

MPox: What's Really Happening



The World Health Organization (WHO) acted as expected this week and declared Mpox a Public Health Emergency of International Concern (PHEIC). So, a problem in a small number of African countries that has killed about the same number of people this year as die every four hours from tuberculosis has come to dominate international headlines. This is raising a lot of angst from some circles against the WHO.

While angst is warranted, it is mostly misdirected. The WHO and the IHR [emergency committee](#) they convened had little real power – they are simply following a script written by their sponsors. The African CDC, which declared an [emergency](#) a day earlier, is in a similar position. Mpox is a real disease and needs local and proportionate solutions. But the problem it is highlighting is much bigger than Mpox or the WHO, and understanding this is essential if we are to fix it.

Mpox, previously called Monkeypox, is caused by a virus thought to normally infect African rodents such as rats and squirrels. It fairly frequently passes to, and between, humans. In humans, its effects range from very mild illness to fever and muscle pains to severe illness with its

characteristic skin rash, and sometimes death. Different variants, called 'clades,' produce slightly different symptoms. It is passed by close body contact, including sexual activity, and the [WHO declared a PHEIC](#) two years ago for a clade that was mostly passed by men having sex with men.

The current outbreaks involve sexual transmission but also other close contact, such as within households, expanding its potential for harm. Children are affected and suffer the most severe outcomes, perhaps due to issues of lower prior immunity and the effects of malnutrition and other illnesses.

Reality in DRC

The current PHEIC was mainly precipitated by the ongoing outbreak in the Democratic Republic of Congo (DRC), though there are known outbreaks in nearby countries covering a number of clades. About [500 people have died](#) from Mpox in DRC this year, over 80% of them under 15 years of age. In that same period, about [40,000 people](#) in DRC, mostly children under 5 years, died from malaria. The malaria deaths were mainly due to lack of access to very basic commodities like diagnostic tests, antimalarial drugs, and insecticidal bed nets, as malaria control is chronically [underfunded](#) globally. Malaria is nearly always preventable or treatable if sufficiently resourced.

During this same period in which 500 people died from Mpox in DRC, hundreds of thousands also died in DRC and surrounding African countries from tuberculosis, HIV/AIDS, and the impacts of malnutrition and unsafe water. Tuberculosis alone kills about [1.3 million people](#) globally each year, which is a rate about 1,500 times higher than Mpox in 2024.

The population of DRC is also facing increasing instability characterized by mass rape and massacres, in part due to a scramble by warlords to service the appetite of richer countries for the [components of batteries](#). These in turn are

needed to support the Green Agenda of Europe and North America. This is the context in which the people of DRC and nearby populations, which obviously should be the primary decision-makers regarding the Mpox outbreak, currently live.

An Industry Produces What It Is Paid for

For the WHO and the international public health industry, Mpox presents a very different picture. They now work for a [pandemic industrial complex](#), built by private and political interests on the ashes of international public health. Forty years ago, Mpox would have been viewed in context, proportional to the diseases that are shortening overall life expectancy and the poverty and civil disorder that allows them to continue. The media would barely have mentioned the disease, as they were basing much of their coverage on impact and attempting to offer independent analysis.

Now the public health industry is [dependent on emergencies](#). They have spent the past 20 years building agencies such as [CEPI](#), inaugurated at the 2017 World Economic Forum meeting and solely focused on developing vaccines for pandemic, and on expanding capacity to detect and distinguish ever more viruses and variants. This is supported by the [recently passed amendments](#) to the International Health Regulations (IHR).

While improving nutrition, sanitation, and living conditions provided the path to longer lifespans in [Western countries](#), such measures sit poorly with a [colonial approach](#) to world affairs in which the wealth and dominance of some countries are seen as being dependent on the continued poverty of others. This requires a paradigm in which decision-making is in the hands of distant bureaucratic and corporate masters. Public health has an [unfortunate history](#) of supporting this, with restriction of local decision-making and the pushing of commodities as key interventions.

Thus, we now have thousands of public health functionaries, from the WHO to research institutes to non-government organizations, commercial companies, and private foundations, primarily dedicated to finding targets for Pharma, purloining public funding, and then developing and selling the cure. The entire newly minted pandemic agenda, demonstrated successfully through the Covid-19 response, is based on this approach. Justification for the salaries involved requires detection of outbreaks, an exaggeration of their likely impact, and the institution of a commodity-heavy and usually vaccine-based response.

The sponsors of this entire process – countries with large Pharma industries, Pharma investors, and Pharma companies themselves – have established power through media and political sponsorship to ensure the approach works. Evidence of the intent of the model and the harms it is wreaking can be effectively hidden from public view by a subservient media and publishing industry. But in DRC, people who have long suffered the exploitation of war and the mineral extractors, who replaced a particularly brutal colonial regime, must now also deal with the wealth extractors of Pharma.

Dealing with the Cause

While Mpox is concentrated in Africa, the effects of corrupted public health are global. [Bird flu](#) will likely follow the same course as Mpox in the near future. The army of researchers paid to find more outbreaks will do so. While the risk from pandemics is [not significantly different](#) than decades ago, there is an industry dependent on making you think otherwise.

As the Covid-19 playbook showed, this is about money and power on a scale only matched by similar fascist regimes of the past. Current efforts across Western countries to denigrate the concept of free speech, to criminalize dissent, and to institute health passports to control movement are not new and

are in no way disconnected from the inevitability of the WHO declaring the Mpox PHEIC. We are not in the world we knew twenty years ago.

Poverty and the external forces that benefit from war, and the diseases these enable, will continue to hammer the people of DRC. If a mass vaccination campaign is instituted, which is highly likely, financial and human resources will be diverted from far greater threats. This is why decision-making must now be centralized far from the communities affected. Local priorities will never match those that expansion of the pandemic industry depends on.

In the West, we must move on from blaming the WHO and address the reality unfolding around us. Censorship is being promoted by journalists, courts are serving political agendas, and the very concept of nationhood, on which democracy depends, is being demonized. A fascist agenda is [openly promoted](#) by corporate clubs such as the World Economic Forum and echoed by the [international institutions](#) set up after the Second World War specifically to oppose it. If we cannot see this and if we do not refuse to participate, then we will have only ourselves to blame. We are voting for these governments and accepting obvious fraud, and we can choose not to do so.

For the people of DRC, children will continue to tragically die from Mpox, from malaria, and from all the diseases that ensure return on investment for distant companies making pharmaceuticals and batteries. They can ignore the pleading of the servants of the White Men of Davos who will wish to inject them, but they cannot ignore their poverty or the disinterest in their opinions. As with Covid-19, they will now become poorer because Google, the *Guardian*, and the WHO were bought a long time back, and now serve others.

The one real hope is that we ignore lies and empty pronouncements, refusing to bow to unfounded fear. In public health and in society, censorship protects falsehoods and

dictates reflect greed for power. Once we refuse to accept either, we can begin to address the problems at the WHO and the inequity it is promoting. Until that time, we will live in this increasingly vicious circus.

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