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Monkeypox: The Next Plandemic?

“We’ll have another pandemic,” Bill Gates assured his audience at February’s Munich Security Conference (MSC). “It will be a different pathogen next time.”



AP Images

He did not finger the monkeypox virus at that time, though he easily could have. It was the pet bug in a pandemic preparedness session that he, as co-head of the Bill & Melinda Gates Foundation, helped coordinate last year. MSC, a European council of internationalist insiders, hosted the fictional scenario, along with de-populationist Ted Turner’s Nuclear Threat Initiative.

Their “tabletop exercise” depicted what might happen if there were another pandemic, with a summary published last November: *Strengthening Global Systems to Prevent and Respond to High-Consequence Biological Threats*.

Heretofore a relatively well-contained germ, the monkeypox virus “is not a significant biothreat, and has never been considered a high threat pathogen in the past,” according to the blog of mRNA-vaccine pioneer Dr. Robert Malone. Gates’ germ game, however, depicted “an unusual strain” that spread “over 18 months” causing a “deadly, global pandemic” that “resulted in more than three billion cases and 270 million fatalities worldwide.”

How did a previously limited infection morph into such catastrophic proportions? MSC envisioned terrorists foisting the imaginary outbreak after infiltrating a civilian biolab manned by “sympathetic” scientists, who had engineered the virus to be highly contagious, vaccine-resistant, and deadly. The role-players projected the attack to occur on May 15, 2022.

Wuhan Once More

Though MSC prophets pinpointed both the pathogen and the date of the current outbreak with disturbing accuracy, they failed to speculate about which lab might be involved. Notably absent from the mock-up is the fact that researchers at China’s Wuhan Institute of Virology (WIV) have been monkeying around with the virus for some time. WIV is the same facility that conducted coronavirus gain-of-function research prior to the Covid pandemic, as mounting evidence indicates.

What has the lab been up to lately? In February, WIV announced its success in assembling a monkeypox virus (MPXV) genome, “using a method researchers flagged for potentially creating a ‘contagious pathogen,’” reports The National Pulse.

WIV published its findings in the journal *Virologica Sinica*, stating its primary aim was to develop a PCR test to detect the infection in people. PCR, or polymerase chain reaction, is the same test popularly used to identify SARS-CoV-2 infections, though the man who won the 1993 Nobel Prize in Chemistry for developing the technology, Dr. Kary Mullis, specifically stated that it is not a reliable diagnostic tool. The inaccuracy of PCR is one of many complaints raised in a grand jury petition filed last fall by Oregon state lawmakers against Covid “statistical manipulation” by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration.

Impervious to such facts, WIV calls PCR “the gold standard for the detection of orthopoxvirus,” the genus that includes germs that cause a menagerie of conditions such as monkeypox, cowpox, horsepox,



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camelpox, mousepox, raccoonpox, skunkpox, and their more virulent cousin, smallpox.

At the time of WIV's research, the CDC website identified monkeypox as "a rare disease," mostly confined to Africa's Democratic Republic of the Congo, with infrequent emergence in other countries and continents "linked to international travel or imported animals." Despite the low severity and occurrence of monkeypox, WIV justified investment in its research, noting that even though "MPXV infection has never been associated with an outbreak in China," of its two variants (clades) — the West African and Congo Basin clades — "the latter is more pathogenic and has been reported to infect humans in various parts of the world."

Monkey Business

With incredible timing, Wuhan crowed success with its new PCR test a mere three months before the World Health Organization (WHO) identified a multicountry monkeypox outbreak in nonendemic regions. As of May 21, a dozen member states had reported 120 confirmed and suspected cases in Europe and North America with "no established travel links to endemic areas," a WHO press release stated. The agency said it received the first European report on May 13, just two days ahead of the MSC germ-game projection.

The rest of the world had already learned from *The Guardian* on May 7 that a British patient who had recently traveled to Nigeria was being treated for monkeypox in London. At the time, Dr. Colin Brown of the UK Health Security Agency said, "It is important to emphasize that monkeypox does not spread easily between people and the overall risk to the general public is very low."

Low risk notwithstanding, 10 days later Bill Gate's vaccine-plugging organization, Gavi, published "five things you need to know about this deadly disease." The inflammatory short list included comparisons of monkeypox to smallpox and Ebola, and even dropped the dreaded "res-piratory droplets" catchphrase. It warned readers that "it causes pustules all over the body" that can make "large sections of skin drop off." Of interest among Gavi's need-to-know inventory is that "diagnosis requires PCR tests," now conveniently available courtesy of Wuhan.

Public health pundits joined in the rant. "MONKEYPOX outbreak in UK, Portugal, Spain — CDC is very worried about transmission," tweeted epidemiologist and Covid alarmist Eric Feigl-Ding. "#Monkeypox is fatal in ~1 in 10 cases, with severe disease & death more likely among kids," he squawked, parroting a STAT News article citing Congo Basin clade statistics in Africa.

STAT also reminded readers of the "large outbreak" of 47 "confirmed and probable" cases in the United States that occurred in 2003, each of which involved transmission from exotic pets imported from Africa. It failed to mention the fact that no one died from that outbreak's West African clade, according to 2005 research by the Saint Louis University Medical Center.

Nevertheless, WHO convened an emergency meeting in late May to discuss MPXV, according to the Infectious Diseases Society of America. (This, despite the fact that European health officials were able to trace a "notable proportion" of their cases to homosexual events in Belgium and Spain.) Several European countries made moves to stockpile vaccines as well as antiviral treatments.

Not to be outdone, the Biden administration — on the heels of the first U.S. monkeypox case — placed a \$119 million order for smallpox vaccines, prompting speculation among conservative media that the "k" in "monkeypox" is silent. The supplier, a Copenhagen-based pharmaceutical named Bavarian Nordic,



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explains that JYNNEOS is a two-dose med made from another orthopoxvirus cousin, vaccinia. Licensed by the FDA in 2019, it also protects against MPXV and is approved for that use.

Bavarian Nordic says it has already supplied nearly 30 million doses to the U.S. Department of Health and Human Services (HHS) since 2003, primarily for “emergency use” prior to FDA approval. Curiously, most of those doses are apparently not in the U.S. Strategic National Stockpile. During a CDC media telebriefing on May 23, Captain Jennifer McQuiston, deputy director of the HHS Division of High Consequence Pathogens and Pathology, reported about 1,000 doses of JYNNEOS in emergency storage. She failed to explain what happened to the other 29,999,000.

Fearmongering

Malone calls the rash of public health propaganda “fearporn,” citing a recent CNN broadcast “which was breathlessly reporting on this ‘threat’ while displaying historic images” of smallpox patients. He said that just because the two viruses are related, “this does not in any way mean that [monkeypox] represents a similar public health threat.” Another harmless relative, cowpox, “has even been (historically) used as a smallpox vaccine.”

“The symptoms of monkeypox are somewhat similar to, but much milder than smallpox,” he explains, especially when infection involves the now-circulating West African clade. Patients manifest flu-like fever, body aches, chills, and swollen lymph nodes, followed by a rash that can leave small depigmented scars. “Unless there has been some genetic alteration” to the virus, transmission is only from very close contact, and it is easily contained with “classical public health measures” like contact tracing and temporary quarantine of infected persons.

As for lethality, Outbreak News Today reported in 2020 that while “monkeypox due to the Congo Basin clade virus has seen mortality of up to 10% ... the West African clade usually displays fatal outcomes in less than 1% of cases.” Will that statistic hold true? Fortunately, orthopoxviruses, being made up of double-stranded DNA, “mutate much more slowly than RNA viruses” like SARS-CoV-2, explains Malone. However, he cited troubling research from the Portuguese National Institute of Health that indicates significant genetic differences in the present variant, meaning it could easily be “a laboratory-manipulated strain ... that is more readily transmitted from human to human.”

Regardless, the relative stability of their DNA structure makes orthopoxviruses cross-protective; patients who have immunity to one are likely resistant to the others. That is why smallpox vaccines can protect against MPXV, though the latter is less dangerous.

The Bigger Pox

Smallpox, on the other hand, is deadly. Easily transmitted and painful, it claims the lives of about 30 percent of its victims, leaving many survivors disfigured and even blind. WHO declared smallpox eradicated after its successful global vaccination campaign of the 1960s and 1970s, but for research purposes public health officials preserved stocks of the variola virus, which causes smallpox. CDC’s website explains that there are only two official holding locations: its own facility in Atlanta, Georgia, and the State Research Center of Virology and Biotechnology (VECTOR Institute) in Russia.

However, officials have long aired concerns about the bioterrorism potential of smallpox, with media coverage steadily rising. “Based on recent CDC vaccine advisory committee meetings, the U.S. is



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focused on the threat of smallpox,” reported Precision Vaccinations last November.

Thus, health officials have been adding vaccines to the Strategic National Stockpile for years. “We’ve been preparing for the possibility of needing to use [them] for smallpox,” admitted McQuiston, citing more than 100 million doses of the “older generation” ACAM2000, which also has FDA approval despite “potential significant side effects.”

Bill Gates has smallpox on his mind, too. At a Policy Exchange forum in November he proposed a WHO-managed international Pandemic Task Force to host regular “germ games,” with an annual budget of \$1 billion. He offered the sample topic: “What if a bioterrorist brought smallpox to 10 airports? How would the world respond to that?”

He has repeated the speculation often in media interviews, and highlighted it during an MSC event in February 2017. “We also face a new threat that the next epidemic has a good chance of originating on a computer screen of a terrorist, intent on using genetic engineering to create a synthetic version of the smallpox virus,” Gates warned.

Smallpox was also the focus of his presentation at the World Economic Forum in 2017, while promoting his new global health security initiative, the Coalition for Epidemic Preparedness Innovations (CEPI). He offered smallpox as a prime example of the urgent need to prepare for global bioterrorism threats, citing a June 2001 “germ game” called Dark Winter, the results of which “didn’t come out very well.”

Hosted by the Johns Hopkins Center for Health Security, this “senior-level war game” depicted a “(then obscure) terrorist group called Al Qaeda” setting off “an outbreak of smallpox in U.S. shopping malls,” as described by *MIT Technology Review* in 2018. “Within three months of the exercise the U.S. was hit by the 9/11 attacks, and anthrax-laden letters were circulating in the US postal system.”

Unruffled by the coincidence, MIT praised Dark Winter for helping to shape the nation’s pandemic preparedness policy. It went on to describe another germ game, also hosted by Johns Hopkins and conducted by many of the original Dark Winter gang. CladeX would turn out to be even more prescient than its predecessor.

Covid Clairvoyance

In the updated 2018 scenario, a fast-moving man-made respiratory virus called CladeX wipes out more than 100 million people across the globe. The perpetrators, population-control-crazed terrorists, used gene-editing CRISPR technology to create the novel pathogen. Scientists moved quickly to sequence the viral genome and develop vaccines, but the pandemic left the global economy in shambles. The United States emerged with a newly nationalized healthcare system.

In a post-Covid world, that scenario may seem uncomfortably familiar, but it pales in comparison to the striking likeness of two other Johns Hopkins-hosted events, in 2017 and 2019. Both involved novel coronaviruses spread from Asia and plenty of overlap of key Deep State players.

Collaborators summarized the first of these events in their report *The SPARS Pandemic 2025-2028: A Futuristic Scenario for Public Health Risk Communicators*. It reads like a Covid-19 playbook, including an officially inflated fatality rate, “misinformation” rumors that “SPARS-CoV” originated in a government-funded lab, and liability protection for vaccine manufacturers.

The other planning session was 2019’s infamous “Event 201,” which concluded only weeks before



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Covid-19 burst on the scene. As described by *The New American's* Alex Newman, the exercise “involved a hypothetical novel Chinese coronavirus that required a globally coordinated ‘health’ policy, including censorship of ‘misinformation,’ global lockdowns, massive economic disruptions, total surveillance, and flooding the world with ‘authoritative’ propaganda.”



Clearly, germ gamers depicted Covid with uncanny precision three times, so readers may be disheartened to know that Dark Winter was not their only smallpox drill. In 2005, Johns Hopkins struck again with Atlantic Storm, in which Islamic bioterrorists spark an international pandemic with a lab-altered strain of smallpox. The scenario’s ensuing bedlam, described in *Navigating the Storm: Report and Recommendations from the Atlantic Storm Exercise*, concluded with predictable recommendations to vastly expand the regulatory authority of WHO, NATO, and the European Union to prepare for the supposed inevitable.

Expansion of regulatory power is an overriding theme of all these germ games, and it is disturbing to think that last year’s monkeypox exercise was not the Deep State’s first foray into the orthopox arena. Should we be concerned that the same planners who foresaw SARS-CoV-2 have been harping on these viruses, especially since media shills screech that monkeypox is now circling the globe?

Preparing for possible disasters is both prudent and essential, but these operatives give every indication that their motives are other than benevolent. Mounting evidence shows that the same pandemic planners foisted Covid on the world in the name of the Great Reset of World Economic Forum fame. Tyrannical Covid countermeasures trampled God-given rights in the name of a so-called greater good, and laid down an infrastructure to ensure future pandemics will advance the same destructive ends: biomedical policing, vaccine passports, lockdowns, censorship, economic destruction, and loss of lives and livelihoods on an unprecedented scale.

Considering the outrageous public health and economic tolls of Covid and the vast expansion of government power in its wake, it is fair to ask which is the greater threat: disease pathogens, or the plague of revolutionary men?

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