



## Monkeypox Vaccine Funded By Fauci Was Approved By The FDA in 2019



### Description

The spread of monkeypox has boosted the shares of a Danish biotech company called [Bavarian Nordic A/S](#), which say it's the only one to make a vaccine [approved](#) for the viral infection.

According to CEO Paul Chaplin, Bavarian Nordic has already recieved requests from dozens of countries who are seeking the vaccine and confirmd the company had secured a contract to supply the shot to an unnamed country in Europe.

"Monkeypox" – who could have seen that coming?





We'll take a look at who funded Bavarian Nordic.... none other than [Dr Anthony Fauci](#)

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## Funding Rivals

Dr. Fauci's tactic of funding rivals with directly competing products also can create controversy. In 2001, Bavarian Nordic A/S, a Danish biotechnology company, brought an idea for a smallpox vaccine to Dr. Fauci's institute. This got his attention, since the vaccine could be used on patients with AIDS or other conditions that compromise the immune system. The existing vaccine is considered highly risky for such patients.

Dr. Fauci began funding Bavarian's research and development of a new smallpox vaccine. He also started funding a rival, Acambis PLC. NIH awarded more than \$100 million to each company, with an eye toward making them competitors for a BioShield contract. The contract, for 20 million doses of the new smallpox vaccine, is expected to be awarded in 2006.

In a move that stunned Bavarian, the NIH gave Acambis samples of modified smallpox virus used by Bavarian. It had obtained the samples from Bavarian's own supplier, a professor in Germany.

Bavarian filed a civil lawsuit against Acambis in August at the U.S. District Court in Delaware. It filed a parallel complaint with the U.S. International Trade Commission in Washington, which has the power to bar imports of products that use stolen intellectual property. Bavarian said it has exclusive rights to the German professor's virus strain.

Bavarian didn't sue the NIH, though. It has been awarded \$130 million in NIH contracts and already has received \$45 million of that. "We do not believe it is good business practice to involve your customers in litigation," says Li Westerlund, director of intellectual property.

And look at some of the shareholders...notably Vanguard and BlackRock.

BAVARIAN NORDIC A/S			BAVA
Shareholders			
Name	Equities	%	
<u>The Vanguard Group, Inc.</u>	1,892,247	2.69%	
Norges Bank Investment Management	1,716,080	2.44%	
Dimensional Fund Advisors LP	1,031,895	1.46%	
Polar Capital LLP	1,000,000	1.42%	
<u>BlackRock Fund Advisors</u>	833,636	1.18%	
Nykredit Bank A/S (Investment Management)	709,771	1.01%	
Allianz Global Investors GmbH	544,016	0.77%	
Handelsbanken Fonder AB	325,000	0.46%	
Nordea Investment Management AB (Denmark)	267,771	0.38%	
Danske Bank A/S (Investment Management)	263,640	0.37%	

[Dr Sam Bailey](#) reports: **As with COVID-19 it appears that other parties have also been eagerly awaiting a market such a “pandemic” would present.** Likewise, these fortune-tellers were preparing vaccines to go where no vaccine had gone before. In this case the biotech company Bavarian Nordic gained approval from the FDA in 2019 to market [JYNNEOS](#), a smallpox and monkeypox vaccine. Other health authorities were also primed to react to a previously rare condition that has been of no concern for their nations...until now apparently. For example, on May 20, 2022, the UK Health Security Agency published a [document](#) titled, “Recommendations for the use of pre and post exposure vaccination during a monkeypox incident.” Like COVID-19, it’s starting to feel like all roads lead to vaccines again...



## Vaccine Approval

### Smallpox and Rare Monkeypox

Just a matter of time before the “rare” monkeypox vaccine comes to your neighbourhood.

So now that the scene has been set we can get into the “science” of monkeypox starting with an official description of the alleged viral disease. The [CDC states](#) that, “Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research, hence the name ‘monkeypox.’ The first human case of monkeypox was recorded in 1970 in the Democratic Republic of Congo.” They go on to [state](#) that, “in humans, the symptoms of monkeypox are similar to but milder than the symptoms of smallpox.” The illness is said to be flu-like with the addition of lymph node swelling and then development of a rash, and then lesions that progress from macules to vesicles to scabs.

In terms of the lethality of monkeypox, the CDC state that, “in Africa, monkeypox has been shown to cause death in as many as 1 in 10 persons who contract the disease.” This 10% fatality rate has already stoked the fear narrative and was also used as the case fatality rate in the NTI’s monkeypox pipe dream. It should be noted that historically monkeypox has been virtually unheard of in first world countries and the rare cases are usually in people that have recently arrived from Africa.

Indeed, one of the only recorded “outbreaks” of monkeypox in the first world was in the United States in April 2003. Cases were [declared in 6 states](#) and said to be caused by rodents that were imported to Texas from Ghana. This was the first time monkeypox had been reported outside of Africa and the CDC published a [paper](#) in 2006 analysing the incident. The paper states that, “person-to-person spread of the virus is *thought* to occur principally via infectious oropharyngeal exudates” although it is clear that this has never been scientifically established. They continue to say that, “the virus is *thought* to have been transmitted from African animals” – in other words, it’s another species-jumping pathogen tale.

They reported that, “individuals who had illness onset within 21 days after exposure to MPXV [Monkeypox virus] who experienced fever (defined as a body temperature greater 37.4°C) and vesicular pustular rash or rash (potentially uncharacterized) plus orthopox IgM antibodies were

classified as having probable cases of infection.” Now 37.4°C is not a fever in our book, it is a normal body temperature and we would suggest 37.6°C and above qualifies as a fever. We noted in their chart that they were using the classification ?39.4°C, but this appears to be an error as in another paper, we’ll get to soon, it was once again 37.4°C. The second paper even said the “fever” could be subjective, so they appear to be using this loose criteria and pathologising a normal state. Additionally, the CDC’s [weekly report](#) from the 11th of July 2003, stated that from a total of 71 cases, only “two patients, both children, had serious clinical illness; both of these patients have recovered.” The remainder had a variety of respiratory and gastrointestinal symptoms.

The CDC’s cases were confirmed on the basis of specimens that showed, “monkeypox virus isolation, detection of monkeypox-specific nucleic acid signatures, positive electron-microscopy findings, or positive immunohistochemical findings.” We had a look at the electron micrographs presented by the CDC including the [image](#) shown below of a skin sample from one of the patients. The caption informs us that the round particles on the right are immature monkeypox virions, while the oval particles on the left are mature viruses. However, all they have is a static image of dead tissue and no conclusions can be made about the biological role of the imaged particles. None of them have been shown to be replication-competent disease-causing intracellular parasites and so should not be called ‘viruses’.

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by Niamh Harris

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