



Smallpox, Money Pox and The Vaccines They Will Try to Frighten You into Getting

Description

Dr. Meryl Nass [provides some basics](#) about the budding “pandemic” and the proposed vaccines against it. Her points include: the World Health Organisation (“WHO”) released a statement to introduce mass vaccination; the smallpox vaccine, of unknown efficacy against monkeypox, causes a huge number of myocarditis cases and other known cardiac problems; smallpox vaccines, when used routinely in babies, were considered the most dangerous vaccine available; and, more.

Here’s what you should know about the latest **money** pox, also known as monkeypox.

By [Meryl Nass](#)

The WHO released a clever [statement](#) to introduce the idea of mass **money** pox vaccination to the public:

The World Health Organization (WHO) maintains that the growing monkeypox outbreak remains “containable,” and that there’s [no immediate need for mass vaccination](#) against the orthopoxvirus; since May 7, a total of [131 confirmed cases](#) and 106 suspected cases have been reported in countries where it usually does not spread. (Reuters)

No immediate need. Let that statement ferment in your unconscious. It seems like a benign sentence, but implicit in it is the idea that *soon there may well be a need to mass vaccinate the population against money pox*, a disease that has never before spread due to casual contact.

I don’t think we even know the actual mortality rate for **money** pox. Has a westerner ever died from it?

Could this possibly be the same **money** pox that occurs in Africa? If so, how did it suddenly appear in so many countries at once? This fact alone – its novel, never-before-seen pattern of spread, should make us question whether it is a biowarfare agent being seeded deliberately. Probably not meant to kill us, maybe not even to harm us much. We can’t tell yet, based on the minimalist info coming out of our

esteemed public health agencies. Perhaps it's here just to nudge us to get another shot?

Below I give you the basics on smallpox, monkeypox and the newest vaccines coming to a clinic near you:

1. If there is a **money pox** vaccine (and FDA has apparently approved one that the army helped develop) **it has not been tested for efficacy**, because there have not been enough human cases to do so.

Efficacy testing **requires** that you vaccinate people and then see how many cases of the disease occur in the vaccinated versus the placebo group. If you were able to vaccinate a million people but disease frequency was such that you couldn't even get a handful of cases occurring, you cannot perform an efficacy test.

Instead, in order to get vaccines approved or authorised, antibody tests are done that are claimed to demonstrate the presence of immunity. But oft times (as in the Covid or anthrax vaccines) the antibody that is selected for this purpose may not be a reliable indicator of immunity...as admitted at the booster VRBPAC meeting by FDA staff and committee members.

2. The smallpox vaccine is said to be 85% effective against monkeypox...but without many human monkeypox cases, that 85% number cannot possibly have been established.

3. The smallpox vaccine causes a huge number of myocarditis cases and other known cardiac problems, making it almost certainly more dangerous than the risk of getting monkeypox. One in 220 recipients developed an obvious case of myocarditis in a [US military study](#) published in 2015, and one in 30 got a subclinical case.

Why would ANYONE take such a high risk of cardiac damage to avoid a minuscule risk of **money pox**? Only because they were misinformed.

4. Smallpox vaccine, when used routinely in babies, was considered the most dangerous vaccine available. It led to the deaths of [several people per million](#) administrations.

5. I received smallpox vaccines in 1951 and 1972 and believe I had insignificant reactions. I expect I am fully immune to smallpox. Tests done in people in 2003 published in NEJM suggested immunity was lifelong.

6. The US smallpox vaccine last used routinely in civilians was the NY Department of Health version, and it was made similarly to the vaccine of the 1700s. Infectious fluid from a related orthopoxvirus was scratched on the belly of a calf, and then when new vesicles developed the material was collected as the vaccine substrate, and could only be minimally purified.

7. Ever wonder why the smallpox vaccine is scratched on while all others are injected? Because it was so dirty, contaminated with other animal viruses and unspecified materials, which might cause a serious infection if injected beyond the skin.

8. It was hoped, 20-30 years ago, that a newer, cleaner, purified vaccine would avoid the many severe side effects. Two newer vaccines (ACAM 2000, purified from the NY DOH *Dryvax* vaccine and MVA) were purchased by the Clinton and Bush administrations for all Americans. It turned out, unfortunately,

that the cardiac side effects persisted. They were due to the actual vaccine antigen, not to the 'junk.' The MVA (Modified Vaccinia Ankara) vaccine, which is less reactogenic but may be less effective than ACAM2000, had its US name changed to **Jynneos**, and has now been designated the official **money** pox vaccine.

Regarding ACAM2000 and the licensing of Jynneos, FDA [said](#) in 2019 (on page 4):

ACAM2000 is contraindicated for use in individuals with severe immunodeficiency who are not expected to benefit from the vaccine... In 2003, a monkeypox outbreak was confirmed in the U.S. This was the first time human monkeypox was reported outside of the African continent. (Not true but close – Nass) Currently, there is no approved treatment or licensed vaccine for monkeypox, although the Advisory Committee on Immunisation Practices (ACIP) recommends that ACAM2000 be used for prevention of monkeypox in individuals at high risk of exposure (e.g., lab workers who handle monkeypox virus). Thus, there is an unmet need for a monkeypox vaccine.

9. The US government initiated a smallpox vaccine program in 2003 that rapidly failed – people refused to be vaccinated due to high rates of heart attacks, heart failure and myocarditis. The National Academies of Science (NAS) wrote a series of about 8 critical "Letter Reports" on the government program, and the magazine *Science* wrote about the final report [HERE](#). However, both the NAS and *Science* pulled their punches, failing to fully emphasise the dangers and to reflect the widespread scepticism about the program, which used a dangerous vaccine for a non-existent or at least unproven threat.

10. According to [Medpage](#), CDC says both Jynneos and ACAM2000 vaccines will be available to respond to the **money** pox event. Yet even CDC currently admits that the chance of myocarditis is huge (greater than one in 200 vaccine recipients) from the ACAM2000 vaccine, in an [MMWR](#) from November 2021:

Because ACAM2000 is replication-competent, there is a risk for serious adverse events (e.g., progressive vaccinia and eczema vaccinatum) with it; myopericarditis also occurs with ACAM2000 (estimated rate of 5.7 per 1,000 primary vaccinees based on clinical trial data), but the underlying mechanism is unknown (7,8).

11. From the same MMWR article, the CDC perhaps inadvertently admitted it had no reliable evidence for either safety or efficacy:

*The effectiveness of JYNNEOS was **inferred** from the immunogenicity of JYNNEOS in clinical studies and from efficacy data from animal challenge studies. [But humans do not necessarily respond the same as lab animals—Nass] Occurrences of serious adverse events are **expected** to be minimal because JYNNEOS is a replication-deficient virus vaccine. **However**, because the mechanism for myopericarditis following receipt of ACAM2000 is thought to be an immune-mediated phenomenon, **it is not known whether the antigen or antigens that precipitate autoantibodies** [causing myocarditis or other adverse events—Nass] **are present in JYNNEOS as well.***

Further down, CDC admits again that it has no idea what it is doing with the Jynneos vaccine:

Because a correlate of protection has not been established and there is no known antibody titer level that will ensure protection, titer results should be interpreted with caution in such cases to avoid providing a false sense of security.

12. Despite knowing there is virtually **no reliable information** about how the vaccine might prevent **money** pox **nor how safe it is**, the Quebec government has begun [rolling out the vaccine](#) for the prevention of **money** pox. According to CBC:

...the smallpox vaccine — which hasn't been routinely offered in Canada for decades — will be offered to those at high risk of contracting the disease, such as those who have been in contact with confirmed cases.

[Quebec's top health officer] Boileau said the province has access to hundreds of doses at the ready, but vaccination will only occur after a recommendation from public health. It will not be open to the general public.

13. Whitney Webb [wrote](#) last week about two of the Beltway Bandits poised to make yet another killing on **money** pox, Emergent BioSolutions and SIGA Technologies.

I will be adding to this post.

About the Author

Dr. Meryl Nass is an American physician and researcher who proved the world's largest anthrax epidemic was due to biological warfare. She revealed the dangers of the anthrax vaccine. Her license was suspended for prescribing Covid medications and spreading "misinformation."

posted By Rhoda Wilson

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