



## MONKEYPOX VIRUS: FACTS VS FEAR

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### UPDATE July 23, 2022: World Health Organization declares Public Health Emergency of International Concern (PHEIC) for Monkeypox:

From the July 23 news release by Helen Branswell for STAT ([www.STATNeews.com](http://www.STATNeews.com)):

*“WHO Director-General Tedros Adhanom Ghebreyesus made the declaration even though a committee of experts he had convened to study the issue did not advise him to do so, having failed to reach a consensus. The same committee met just one month ago and declined to declare a public health emergency of international concern, or PHEIC. Though the committee does not formally vote, a survey of the members revealed that nine thought a PHEIC should not be declared and six supported a declaration. When the group met in June, the breakdown was eleven against and three for. Nine and six is very, very close. Since the role of the committee is to advise, I then had to act as a tie-breaker,” Tedros said in a news conference called to announce the decision.*”

Perhaps it is the “new math” that leads to the conclusion of a “tie” with a 3-vote majority on one side?

To further quote Rosamund Lewis, the WHO technical lead for monkeypox, in a press conference July 20, 2022: *“About 98 percent of (Monkeypox) cases are among men who have sex with men –and primarily those who have multiple recent anonymous or new partners.” She then said they are typically of young age and chiefly in urban areas.*”

This raises the obvious question for thinking people: **Why is a disease that is 98% happening in men having sex with men now being applied to a world-wide population of people –men, women, children—of all ages, who do not fit this risk profile?**

### What is Monkeypox Virus?

Monkeypox has been known in Africa primarily as a disease of ground squirrels since 1958. It is one type of *zoonotic* viral infections. *Zoonotic* means a virus that lives in an *animal* host (e.g., ground squirrels) but can spread to monkeys and humans with close contact and poor hygiene, though it takes much higher viral load to cause disease in monkeys and humans.

Monkeypox is one of several different “POX” virus infections, though it is much milder than *Smallpox (variola virus)*, which was essentially eradicated with the successful long-standing world-wide vaccination. It is a DNA virus, more stable than RNA viruses like COVID, Marburg, Ebola, Lassa and others. Milder diseases Cowpox, Horsepox, Camelpox, and Vaccinia are others in this group.

### HOW DO YOU CATCH IT?

As the WHO expert just confirmed July 20, 2022, *Monkeypox is spread mainly between men having sex with men.* Women can be infected by semen ejaculated in the vagina by an infected man. The virus causes a *viremia* in the blood stream that causes the skin lesions (pustules). The virus in the blood stream also means there is live virus in bodily secretions: saliva, semen, blood, open skin lesions, pox scabs, vaginal secretions, feces, and soiled linens or clothing from an infected person.

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Other than direct sexual contact, humans can be infected with monkeypox when they come into direct contact with an infected animal or person's blood, body fluids or feces. It can then spread to other humans who have direct contact with bodily secretions from infected, **symptomatic** people.

It is far easier to control spread of monkeypox than to control spread of influenza, COVID-19 or the common cold that are spread by coughing and sneezing in respiratory droplets. In order to control the spread of monkeypox, you don't need mass lockdowns and quarantines for everyone, you simply need to avoid direct contact with bodily secretions of an infected person! To summarize, these are:

- Blood
- Semen, vaginal, and mucus secretions
- Feces
- Open lesions, both ones that are "oozing" and ones with scabs that contain the live virus
- Soiled linens or clothing from an infected person

## WHO IS AT THE MOST RISK FROM MONKEYPOX?

Basically, the risk factors are the same as *any zoonotic disease*: humans coming in contact with animal carriers of the virus. In Africa the pattern has been mostly children who bring home sick animals, which are then eaten.

Outside of Africa, individuals most at risk for **contracting** monkeypox are men having sex with men. The recent outbreak occurred in Central and West Africa with those who had close contact with an infected person or animal. The larger outbreaks that spread to other countries first in Europe primarily were traced to the large international PRIDE event in the Canary Islands earlier this spring.

In addition to men having sex with men, others at risk of serious Monkeypox illness include:

- Individuals living in unsanitary conditions or areas with little to no medical services
- Individuals who have vaccine-induced immune deficiency syndrome following the COVID experimental shots
- Immunocompromised people, which occurs in cancer therapy, chronic illness, after organ transplants, or after radiation exposure ("Havana Syndrome"), exposure to toxic chemicals, such as pesticides and others.

## WHAT ARE THE SYMPTOMS OF MONKEYPOX?

*If the viral load is high enough*, particularly in immunocompromised people, Monkeypox can cause lung damage with an aerosol challenge, and can cause damage to the vascular beds of the lungs. Secondary bacterial infections/pneumonia can also occur if the viral load is high enough. With severe disease, it doesn't typically cause *cytokine storm* or blood clots as we have seen with COVID-19 illness and those who have had the COVID experimental shots and then develop COVID illness.

There are three phases of the viral illness, and early symptoms mimic many other viral illnesses (COVID-19, Marburg, and others), *as well as mimic symptoms of EMF radiation exposure*:



Phase 1: Prodromal phase (Incubation): 7-17 days from exposure

Phase 2: Viremia phase: live virus in saliva, semen and other bodily secretions found at this stage of systemic illness. Viremia seeds the virus into the skin, leading to the “pox” lesions. Systemic symptoms include:

- Fever
- Fatigue
- Headache
- Chills
- Body Aches
- Swollen lymph glands

Phase 3: Topical Rash/ Lesions: can last 2-4 weeks, occasionally longer

Topical lesions appear over the body across several days of time. Lesions will be circular, often weeping fluid. Gradually lesions crust over, form a scab and then the scab falls off. Studies have confirmed that the scabs contain live virus. Lesions appear to the follow areas on the body:

- Face
- Arms and legs
- Palms of hands
- Soles of feet

## HOW IS MONKEYPOX TREATED?

### STEP 1.

**AVOID CONTACT** with bodily fluids of an infected person. Infected people need to be quarantined.

### STEP 2. Symptom management:

- Adequate hydration to prevent dehydration, with attention to electrolyte balance
- Balanced meals with whole food, primarily plant based, to give the body energy and nutrients
- Comfort management for skin irritation related to the skin lesions of developing pox.
- Increase intake of vitamin C, D, zinc, B complex, NAC to improve immune response and wound healing

### STEP 3. Treatment:

Many of same evidence-based medicines and other measures we have been using to effectively treat COVID-19 can be used *off-label in the medical judgment of the treating physician*, even though there are limited data from clinical trials. These include safe, effective, older antiviral medicines listed in our COVID Early Home Treatment Guide here <https://www.truthforhealth.org/2022/02/covid-home-treatment/>





## WHAT ABOUT THE NEW MEDICINE OR MONKEYPOX VACCINE?

### *Oral and IV Tpoxx:*

There is a current FDA approved antiviral treatment for variola virus, including monkeypox, "Tpoxx". Tpoxx has been nationally stockpiled by the US since 2018 and was recently approved for IV use on MAY 19, 2022. This new medicine has **ONLY** undergone Phase I Clinical Trials, with *just one human trial of only 359 healthy patients being given the medicine before it was granted full FDA approval.* There was no testing in sick people to determine effectiveness. We have **no long-term safety testing**.

*Truth For Health Foundation Position: There are several antiviral alternatives in widespread use for many decades with known safety profiles that are available for both prevention and treatment of monkeypox and other viral illnesses that have more data on risks, benefits, and safety.*

### *Monkeypox Vaccine:*

The FDA approved the Monkeypox and Smallpox live non replicating vaccine in **September 2019**. On May 19<sup>th</sup> 2022, with only TWO cases confirmed in the US, the US Government placed an order for \$119 million dollars worth of this new vaccine from the manufacturer, Bavarian Nordic, even though it isn't reported to be manufactured until 2023.

Of greater concern is the already [published data](#) showing that Jynneos' Monkeypox vaccine causes *myocarditis*, a devastating heart inflammation that has already caused deaths and severe heart disease in young people after the Covid shot. Thornhill, et. al. in the same medical review article listed these additional conclusions about monkeypox, which is consistent with WHO quote cited above:

- Disease 98% in homosexual/bisexual individuals
- 95% transmission by sexual activity
- 41% have concurrent Human Immunodeficiency Virus (HIV)
- 13% hospitalized for severe dermatological and anogenital lesions
- No deaths

**Past Monkeypox outbreaks have not happened in the setting of broader immune-compromised human population as we are now seeing after mass vaccination with the COVID experimental shots.** So that will mean it is more important than ever for health professionals to be teaching patients basic approaches to improving health and immune function (see below).

For more information read:

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-live-non-replicating-vaccine-prevent-smallpox-and-monkeypox>

<https://www.fiercepharma.com/vaccines/bavarian-nordic-scores-fda-nod-for-smallpox-and-monkeypox-vaccine-jynneos>

<https://www.nejm.org/doi/full/10.1056/NEJMoa2207323>



## To improve Health and Resilience and reduce risk of infections:

**Supplements and Nutraceuticals:** These have research-based evidence for anti-viral, anti-inflammatory, immune-boosting, and neuro-protective benefits in the spectrum of viral illnesses, COVID vaccine injury, EMF radiation damage, and other inflammatory conditions. We do not have sufficient clinical research data to *document* benefits of these supplements and nutraceuticals in Monkeypox specifically but since these supplements have such significant benefits to reduce inflammation, improve immune response and improve cellular oxygenation, we include them here as part of an overall plan to improve health and resilience and reduce risk of infectious disease.

*We recommend having your individual physician or other trusted health professional check blood levels of vitamins and supplements that may be detrimental if used in excessive amounts, such as Vit D, zinc, B6, B12, magnesium. Then an **individual dose tailored to your needs** can be decided based on objective lab data.*

### **Basic List of Nutraceuticals with documented anti-viral, anti-inflammatory, antioxidant, and immune boosting benefits:**

- Vitamin D (in oil): 5000 IU AM and PM
- N-acetyl cysteine (NAC) 600-1200 mg daily
- Glutathione, Co-Q-10 and resveratrol
- Vitamin C with bioflavonoids 2000 mg (increase if symptoms times a day)
- Magnesium 400 mg once or twice a day
- B complex
- Zinc sulfate 220 mg daily (50 mg elemental zinc)
- Quercetin
- Green Tea
- Monolaurin (derived from coconuts)
- Immune-boost Mushroom complex powder (Lion's Mane, Turkey Tail, Reishi, Maitake, Chaga etc.)
- Aspirin 81 mg prevention dose, 325 mg full-strength anti-platelet dose (to reduce risk of blood clotting. If abnormal bleeding is happening, do NOT use aspirin, or supplements that have anticoagulant effects such as Vitamin E and fish oils).
- Blackseed oil (N-sativa seed)

## **Environmental management/Decontamination Strategies:**

### **Decontamination Strategies Adaptable for Home Use**

Chlorine dioxide (CD) is the leading agent used for environmental decontamination to control the spread of many different viral outbreaks in Africa by the US Military. Chlorine dioxide has been used safely and effectively in cleaning and sterilization efforts around the world (including the USA) in medical, agricultural, and industrial uses for decades. Check our educational resources for effective



environmental decontamination solutions entitled “**The Universal Antidote**” found under the *Health and Resilience* tab on our Home page at [www.TruthForHealth.org](http://www.TruthForHealth.org). These approaches are widely used in hospitals, food processing, and even recommended by NASA (research documents on our website in this section of resources to guide you with options.)

There are many patents related to the safe use of CD for purifying water, treating wounds, sterilizing of medical equipment and much, more. The two solutions used to make the activated CDC are easy to purchase, inexpensive and stable to store. Read more about it on our website under [Health and Resilience](#) section. There are many references and resources described in the video and resource guidebook.

## MORE NIH/NIAID “MONKEY BUSINESS:”

In 1979, the US government launched a “self-sufficient breeding program” on Morgan Island in South Carolina, begun with 1,400 rhesus monkeys. Today the Morgan Island monkey population is nearly 4,000. The “claim” is the monkeys on this island are “no longer used for research” and are owned by the South Carolina Department of Natural Resources.

However, a FOIA request by local Congresswoman, Nancy Mace, identified that it is in fact Anthony Fauci’s agency at NIH, the National Institute of Allergy and Infectious Diseases (NIAID), *who OWNS THE MONKEYS AND TAKES 500-600 monkeys per year for NIAID research*. Following the FOIA request, NIAID acknowledged its practice of taking the monkeys, claiming they abide by federal policies and regulations for basic care. Investigations are ongoing.

Some of the testing facilities the monkeys are shipped to are known to be among [the most cruel/animal testing facilities in the country](#). Justin Goodman, VP of Defense and Public Policy for the White Coat Waste Project (WCWP) in an Epoch Times interview in October 2021 said that NIAID spent \$13.5 million in taxpayer funding of experiments in which monkeys are injected with various infectious diseases such as Ebola and Lassa virus, which lead to bleeding, pain, brain damage, loss of motor control, organ failure, and death. “In many of these experiments, Fauci and his collaborators deliberately abandon pain relief, even though this is one of the most excruciating experiments in the federal government,” Goodman said.

Dr. Tiffany Milless, pathologist and medical advisor to WCWP, said “infecting nonhuman primats with painful and debilitating diseases to heal humans is not only brutal but incredibly wasteful. The NIH needs to stop wasting tax money on useless and brutal primate research that doctors like me can’t really use to help humans.”

### ***Important Questions regarding the Morgan Island monkeys:***

The American people deserve honest answers to these and many more questions about the latest “public health threat” unleashed on us and being used to threaten more quarantines and vaccines:

1. Why does the NIAID under Fauci own and control nearly 4,000 rhesus monkeys on a private island in South Carolina with no oversight?





2. Why does Anthony Fauci's NIAID invest American tax dollars into owning and participating in cruel and inhumane animal research on these monkeys?
3. Could these monkeys on American soil be the source of what President Biden himself and the media are now promoting as a new public health threat, giving WHO the excuse to step in and declare a "Public Health Emergency of International Concern" (i.e., "PHEIC") to take authority and control over the US Public Health response, similar to what was done with COVID-19?
4. If Anthony Fauci has authorized or given tacit approval to such cruel and inhumane to monkeys and dogs, we should question whether his agency has any higher regard for people in experiments carried out under his authority.

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### **Articles related to current NIAID related testing on monkeys (WARNING: Graphic images)**

PETA Scientist Slams Monkey Fright Tests by Elisabeth Murray. PETA. Published September 14, 2020. <https://www.peta.org/blog/neuroscientist-slams-elisabeth-murray-tests-monkeys/>

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