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Monkeypox Vaccine Insanity — Too Many Risks and Now, Liability-Free

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Using vaccine "shortages" as an excuse, the U.S. Food and Drug Administration arranged a liability shield for the Jynneos monkeypox vaccine by issuing a new Emergency Use Authorization for "fractional doses" using a different mode of administration, and allowing the vaccine's use in "high risk" children under age 18.

For totalitarians and technocrats bent on shredding constitutional protections and wresting control from ordinary people over personal decision-making in areas ranging from health to finances, the events of the past two-and-a-half years were a proving ground — showing that promises of safety via injection could persuade many people to act against their own best interests, often with disastrous results.

But with the public growing increasingly ho-hum about the COVID-19 pandemic and the U.S. discarding tens of millions of COVID-19 vaccines — including over a quarter of some states' doses — tyrants wanting to "further advance draconian biosecurity policies and global power grabs" needed a new emergency to keep the injection scam going.

In May 2022, right on cue, entered monkeypox, with (echoes of decades past) cases reported "predominantly … in networks of men who have sex with men."

Just like the coronavirus Event 201, the reported monkeypox outbreak was prefigured by a "tabletop simulation" one year prior and by "suspiciously" timed, before-the-fact clinical trials of monkeypox treatments and vaccines.

With the "outbreak" thus positioned in the headlines, what happened next?

- After allowing suspense to build for a couple of months but with fewer than a dozen deaths worldwide, the World Health Organization (WHO) head Tedros Adhanom Ghebreyesus in late July "side-stepped" his own advisors to pronounce monkeypox a "public health emergency of international concern," the WHO's

first such ruling since SARS-CoV-2.
- With no U.S. deaths, the Biden administration and the U.S. Department of Health and Human Services (HHS) followed suit, declaring a public health emergency.
- Around the same time, the U.S. Food and Drug Administration (FDA) Commissioner Dr. Robert M. Califf soothingly told Americans, "We understand … an emerging disease may leave people feeling concerned and uncertain, but it's important to note that we already have medical products in place …"

One of the "products in place" was the Jynneos smallpox vaccine (brand names Imvanex or Imvamune), which the FDA licensed for adults in September 2019, conveniently approving it not only for smallpox but for "prevention" of monkeypox — even though in primate studies, pox lesions developed just the same.

At the time of licensure, the CEO of Bavarian Nordic — the Danish biotech company that developed the smallpox jab in partnership with the U.S. government, funneling millions of doses into America's Strategic National Stockpile — crowed that the green light for monkeypox would create "new commercial opportunities."

At present, a suddenly woke WHO is "accepting proposals" to rebrand monkeypox so as to "avoid offense," but with the historically loaded "pox" word planted in the public's subconscious — a word that calls to mind not only unsightly skin eruptions but social stigma and Shakespearean curses — the damage has been done.

Officials no doubt expect the latest "pox" — which also has exotic associations with prairie dogsand African rodents — to stoke the types of fears that will send people running straight into the arms of the nearest vaccinator.

In cities like San Francisco — where long lines of "mostly men" reportedly have been queuing up in the wee hours of the morning for a chance at a shot — the drum-beating about a "rapid rise in cases" already appears to be working.

What's the big deal?

The same fallacious PCR (polymerase chain reaction) technology used to conjure up large numbers of COVID-19 "cases" out of thin air — a technology that inventor Kary Mullis warned should never be used for diagnosis — is once again the WHO's preferred laboratory test for monkeypox.

Setting aside the thorny PCR issue, there are many other questions one could ask about monkeypox and its supposed discovery in humans in 1970, including why, after half a century in which the condition labeled monkeypox "never really [got] off the ground outside of a couple of countries in Africa," it is "suddenly in every Western nation and being hyped up by public health authorities, the mainstream media and the World Health Organization."

Other than the skin lesions, the symptoms of so-called monkeypox "could describe hundreds of millions of cases of simple flu-like illness or even the common cold."

The Centers for Disease Control and Prevention (CDC) characterizes monkeypox as "generally a mild disease," involving little more than rashes, fevers and chills that typically require "no specific treatment."

A public health expert at Johns Hopkins Bloomberg School of Public Health said, "Monkeypox is not likely to kill anybody in the United States," with short-lived pain being about the worst that it might do.

In the 2021 pandemic tabletop exercise focused on monkeypox, one of the features of the "fictional" scenario under discussion was that an "unusual strain" of monkeypox would come along to wreak global havoc.

Obligingly, media accounts in 2022 are evoking a monkeypox that "seems to have changed," though reporters are issuing mixed messages.

In a conversation on NPR, for example, a science reporter described "very localized" and "extremely subtle" monkeypox symptoms not "matching up" to the "horrible rash" depicted in medical textbooks, prompting the interviewer to remark on the "good news" of a milder disease — at which point the reporter felt compelled to correct the benign impression, adding, "it can also be really severe and really painful" and "make you sick for, like, up to four weeks."

Skin reactions of all kinds are well-documented adverse consequences of vaccination. In Israel, a renowned vaccine scientist has been making the case that the immune system breakdown caused by COVID-19 mRNA vaccines is the culprit responsible for the current monkeypox situation.

Why else, others are asking, would symptoms appear simultaneously in multiple countries and continents that just happen to correspond to the locations that deployed Pfizer's COVID-19 jab?

Atrocious smallpox vaccine track record

From their earliest days through today, smallpox vaccines had a dreadful track record — and this fact is not even particularly controversial.

In 2003, researchers openly characterized the smallpox vaccine available at the time, Wyeth's Dryvax, as "less safe than other vaccines," describing "known adverse events that range from mild to severe," including death, brain swelling, lesions and other skin problems.

They concluded the "net harm would result if smallpox vaccine were made available to the general public on a voluntary basis" and that some individuals would be "unable to weigh the risks and benefits for true informed consent."

Although Dryvax fell out of favor in the mid-1980s, it continued to be used to vaccinate groupssuch as military personnel, lab workers and others deemed "high risk."

In 2007, the FDA approved Acambis's ACAM2000, made with a "clone" of Dryvax and grown in lab cultures of African green monkey kidney (Vero) cells.

Right after Acambis won a 10-year contract to supply the U.S. government with the vaccine, the company was gobbled up by Sanofi Pasteur.

The U.S. military, which by then had given Dryvax to more than 1.4 million military personnel and contractors, immediately switched to ACAM2000, albeit with a first-ever, FDA-imposed requirement that each person vaccinated receive a "medication guide."

ACAM2000's "unwieldy" method of administration involves using a two-pronged needle to make "a series of tiny jabs at the skin" designed to elicit a "kind of gnarly pustule" which, if it doesn't show up a week later, necessitates yet another attempt.

In an article published by The Defender in November 2020, Pam Long, an Army veteran, described smallpox vaccination (whether Dryvax or ACAM2000) as one of "four horsemen of pharma" destroying veterans' health.

Long highlighted cardiac risks, in particular.

Back in 2003, CDC authors described adverse reactions from Dryvax ranging from "benign, if frightening in appearance" to "life-threatening," conceding that myopericarditis was "truly" an adverse outcome but admitting to not knowing about long-term consequences.

In 2021, when the Military Vaccine Agency published a study involving monthly surveillance of clinically "adjudicated" cardiac and neurological adverse events experienced in temporal association with ACAM2000 vaccination, it reported a significantly higher rate of myopericarditis in younger men (under age 40), and overall rates of "any cardiovascular event" of 1.14 per 1,000.

As Long noted, the FDA documented a much higher incidence of 6.9 cardiac events per 1,000 for ACAM2000, and one study reported myocarditis in one in every 175 recipients.

New kid on the block

By June 2022, the media build-up promoting monkeypox vaccination and the Jynneos injection in particular was on full display, with headlines playing up the idea of hordes eager for jabs that are in short supply.

To tee up demand for the "newer generation" — and largely unfamiliar — Jynneos vaccine, CNBC classified its competitor, ACAM2000, as practically a dinosaur, an "older generation smallpox vaccine that can have serious side effects."

In late July, Vox agreed there would be "trade-offs" if the U.S. were to tap into its "100 million-odd doses" of ACAM2000 "currently sitting on the shelves at the Strategic National Stockpile, largely untouched" — trade-offs such as "potentially concerning side effects, the complex way it has to be administered, and limits on who can safely receive the vaccine" (no immunocompromised individuals, no pregnant women, no one with eczema and no babies).

While ACAM2000's "cumbersome" mode of administration does not lend itself to "assembly-line" distribution, Jynneos, Vox assured us, "can be given in public venues, like festivals and even bathhouses."

However, we know very little about Jynneos, other than the serious adverse events listed in the package insert — Crohn's disease, sarcoidosis (an inflammatory disease affecting multiple organs, notably the lungs), eye weakness and throat tightness (a potential sign of anaphylaxis).

A higher proportion of Jynneos recipients (1.3%) also experienced cardiac adverse events compared to placebo recipients (0.2%) who received saline.

A CDC scientist who led a clinical trial that was supposed to provide information about efficacy and side effects — a trial that recruited subjects in the Democratic Republic of the Congo from 2017 to 2020 — gave a monkeypox briefing to CDC advisors in late June but, according to Dr. Meryl Nass, scientific advisor to Children's Health Defense, he was "coy" about sharing the study's results.

Liability-free yet again

Nass also pointed out that although Jynneos is licensed and, under ordinary circumstances, would be susceptible to vaccine injury lawsuits, the FDA and HHS pulled a fast one yet again that effectively shields Bavarian Nordic and the U.S. government from liability.

Using vaccine "shortages" as their excuse, they arranged the liability shield by putting Jynneos under an Emergency Use Authorization (EUA) umbrella that shifts the U.S. over to administering "fractional doses" and using a different mode of administration (injection into the skin rather than between skin and muscle).

The EUA also permits administration of Jynneos to children if they are deemed "high risk."

After the EUA announcement, Bavarian Nordic's CEO expressed "reservations" about the altered dosing and mode of administration, stating further studies would have been a "prudent" step "before overhauling the nation's monkeypox vaccine strategy."

The Biden administration's rejoinder was that Bavarian Nordic was just voicing sour grapes about "a potential loss in profits."

The company needn't worry — its stock has gone up by more than 150% since the announcement of a "moneypox" outbreak.

As for Americans, we have a choice: We can join the crowds supposedly clamoring for yet another vaccine that doesn't prevent anything.

Or we can "just say no," recognizing that there just might be something "unusual about a global pandemic occurring just months after a simulation of a global pandemic of exactly that kind, followed shortly after by the first-ever global outbreak of an even-more-obscure virus just months after a simulation of an outbreak of exactly that kind."

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