical bioterror attack modeled in an Event 201-style wargame exercise about release of an engineered monkeypox virus, “a pathogen engineered in a laboratory with inadequate biosafety and biosecurity provisions and weak oversight.”

A whole series of pandemic simulations have been run by globalists since 2000. Is the purpose to protect public health? Or to increase the globalists’ power, and destroy individual medical freedom and national sovereignty?

Hint: consider the response to monkeypox. A public health response would shut down venues for anonymous sex for three weeks, and blast out warnings to abstain from promiscuous sex. And try traditional contact tracing. But a physician writing about his painful 14 days in isolation said *nothing* about contact tracing—unlike with COVID, no cellphone apps for monkeypox, lest it be stigmatizing! Just wait for a vaccine!

Americans must learn from the COVID debacle: take sensible precautions, but don’t fall for the fear porn and do not surrender your rights, especially not to WHO.