

Towards A Worldwide Monkeypox Pandemic? Big Money behind “Fake Science”

When the Lie Becomes the Truth

By [Prof Michel Chossudovsky](#)
Global Research, August 17, 2024

Region: [sub-Saharan Africa](#)
Theme: [Media Disinformation](#), [Police State & Civil Rights](#), [Science and Medicine](#)

“The PCR is a process. It does not tell you that you are sick.”

-Dr. Kary Mullis, (feature image left) Nobel Laureate and Inventor of the RT-PCR, passed away in August 2019, a few months prior to the onslaught of the Covid Crisis. See Video below. His Legacy will prevail.

“...All or a substantial part of these positives could be due to what’s called false positives tests.”

-Dr. Michael Yeadon, distinguished scientist, former Vice President and Chief Science Officer of Pfizer

“This misuse of the RT-PCR technique is applied as a relentless and intentional strategy by some governments to justify excessive measures such as the violation of a large number of constitutional rights, ... under the pretext of a pandemic based on a number of positive RT-PCR tests, and not on a real number of patients.”

-[Dr.Pascal Sacré](#), Belgian physician specialized in critical care and renowned public health analyst.

Introduction

On July 23, 2022, the WHO Director General Tedros Adhanom Ghebreyesus went against the majority vote of the WHO expert committee (9 against 6 in favor): The committee was AGAINST the calling of a Public Health Emergency of International Concern (PEIC).

“We have an outbreak that has spread around the world rapidly through new modes of transmission,” WHO Director-General Tedros Adhanom Ghebreyesus said during a press briefing in Geneva on Saturday (July 23, 2022).

[“I have decided that the global monkeypox outbreak represents a public health emergency of international concern.”](#)



With Bill Gates in the background, the evidence was scanty, the motivation was “Monkeypox”. The unspoken objective was to sustain the fear campaign.

According to Bloomberg,

“The declaration from Tedros ... underscores divisions within the organization over the severity of the threat. The pathogen typically causes flu-like symptoms, followed by a rash that often starts on the face and spreads down the belly. (Bloomberg)

On July 23, 2022, Dr. Tedros was visibly in conflict of interest, going against a committee of medical doctors and scientists? The WHO is funded by the Gates Foundation. And Bill Gates is centrefold. He has been pushing for the monkeypox scenario since 2017.

What Bloomberg failed to mention was Dr. Tedros’s Bombshell Statement:

“An outbreak that is concentrated among men who have sex with men”:

“Although I [Tedros] am declaring a public health emergency of international concern, for the moment this is an outbreak that is concentrated among men who have sex with men, especially those with multiple sexual partners.



That means that this is an outbreak that can be stopped with the right strategies in the right groups.

It’s therefore essential that all countries work closely with communities of men who have sex with men, to design and deliver effective information and services, and to adopt measures that protect the health, human rights and dignity of affected communities.

Stigma and discrimination can be as dangerous as any virus.

In addition to our recommendations to countries, I am also calling on civil society organizations, including those with experience in working with people living with HIV, to work with us on fighting stigma and discrimination. (emphasis added)

My Question to Dr. Tedros Adhanom Ghebreyesus. Where is the science?

Did Dr. Tedros consult Bill Gates prior to making this decisive statement?

Flash Forward to 2024

August 14, 2024: Monkeypox Global Public Health Emergency (PHEIC)

✘ Following the refusal of the WHO expert Committee in July 2022, Dr. Tedros “is at it again”.

On August 14, 2024, the WHO Director. General called once more for a monkeypox global public health emergency (PHEIC). The justification is an alleged “major outbreak” in the Democratic Republic of Congo, which according to the WHO has spread to neighbouring countries.

In a press conference preceding the August 14 official announcement the WHO Director General Tedros (August 9, 2024) described the monkeypox crisis as follows:

“Since the beginning of this year, the Democratic Republic of the Congo has been experiencing a severe outbreak of Mpox, with more than 14 000 reported cases and 511 deaths.

In the past month, about 50 confirmed and more suspected cases have been reported in four countries neighbouring the DRC that have not reported before: Burundi, Kenya, Rwanda and Uganda.

Mpox outbreaks are caused by different viruses called clades. Clade 1 has been circulating in the DRC for years, while clade 2 was responsible for the global outbreak which began in 2022.

WHO has developed a regional response plan, requiring US\$ 15 million to support surveillance, preparedness and response activities.

We have released US\$ 1 million from the WHO Contingency Fund for Emergencies to support scale-up of the response, and we plan to release more in the coming days.

There are two vaccines for mpox that have been approved by WHO-listed national regulatory authorities, and which are recommended by WHO’s Strategic Advisory Group of Experts on Immunization, or SAGE.”

While Dr. Tedros refers to surveillance, what he fails to mention is “detection”.

What is being applied to detect mpox is the defunct polymerase chain reaction PCR test which was applied starting in January 2020 to “detect” Covid 19 (namely SARS-CoV-2). That same PCR test is now being used to detect the monkeypox virus

The Real Time PCR test does not identify the virus, it detects genetic sequences.

[The July 2021 CDC advisory](#) pertaining to the failures of the RT-PCR test reads as follows:

“CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.”

“CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza”.

Effective December 31, 2021, the CDC has withdrawn the request of the FDA pertaining to the detection of SARS-CoV-2.

The PCR “Test” Cannot Detect the Identity of the Virus, nor Can it Detect its Variants and Sub-variants.


The late Dr. Kary Mullis. His Legacy will Prevail.

Detection of the Monkeypox Virus

And now the CDC reviewed a procedure “used for the detection of Monkeypox virus DNA in clinical specimens by real-time PCR”:

“This [RT-PCR] assay detects DNA at varying concentrations, providing a qualitative result of either positive, negative, or inconclusive in the identification of Monkeypox virus infections.” ([CDC](#))

It is worth noting that despite the fact that both the CDC and the WHO have questioned the validity of the PCR test, it [is now being used to “detect the monkeypox pathogen”](#).

	Centers for Disease Control & Prevention Poxvirus & Rabies Branch (PRB)	
Test Procedure: <i>Monkeypox virus</i> Generic Real-Time PCR Test		
Rev. No. 01	Issued Date: 6/6/2022	Page 1 of 7

According to the CDC:

“This [RT-PCR] assay detects DNA at varying concentrations, providing a qualitative result of either positive, negative, or inconclusive in the identification of Monkeypox virus infections.” ([CDC](#))

If you test RT-PCR positive for Covid-19, it may be “mistakenly” tabulated as a “positive” Monkeypox virus infection. And Vice Versa

Versatility of the RT-PCR test! Anything Goes.



[“Factual Chaos” at the WHO? Dr. Tedros: Monkeypox Outbreak Is “Among Men Who Have Sex with Men”](#)

By [Prof Michel Chossudovsky](#),

Pandemic Actors in the Democratic Republic of the Congo

Cepheid, a Big Pharma company supported by [the Bill and Melinda Gates Foundation](#) has played a central role in the “detection” of the monkeypox virus using the same polymerase chain reaction test (PCR) as in the case of Covid-19.

Cepheid’s GeneExpert System was applied in 2021 to processing the PCR test for Covid 19 “confirmed cases” in 133 countries, categorized under “Respiratory”

“The GeneXpert test is basically an automated version of standard [real-time PCR](#) (polymerase chain reaction) amplification and detection”

Cepheid is now applying the GeneExpert System technology in the DRC to process the PCR test for detection of confirmed cases of the alleged monkeypox virus, under the category:

TB. Virology and Emerging Infectious Diseases



Big Money behind “Fake Science”

The parent company of [Cepheid](#) is Donaher Corp. [The major investors in Donaher](#) are the portfolio companies (Black Rock, Vanguard, State Street, Wellington Management Group)

[Bill Gates as an investor plays an important role in Donaher.](#) ([Gates Foundation Holdings](#))

In Dr. Tedros’ presentation (August 14, 2024) the WHO confirms that it has assigned \$ 15 million “to support surveillance, preparedness and response activities”, which will largely be conducted by Cepheid.

According to the US Centers for Disease Control and Prevention ([CDC](#)), “people with mpox often get a rash that may be located on [the] hands, feet, chest, face, or mouth or near the genitals”.

The rash can go through different stages and may look like pimples or blisters, the CDC said.

Other symptoms can include fever, headache, chills, physical weakness, lymph node swelling, muscle or back pain and/or respiratory symptoms, according to [European](#) and US health authorities.

A WHO situation [report](#) from earlier this week said the most commonly reported symptom is a rash, followed by a fever and a systemic or genital rash.

The virus can spread by direct contact with infected wild animals or through close contact with an infected person, including sexual contact, which is the most commonly reported form of transmission globally. ([EuroNews](#), emphasis added)

The contradictions in the data for the DRC, not to mention the use of the PCR Test under the auspices of Cepheid applied to Monkeypox **TB, Virology and Emerging Infectious Diseases** indelibly lead to results which are totally incoherent.

It could be mpox cases or “something else” including influenza or corona A, B. not to mention SARS-CoV-2

In the absence of a medical diagnostic by a health professional, these mpox “confirmed cases” are totally incoherent.

According to [a recent report by EuroNews](#) The spread of clade II virus:

“was driven by sexual contact primarily among men who have sex with men, while clade I was first documented as spreading sexually last”

[Yet an examination of the official data of the DRC](#) indicates that most of the so-called PCR “positive cases” (MPXV) are children (**data for 2024**) **See Table 1 below.**

- **Children continue to represent the most affected age group** (Table 1); of the 7 851 reported mpox cases, **39% were reported in children aged under 5 years** (n=3 090),
- **the percentage of children under 15 is 67 percent.**
- **For all age groups (Figure 3 below), males 59%, females 41%**

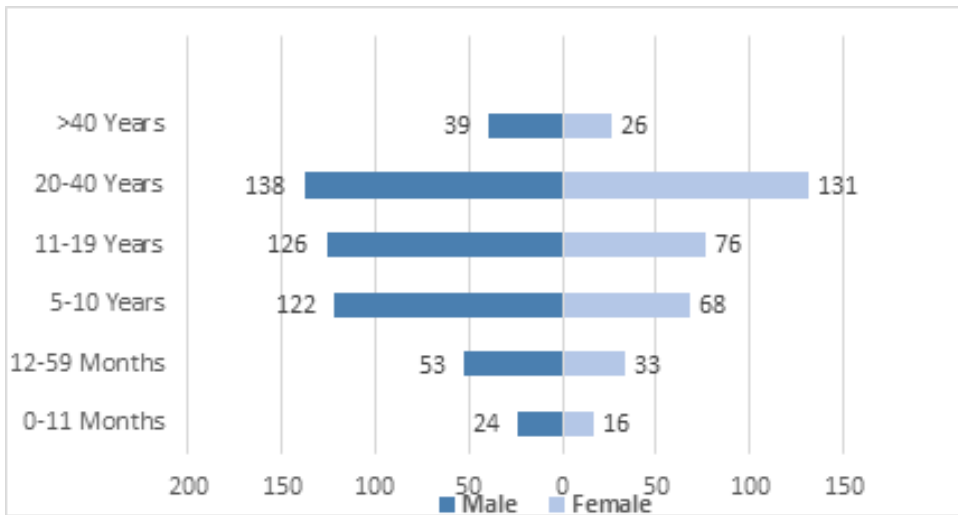
Table 1. Age distribution of reported mpox cases and deaths in the Democratic Republic of the Congo, 1 January to 26 May 2024 (n=7 851).

Age group(years)	Reported cases(n, % of total)	Deaths (n, % of total)	Case fatality ratio (%)	Crude OR of death (95% CI)	P-value
<1	897 (11)	77 (20)	8.6	3.8 (2.6-5.3)	<0.001
1 - 4	2 193 (28)	163 (42)	7.4	3.2 (2.4-4.3)	<0.001
5 - 15	2 164 (28)	81 (21)	3.7	1.6 (1.1-2.2)	<0.001
>15	2 597 (33)	63 (16)	2.4	1	-
Total	7 851	384	4.9	-	-

Source: National mpox integrated disease surveillance data, Democratic Republic of the Congo.

The age-sex composition from official national sources; (m 852). 505 males, 347 female

Figure 3. Age and sex distribution of confirmed mpox cases, Democratic Republic of the Congo, 1 January to 26 May 2024 (n=852*)



**142 confirmed cases had missing age and sex data*

APPENDIX

The Questionable 99% “Estimate”.

The Emergency Committee Meeting, July 21, 2022 in Geneva



Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox

23 July 2022 | Statement | Reading time: 21 min (5662 words)

The WHO Director-General is hereby transmitting the Report of the second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, held on Thursday, 21 July 2022, from 12:00 to 19:00 CEST.

There is a long history of viral transmission pertaining to the monkeypox pathogen going back to the 1950s. The man to man transmission (MSM) is not corroborated by peer reviewed reports published prior to the ALLEGED May 2022 outbreak.

Below is a review of the published report of “[The Second Meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee](#)” regarding the alleged multi-country outbreak of monkeypox.

This meeting was held two days prior to [Dr. Tedros’s Press Conference](#). The report provides details on the thrust of the WHO Director-General’s decision to launch a

Public Health Emergency of International Concern (PHEIC), focussing on the incidence of the monkeypox virus on “bisexual, gay and men who have sex with men”.

Of significance, the members of this Committee (21 July 2022) turned down Dr. Tedros proposal to launch the PHEIC.

Below are selected and summarized quotations of [a rather long WHO document](#).

Read carefully (the meeting in Geneva lasted for five hours):

“The majority of reported cases of monkeypox currently are in males, and most of these cases occur among males who identified themselves as gay, bisexual and other men who have sex with men (MSM), in urban areas, and are clustered in social and sexual networks. There has also been a significant rise in the number of cases in countries in West and Central Africa, with an apparent difference in the demographic profile maintained than that observed in Europe and the Americas, with more women and children amongst the cases. The genome sequence of the virus obtained in several countries shows some divergence from the West African clade.

Representatives of Spain, the United Kingdom, the United States, Canada and Nigeria updated the Committee (in this order) on the epidemiological situation in their countries and their current response efforts.

With the exception of Nigeria, the remaining four countries reported that 99% of cases were occurring in MSM [Men who have Sex with Men], and mainly among those with multiple partners.

The vaccine strategy is targeted and aims to interrupt transmission through post-exposure prophylaxis and pre-exposure prophylaxis among MSM at highest risk. In the United States, cases of monkeypox are widely distributed across the country, although most cases are concentrated in three large cities.

While a few cases have occurred in children and a pregnant woman, 99% are related to male-to-male sexual contact.

In Canada, 99% of cases have occurred among MSM, and the country is taking a broad approach to pre-exposure prophylaxis, given the challenges with contact tracing; and is strongly focused on engagement with community-led organizations supporting key affected populations groups.

Nigeria recorded a little over 800 cases of monkeypox between September 2017 and 10 July 2022 and has seen at 3% case fatality ratio among confirmed cases.

Cases are predominantly in men aged 31 to 40 years; there was no evidence of sexual transmission presented.”

The highest number of annually reported MSM cases since 2017 has been observed in 2022.”

What is the meaning of this last sentence?

[\[Members of the Committee underscored the following\]:](#)

“The moral duty to deploy all means and tools available to respond to the event, as highlighted by leaders of the LGBTI+ communities from several countries, bearing in mind that the community currently most affected outside Africa is the same initially reported to be affected in the early stages of HIV/AIDS pandemic; The vast majority of cases are observed among MSM with multiple partners, and, despite the operational challenges, there is the opportunity to stop ongoing transmission with interventions targeted to this segment of the population. Cases observed beyond this population group, including among health workers are, to date, limited; ...”(emphasis added)

The WHO Report: Invalid Results Derived from Biased Sample?

My comments:

Were random sample surveys undertaken which corroborate “man to man” (MSM) transmission as outlined by Dr. Tedros Adhanom Ghebreyesus in his Press Conference on July 23, 2022? Were women and children included in a random sample procedure?

How is it that MSM male to male sexual transmission is “99% of the cases” in the US, UK, Spain and Canada, while in Nigeria among 800 cases recorded over a five year period, there was not a single case of MSM sexual transmission?

The answer is obvious: the Nigerian data was recorded based on a medical diagnosis of patients over a five year period, whereas the figures pertaining to the US, UK, Canada, Spain were most probably derived from a biased sample, confirmed by a totally invalid PCR Test.

Confirmed in the report: “The 99% of the confirmed cases” were also based on statements by the representatives of those four countries at the IHR Emergency Committee Meeting. Dr. Demetre Daskalakis of the CDC (US) and Dr. Theresa Tam of Health Canada (both advisors to the IHR Committee) were present ([see list of members](#)).

Similarly, the report admits that in West and Central Africa there were “more women and children amongst the cases”, whereas as in Europe and North America, the confirmed cases were almost exclusively MSM men.

The report also refers to a monkeypox vaccine specifically for “men who have sex with men, especially those with multiple sexual partners.”

Were these 99% MSM confirmed cases the object of a medical diagnosis?? -i.e. flu-like symptoms, rashes on the face and the body? Or was it just a PCR test and a biased sample?

The statements in this report are not corroborated. The WHO does not outline its methodology.

From a scientific and statistical standpoint, it does not make sense. Ask Dr. Tedros!

quoted from:



["Factual Chaos" at the WHO? Dr. Tedros: Monkeypox Outbreak Is "Among Men Who Have Sex with Men"](#)

By [Prof Michel Chossudovsky](#),

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