The Complete History of Depopulation Vaccines

They are much more common than you would think

A MIDWESTERN DOCTOR
APR 06, 2022

In part 1 of this article, I attempted to make the case that there has been a longstanding interest within the ruling class of our society to reduce the population by targeting individuals deemed undesirable. In the past, these programs typically targeted the poor, people of color, colonial subjects and those with genetic defects that were considered dangerous to the country's gene pool. For those of you interested in learning more about this topic and how common it is even in the present day, I would highly recommend reading the first part of this article and Chapter 10 of the book *The Real Anthony Fauci* by Robert F. Kennedy Jr.

In recent times, the targeted demographic appears to have been expanded to include most of the Western population. Because of this, groups (that you, dear reader, likely belong to) that were not typically targeted for population reduction in the past now are. We are all the prey now.

As there is no good way to go about population control, a lot of very messy approaches have been tried. In the last article I attempted to highlight some of the horrific examples from the past, in order to show there is a clear case precedent for this being implemented on a large scale.

Given that vaccines are unconditionally trusted by most people and are very easy to administer, if a vaccination could produce sterilization or at least reduce fertility from a single injection, it would provide a technological solution to a dilemma the ruling class has faced for over a century. The only possible superior alternative I can think of would be a highly contagious respiratory virus (or "self-spreading vaccine") that impaired future fertility without otherwise causing too much damage (and to some extent has been observed in men after COVID-19).

As a result, methods of making fertility-impairing vaccines have been repeatedly researched. Each of the candidate vaccines I was able to identify worked in a similar manner: they carried an antigen that was similar to a protein necessary for fertilization or pregnancy, and thus created an autoimmune response that impaired fertility.

There are basically two ways this can be done. The first is to produce the needed antigen and mix it with an immunostimulatory adjuvant. The second is to genetically engineer an infectious organism that has the antigen within it, and as with rheumatic fever, the damage to fertility will occur because the immune system is programmed to fight this pathogen.

In the previous article on the military's anthrax vaccination program, I discussed a class of bioweapons originally developed by Russia that spliced necessary human tissue onto infectious organisms to create a time-delayed autoimmune bioweapon. One of the curious aspects of the SARS-CoV-2 spike protein is that it has a high number of similarities with normal human tissue, which I suspect may have been deliberately engineered in the virus to cause severe autoimmunity.

A friend who worked in this field was at the site of the original SARS outbreak in Canada and told me they were relatively certain the original SARS outbreak was an accidental lab leak. As that virus is very easy to modify and is an excellent delivery platform, they said it has been a favorite subject for everyone in the field to mess around with engineering. From the start of this pandemic, they were also positive

SARS-CoV-2 was artificial (which was painfully obvious from the gene sequence), but like many others they did not publish their views for fear of retaliation.

Due to the long history of population control measures and the ruling class's increasing need to develop an effective tool for it, I suspected the COVID vaccines would eventually be found to reduce fertility. After all, this was a once in a lifetime opportunity I could not see the eugenicists would let themselves miss.

Early on Dr. Mike Yeadon recognized an overlap in the spike protein with a protein necessary for maintaining a pregnancy (Syncytin-1) created a clear risk for fertility. At great personal risk, he filed a formal petition to the regulators to protect women of childbearing age in the initial vaccine trials. His concerns were not addressed and subsequent regulatory document leaks from the European FDA revealed Pfizer exempted themselves from testing the fertility risk, something that is typically always required.

Once the vaccine emerged on the market, it was discovered that one of the most common effects was severe disturbances and alterations to women's menstrual cycles. This side effect was initially denied by every medical authority (it does not occur with other vaccines), but eventually acknowledged and rationalized as being an insignificant manifestation of inflammation (so once again "that means the vaccine is working").

I initially wondered if these changes were due to varying degrees of clotting in the body (in Chinese medicine, blood stasis is the main cause of menstrual abnormalities, and many vaccinated patients reported massive clots during their menstrual cycle none of us had seen prior to these vaccines). Later, when a Japanese FOIA request was approved, biodistribution studies of the lipid nanoparticle (containing the vaccine mRNA) became available for review and showed they concentrated in the ovaries. This is very unusual and raises the possibility that the lipid nanoparticle may have been designed for this purpose.

Since the ovaries regulate the menstrual cycle, this suggested that menstrual changes were a result of the vaccine creating some type of disturbance in the ovaries, which

was a much more plausible explanation than simply saying "oh, it must be coming from general inflammation." This also made me worry that some type of permanent change was being created in the eggs with an ensuing effect that would take decades to show up (many potential health issues come to mind). The only related precedent I can even think of for this was DES, a now banned estrogen analog that was widely prescribed to pregnant mothers (ironically to prevent complications in pregnancy). DES had many side effects including alteration of genitalia and an increased risk for cancer decades later in the fetus's life.

While I have some experience working in drug development and with regulators, Dr. Yeadon has significantly more experience than me, and with his permission I will quote him:

I was just reflecting on my first encounters with the fundamental design points of the leading c19 "vaccines". I focused on mRNA because I believed that to be the most dangerous option. The industry had spent years trying to make this a viable mode of treatment and had not overcome several serious barriers. One was that mRNA wasn't stable & would get broken down quickly. Another was that it was nearly impossible to get cells to take up the mRNA without violent processes involving electrical fields or toxic chemicals. Why would that be? Consider that the integrity of your genetic complement is the most important thing to pass to your progeny. No wonder your cells have multiple defense mechanisms to prevent alien genetic codes invading them.

So the mRNA "vaccine" companies chemically altered the ribose nucleic acid bases so these aren't even natural bases. They also wrapped up the mRNA in special lipids to help fool your immune system & allow an alien install.

All that looks risky & nowhere near long enough was given to look for unwanted effects. Even though they planned to inject BILLIONS who didn't even need it, and even that only if they worked (which they don't....so they've lied about efficacy, as real-world numbers are nothing like the trial claims).

But recently, ***I've realized they've all made appalling errors and they all made the same errors****. That's not possible to happen if they were competing honestly.*

1. They picked the most dangerous part of the virus to express, the spike protein. We now know that most of the serious complications arise from the toxicity of spike. Why did all four choose this piece? This is 13% of the gene sequences, so there were plenty of other options.

2. They've picked the genetically most unstable part of the virus. That's just stupid, and had they not done so, they couldn't have played the "new variant claim". Was that why they picked it?

3. ***They've picked the least dissimilar part from numerous other human proteins****. That maximizes the risk of auto immune reactions.*

The more you look at it, the more it looks like collusion to injure people.

By the way, there have now been really comprehensive studies of how human immune systems deal with infections like this. Only 10% of immune responses in your extensive "immune repertoire" is directed to spike protein. All the rest go to other parts of the pathogen. Coincidence? I don't think so.

My initial hypothesis during the COVID rollout was that the mRNA vaccines would be pushed through and everything else would be thrown under the bus (which is largely what happened) due to the trillions of dollars to be made from opening up the mRNA market. Since the mRNA products were too unsafe to give to humans outside of the unprecedented "emergency" situation created through unnecessary lockdowns, commercial interests dictated that this window would be used to the maximum extent possible.

I also had two alternative hypothesizes. The first was that mRNA vaccines were going to be used as some type of Malthusian tool to reduce the population. The second was that the Chinese military had designed the Sars-CoV-2 so that the most likely vaccine candidate, a vector that mass produced spike proteins, would be the actual weapon and would end up being deployed in enemy territory and allow the country to self-destruct from within. It should be noted that while China also developed these vaccines, they were never deployed and traditional vaccination platforms were used for its citizenry instead.

At this time, I feel each hypothesis is still quite likely to be true, and the purpose of this article series is to introduce the evidence for the Malthusian interpretation Dr. Yeadon hints at in his commentary. Lastly, while I believe it is likely the virus was deliberately engineered to create significant autoimmunity (a key characteristic of both COVID-19 infections and vaccine injuries), it is much harder to know if it was specifically engineered to reduce the fertility of those infected or was an early prototype for a virus that will be able to do this.

We will now review each of the vaccinations I have identified that appear to have contributed to reduced fertility. Each has most of the following characteristics:

- A tendency to produce autoimmunity to a protein necessary for pregnancy
- An unusual dosing schedule
- Distributed to all women of childbearing age
- Coercive and forceful measures are implemented that ensure a high rate of vaccination uptake.

Sound familiar?

We will now review the following vaccinations:

- Whole Cell Pertussis Vaccines
- hCG Vaccines
- The HPV Vaccine
- The Anthrax Vaccine
- The Porcine zona pellucida contraceptive vaccine

Whole Cell Pertussis Vaccines

The Tetanus-Diptheria-Pertussis vaccine has a very questionable past. Due a petty squabble between England and Ireland that originally arose over an English King wanting a divorce, the English treated the Irish terribly. Irish orphanages not surprisingly ended providing the preferred vulnerable subjects to test dangerous vaccinations on.

In 2014, unmarked mass graves belonging to Irish orphans were discovered. Further research revealed these graves belonged to a group of 2,051 children on which an early and dangerous diphtheria vaccine was covertly tested on in the 1930s. This unethical human experimentation on Irish children (including infants and handicapped children) continued at least through the 1960s and 1970s at Irish care homes, where a separate investigation found early Tetanus, Diptheria and Pertussis vaccinations were covertly tested on these children.

The whole cell pertussis vaccine (given in combination with tetanus and diptheria) developed through these programs was problematic. Physicians at the time observed that sudden infant death syndrome (SIDS) did not exist prior to introduction of the vaccine, and infant death always happened in correlation with vaccination. I have seen a variety of different resources on exact timing of SIDS, but most references state that 90% of SIDS occurs between 2-4 months of age, and the 3 doses of the DTP vaccine are typically given at 2, 4 and 6 months of age.

The evidence that most strongly supports this hypothesis came from the initial COVID lockdowns. Many people in the conventional medical community predicted that infants not coming in for their well child (vaccine) visits would be severely harmed. In contrast, individuals in the vaccine safety movement predicted before the data was even available that this was a once in a lifetime opportunity to see a reduction in SIDS. A reduction in SIDS did occur, alongside an unprecedented decline in premature births (which are also linked to vaccination).

In addition to SIDS, the DTP vaccine was known for causing brain damage, and to some extent is correlated with increasing crime and ADHD rates (both of which are often reflective of brain damage). The brain damage issue was quite common (two children within my extended family for example experienced these complications) and

a torrent of lawsuits were filed against the manufacturer in the 1980s. Since the legal cost of these lawsuits exceeded the revenue from vaccination, that litigation situation served as the basis for the creation of National Vaccine Injury Program.

The program was intended to be a compromise between consumer advocates in Congress creating support for parents who were facing unreasonable difficulties in the courts and the manufacturers who needed a way to be able to continue producing vaccines. Fauci played a key role in brokering this deal, and the program rapidly drifted from its original vision to one that protected vaccine manufacturers from all legal liability. This led to a gold rush to add more unsafe vaccines to the vaccine schedule. An explosion of chronic autoimmune and neurologic illnesses (such as autism) followed not long afterwards within the population (the *Real Anthony Fauci* provides an excellent summary of these changes).

There were two ways the DTP combination vaccine could be manufactured: a "whole cell" pertussis preparation (DTwP), or an "acellular" pertussis preparation (DTaP). The trade-off is that although the whole cell preparation is more effective in preventing disease, it is also more likely to cause severe adverse events. The secondary trade off relates to cost. To quote the Journal of the Medical Association: "Although DTaP vaccines are associated with significantly fewer adverse events, they are more expensive than DTwP."

Given that context, see if you can guess what happened next…

Due to the mass public outcry in America against this vaccine, the "safer" DTaP was used in the U.S., while the DTwP was sent to Africa where it continues to be widely used to this day.

There are 3 vaccines that are considered the cornerstone of all global public health programs, Polio, MMR and DTP (especially DTP). The distribution and uptake of these vaccines is hence an unquestioned priority in almost all of these programs. Dr. Peter Aaby, a renowned vaccine scientist and promoter of vaccination, was commissioned by the WHO to study the overall effect of these vaccines on infant mortality. For context, these types of studies are almost never conducted which is why

we still do not have data to show if many of the vaccines given to children do in fact provide a net benefit.

The results were not what Aaby expected. While a significant reduction in death was observed from the MMR vaccine as he had likely expected to find, the opposite effect was found for the DTP and his data suggested the program needed to be scrapped. To quote his paper:

"DTP was associated with 5-fold higher mortality than being unvaccinated. No prospective study has shown beneficial survival effects of DTP. Unfortunately, DTP is the most widely used vaccine, and the proportion who receives DTP is used globally as an indicator of the performance of national vaccination programs."

In another section of his paper, it is specified that the overall death rate increased by 3.93 time in boys and 9.98 time in girls (for an average of 5.00). This has been hypothesized to explain the higher incidence of autism in boys (boys get autism while girls just die, once again the ideal effects for reducing population).

"It should be of concern that the effect of routine vaccinations on all-cause mortality was not tested in randomized trials. All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis. Though a vaccine protects children against the target disease, it may simultaneously increase susceptibility to unrelated infections."

This is analogous to the COVID vaccines being mandated for the population to save lives from COVID despite the total number of deaths being much greater in vaccinated individuals due to circulatory disorders caused by the vaccine (which may be even higher once the long-term effects become known). Aaby's results were of course buried. Since his publication, instead of being re-evaluated, the distribution of DTP has only increased, largely due to Bill Gates shifting the focus of the WHO towards vaccination (rather than public health projects that save lives).

Peter Gøtzsche MD, is one of the heroes and a critical reformer in evidence-based

medicine who has repeatedly stuck his neck out to speak truth to power and end unsafe medical practices (although in general he supports vaccination). When Gøtzsche was subsequently requested to provide a meticulous systematic review of the evidence for DTP, he concluded from the data "evidence tells us that it is likely that the DTP vaccine increases total mortality in low-income countries."

hCG Vaccines:

One of the most studied methods of sterilization through vaccination (now euphemistically termed “immunocontraception”) is producing an immune response to hCG, which is a hormone necessary to maintain pregnancy. This results in the immune system lowering hCG levels enough to prevent viable pregnancy.

The chronology of the hCG vaccine is very similar to that of the anthrax vaccines, as described in a previous article.

1. A significant need was present that had no viable technological solution (an effective adjuvant to enable a new generation of vaccines products versus an effective means of sterilization through vaccination).
2. A workable but problematic solution was identified (hCG added to a vaccine as opposed to squalene used as an adjuvant).
3. A large secret forced experimental campaign was conducted to develop this approach.
4. Public outcry and suspicion arose towards all the sketchy aspects of this approach.
5. The responsible authorities initially vehemently denied on all grounds that this could possibly be happening (WHO/hCG vaccine vs. the military/anthrax vaccine).
6. Independent tests were conducted and suggested the substance in question was present in the vaccines.
7. The responsible authorities back-peddled to a softer denial (the positive results were due to lab error, we have do have vaccines with this additive but we’d never use it on people, etc.).

8. Further testing proved without ambiguity that the agents were present.
9. The debate ended while unethical experimentation continued over the decades and the technology was gradually improved.
10. Use of the technology is normalized.

The more I thought about this ten-step process, the more I wondered if we are in fact at step 6 of introducing injectable nanotechnology such as graphene oxide (there is suggestive but not irrefutable evidence of its presence in the vaccines), which will eventually arrive at step 10.

Prior to the development of more advanced approaches, hCG was typically deployed by being added to the tetanus toxoid and then administered in the tetanus vaccine. In 1972 the WHO initiated their "Special Programme" in Human Reproduction (approximately $400 million was invested in the first 20 years of the program). Later that year WHO and Rockefeller scientists were able to present a successful prototype to the National Academy of Sciences. A few years later, to quote *The Real Anthony Fauci*:

"By 1976, WHO scientists had successfully conjugated a functional "birth-control" vaccine. The WHO researchers reported triumphantly that their formula could induce "abortions in females already pregnant and/or infertility in recipients not yet impregnated." They observed that "repeated inoculations prolong infertility."

Experimental campaigns soon followed. Their classic giveaways were as follows:
• A new "special" version of an existing vaccine is introduced.
•The vaccinations are only administered to women of childbearing age.
•Requiring additional doses was not needed for the regular vaccine (each campaign followed the published protocol for the WHO birth-control conjugate of tetanus toxoid linked to βhCG: five spaced doses of "TT" vaccine at six-month intervals).

In 1993, WHO announced a "birth-control vaccine" for "family planning." By November 1993 publications had appeared saying an abortifacient vaccine was being used as a tetanus prophylactic. Human Life International (HLI), a Catholic pro-life

organization, raised questions about it and the apparent activity of the WHO, where millions of unsuspecting women in Mexico, the Philippines, Tanzania and Nicaragua were allegedly being used as human guinea pigs in which they were injected with an anti-fertility vaccine but told it was nothing more than a tetanus vaccine.

As detailed in the June 1995 HLI Reports newsletter, when the first reports surfaced in the Phillipines, health officials at The WHO and Phillipine health agencies categorically denied that the vaccine contained hCG. When confronted with lab test evidence showing the vaccine vials contained hCG as well as laboratory evidence that there were high levels of hCG antibodies in 27 out of 30 women who had been vaccinated, WHO officials started to make excuses.

To quote the author, "*first they said there was no hCG in the vaccine, then they said there was, but it was in tiny amounts. Then they said that hCG is part of the vaccine manufacturing process. Now they are saying the tests to detect hCG are flawed and produce 'a lot of false positives'. But, there is one fact that cannot be disputed. There is no known way for the vaccinated women to have hCG antibodies in their blood unless hCG had been artificially introduced into their bodies.*" For reference, 30 women who received this vaccine were tested and 26 had antibodies to hCG.

As described in my previous article, this the exact same thing that happened with the anthrax vaccines and is visible within the WHO's response to the controversy. These types of denials are always extremely insightful once twenty years of additional information is available.

One of the very first articles I invested a lot of time into for this substack focused on the PR industry. I did this because it is critical to understand that whenever an unpopular public policy is proposed, instead of listening to public opinion, everyone involved lies and PR makes it possible for this approach to work and the unpopular policy to materialize.

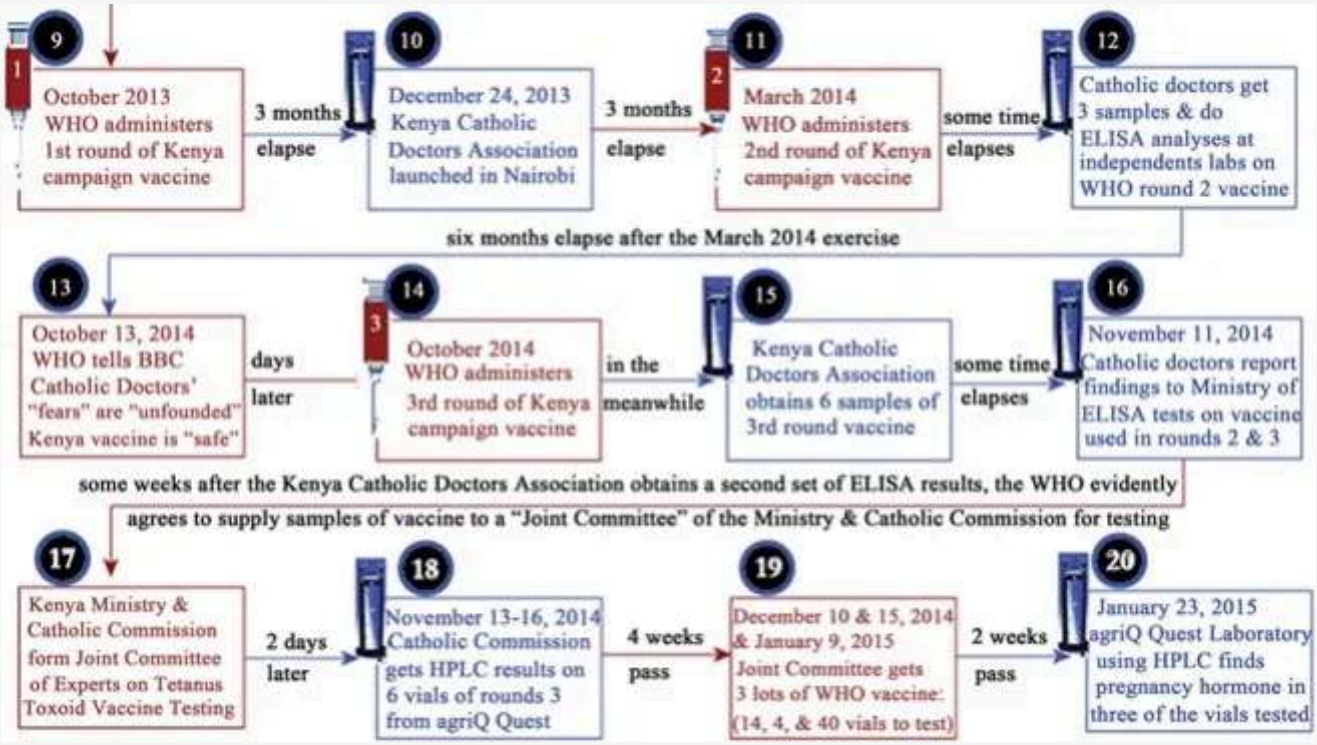
After the widespread outcry against the hCG vaccinations, the WHO backed off and planned "tetanus" vaccination campaigns were cancelled. In the following years, Bill Gates initiated his campaign to buy out the WHO, and with a 10-billion-dollar

investment in 2010 shifted the WHO's focus much further towards vaccination and fertility control.

In 2013, the previously postponed tetanus vaccination campaign was finally initiated in Kenya. This shady campaign only targeted women of childbearing age and the vaccines were not administered in a normal fashion (five doses were required with 6 months between each booster).

The distribution was also suspicious as the sites that would typically be required to distribute the vaccines across the country did not receive them. Instead, a centralized location received the vaccines, and they were continually guarded by police (including their empty vials). The only other instance I can identify of a heavily guarded vaccine where samples could not be obtained for independent testing was during the early days of the COVID-19 vaccine rollout (because of an alleged critically limited supply).

Nonetheless, a small team of Kenyan Catholic Doctors were eventually able to obtain samples of the vaccines which when tested clearly showed the presence of hCG. After repeated denials by all involved, the program was eventually terminated by Kenya's government. Briefly the chronology of events is as follows:



After I published this article, one reader left the following commentary that highlights the long term effects on fertility this sterilizing vaccine was able to produce:
"*My wife is Kenyan and sometime around 15 years ago, when she was still a teenager, she was forced to take one of those "tetanus" vaccines. She and another student who had refused were cornered in a room and forcibly administered the shot. Nearly every one of her school mates whom she is still in touch with have developed some sort of fertility-related problem, and difficulty bringing a baby to full term. My wife herself has had multiple miscarriages. horribly painful and several weeks-long menstrual cycles, sudden death of the baby in the womb, and more. We have one baby who lived. The doctor who delivered her via emergency Csection said he had never seen anything like it....everything was going wrong, the baby stopped developing early on.....our daughter is now 5 and is normal in every way, but it is a miracle.*

The girls from her village who were too poor for school fees were spared the vaccine, and they haven't had any problem conceiving or giving birth.

This horror is still going on in Kenya, now with the Covid shots."

At the same time this was happening, step 9 was also being implemented. Consider this 2011 paper:

Human chorionic gonadotropin (hCG) is synthesized soon after fertilization and is essential for embryonic implantation. A vaccine targeting hCG would be an ideal choice for immuno-contraception; an anti-hCG vaccine developed by Talwar et al., has previously undergone Phase II efficacy trials, providing proof of principle. These trials established the threshold levels of bio-neutralizing anti-hCG antibody titers required to prevent pregnancy; however, these titers (>50 ng/ml) were achieved in only 80% of immunized women. In this communication, we report a novel recombinant anti-hCG vaccine which demonstrates improved immunogenecity. hCGβ was genetically fused at C-terminal to the B-subunit of E. coli heat-labile enterotoxin. The recombinant fusion protein (hCGβ-LTB) was expressed in Pichia pastoris and, upon adsorption on Alhydrogel along with Mycobacterium indicus pranii (MIP) as an immuno-modulator, evoked a very high anti-hCG immune response in 100% of immunized BALB/c mice. This recombinant vaccine is expected to reduce cost as well as facilitate production of a molecularly consistent conjugate on a large scale.

In plain language, this means that after the initial research on hCG was done, the knowledge was used to genetically engineer infectious microbes that produced sterility. This cumulation of decades of research has been studied by many researchers beyond those mentioned in the above paper.

RFK Jr. always focuses on the 1988 law that led to the establishment of the National Vaccine Injury Program because it was the turning point in America's vaccination program that began our current era of chronic illness. The three most dangerous vaccinations developed in this new era had two characteristics in common: a frequent association with the development of severe autoimmune conditions and negative effects on fertility.

The first one, anthrax, was covered in a previous article. Prior to COVID-19, the second vaccine, Gardasil, was the one I considered to be the most dangerous on the market and had injured or disabled multiple people I directly knew. The third is of course the COVID-19 vaccines. After discussing these vaccines, I will also briefly review the Porcine Zona Pellucida vaccine.

The Anthrax Vaccine:

*(the following content was **not** covered in the previous article)*
In addition to horrific autoimmune conditions, the anthrax vaccine was also frequently associated with infertility. To quote one reader (with their permission) who never received the vaccine or went to Iraq:
"*We purposely were careful NOT to get pregnant immediately (which is common after deployments), because my husband was concerned about the shot and pills he was given during the Gulf War and his ensuing stomach issues. We soon found out that was a good call as soooo many women we knew miscarried or had still births. The few who did deliver had severely ill babies with bizarre issues, like...extreme allergies to everything, extreme skin issues, digestive abnormalities, etc... and several of those babies eventually died. This was all word of mouth as*

there was no internet, cell phones, or social media then. During that first year there were also several soldiers my husband knew who just dropped dead during runs from massive heart attacks.

I also heard of several people dying with bizarre cancers. For example, a civilian Dr. friend I knew told me of one woman who became almost completely covered with cancerous moles. She died a horrible death with no one knowing what she had, why, or how to treat it."
This reader, despite being from the opposite end of the world experienced similar effects to those shared from Kenya, which once again illustrates how no one is safe from these global predators. Western medicine has a massive body count and a central argument of this substack is that those human beings represents an important, but forgotten side of medicine.

One of the most concerning aspects of the anthrax vaccine was its tendency to affect the family and future children of the vaccinated soldier, and in many cases, the shedding which was "theoretically impossible" was quite severe (inexplicable shedding appears to also occur with the COVID-19 vaccine, but is less severe than what occurred following Anthrax vaccination). For example, the family of the reader quoted above (particularly the children) experienced continual severe or life-threatening health issues that are still occurring today.

There are multiple points of evidence suggesting the disease was partially due to an infectious stealth bacterium that had also been developed through bioweapons programs. However as this is a complex subject, for the sake of simplicity, I focused on squalene adjuvants as being the primary cause and will discuss the stealth pathogens in a future article.

The HPV Vaccine:

Like the COVID-19 vaccines, there were many issues with Merck's HPV vaccine Gardasil that should have led to it never being approved or at least pulled from the market years ago. The vaccine provides no benefit and is linked to numerous severe harms.

Peter Gøtzsche for example, typically supportive of vaccination, realized how problematic the HPV vaccine was and broke with his colleagues to speak out against it. Shortly before this happened, the Gates Foundation bought out the Cochrane Collaboration (widely regarded as the most unbiased evaluators of medical evidence in the world). Gøtzsche was then expelled from the Collaboration he cofounded for speaking out against this vaccine.

This shook the evidence-based medicine community and many of the most ethical people in the field spoke out against it. Since that time, the Cochrane Collaboration has stopped producing honest papers (for example, as covered in *The Real Anthony Fauci*, Cochrane's new leadership knowingly published a very bad review that was used to tank Ivermectin and hence killed many people).

The HPV vaccine was specifically targeted to girls of child-bearing age (since the goal was to get the vaccine before their first HPV exposure from sexual activity, the first dose is scheduled for 11-year olds, although it is sometimes given earlier). These girls were the most likely members of society to become pregnant and in a normal world, the vaccine's effects on fertility should have been a key focus for any drug regulator

In this section (primarily sourced from Chapter 10 of the book *HPV Vaccine on Trial*), we will look at the potential effects on fertility that were actually addressed by those responsible for evaluating them. In 2020 it was estimated 77.1% of girls between 13 and 17 years of age had received this vaccine, while in England roughly 90% of girls had received the vaccine. The numbers here matter, so try to keep them in mind before we move to the graphs.

In the clinical trials, the miscarriage rate for recipients of the Gardasil was 25%, and 27.4% for the later Gardasil 9. This compares with a typical miscarriage rate of 8% to 15% with miscarriage rates increasing by age (so 10% is a safe estimate). Despite the

catastrophic implications of these findings, in the same way the COVID-19 vaccination was given a free pass, the FDA chose not to find this miscarriage data concerning. The FDA's "reasoning" was that the 25% miscarriage rate was also observed in the placebo group, which arose because the "placebo" was Gardasil's adjuvant, the primary toxic component of the vaccine. In the clinical trials for the competing HPV vaccine Cervarix, which used a less dangerous adjuvant, an 8.3% miscarriage rate was observed in controls, while a 13.5% was observed in the vaccine arm, which should have informed the FDA that Gardasil quadrupled the miscarriage rate.

This rate was even higher when the vaccine was received within 30 days of conception. In the case of Gardasil 9, an overall miscarriage rate of 28.4% occurred compared to the 12.7% rate observed in the placebo group. Of those receiving this vaccine, the rate was 40% in the 23-26 age range, and 18.9% in those aged 16 to 22. Once again, the FDA completely ignored this safety signal, while the Europe's FDA equivalent (the EMA) simply asked for an explanation and then signed off on it.

During the first Gardasil vaccine approval process, the FDA also noticed a large increase in birth defects (5 compared to 0 in the "placebo") when Gardasil was given within 30 days of conception. Like before, the FDA ultimately decided to drop the issue (it was not even mentioned on the package insert which simply stated there was no data on Gardasil's effects on pregnant women).

Pfizer's COVID vaccine (and likely the other COVID vaccines whose documents were not leaked), skipped much of the necessary animal testing (with the testing that was conducted often very incomplete) before proceeding to human trials. Gardasil similarly had only very partial animal studies, and its effects on fertility were only tested during those animal studies. Key toxicology studies were not conducted on the reproductive systems of female rats, there was no long-term observation of rat fertility, and the male rats were quickly disposed of after receiving the vaccines.

Prior to Gardasil, unexplained premature ovarian failure (POF) was very rare (2 cases were identified by researchers from 1998 to 2008, while 13 were found from 2008 to 2013 following Gardasil's initial entry to the market). In 2013 the American Journal of

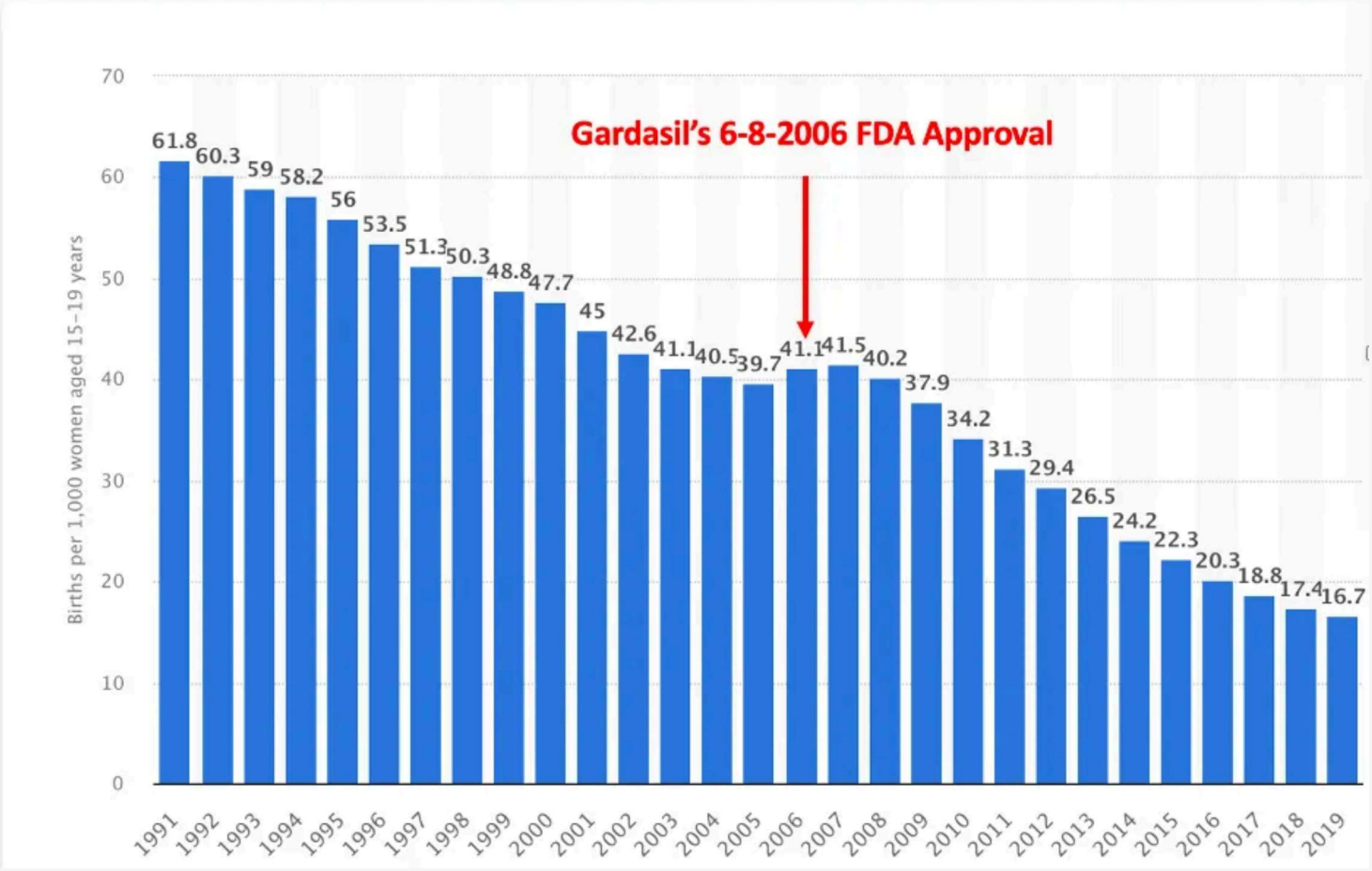
Reproductive Immunology presented 3 cases of autoimmunity and POF following HPV vaccine administration. In 2014, Dr. Deidre Little published three case of healthy teenagers developing POF following vaccination.

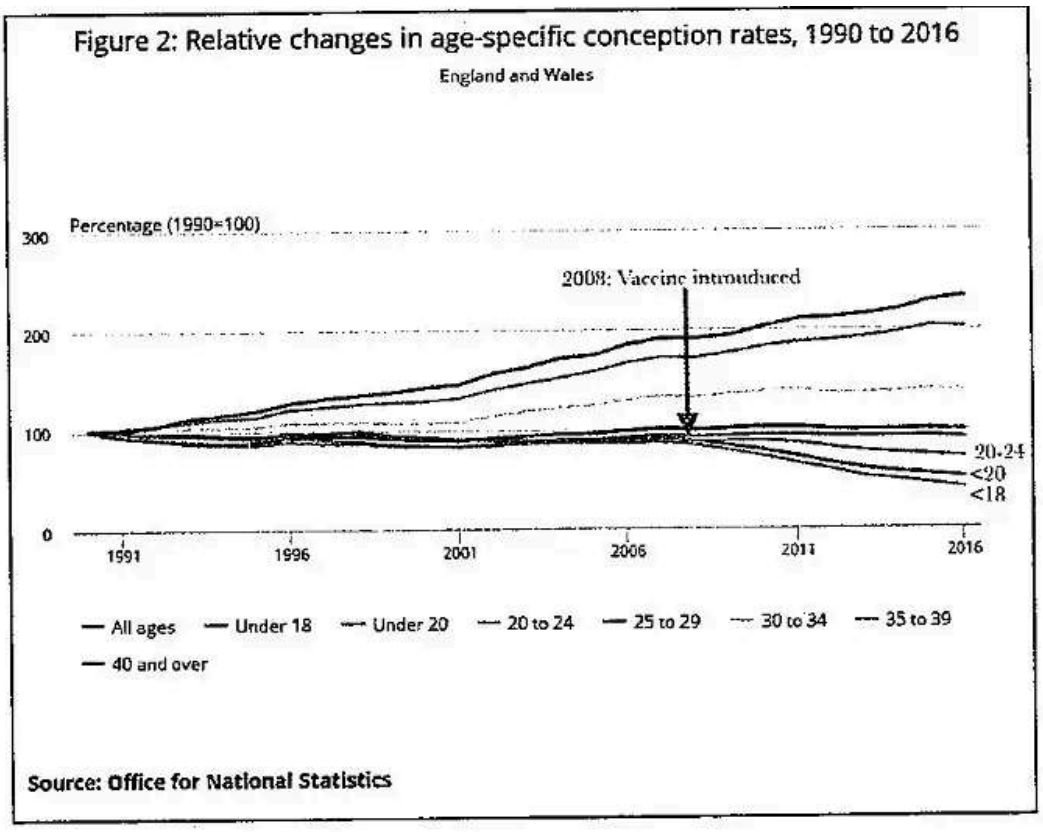
VAERS (which typically captures less than 1% of the adverse events that occur) tells a similar story. Currently on VAERS (which has been in operation since 1990), 25 cases of POF have been reported, 21 from the HPV vaccine and 4 from the COVID vaccine, while 75 cases of premature menopause (a related condition) have been reported, of which 54 came from an HPV vaccine and 16 from a COVID vaccine. Polysorbate 80 is associated with autoimmune damage to the ovaries and has direct ovarian toxicity. Since it is found in Gardasil (as well as the COVID-19 vaccines), it was suggested as a possible cause of POF; however, because it is also in other vaccinations, I do not think this link is specific enough.

Given all of this, what would you expect to occur once Gardasil was given to our next generation?

Birth rate among U.S. teenagers aged 15-19 years

(per 1,000 women)





Source: Office for National Statistics UK Conception Statistics 2016

To clarify this chart: an overall decline of 44% was observed for girls under 18, most of whom lived in England. The rate in decline was the greatest in those under 16. For example, in neighboring Scotland, also a part of the United Kingdom the teen pregnancy rate declined 60% from 2007 to 2015.

Typically, it is very difficult to draw causation between two events because so many other variables are also present. While fertility in all age ranges was affected by Gardasil, this dataset is remarkable for how clearly it is able to show this correlation. This profound drop in teenage fertility was originally acknowledged and met with alarm. Because no cause could be identified, it was then forgotten and the trend has continued ever since (the first graph I just pulled off google was produced a few years after the HPV vaccine on trial was published).

I personally believe the younger a mother is at conception, the healthier her children are (there is a dramatic difference in the constitution of a baby born to a 16-year-old

mother versus a 40-year-old mother) and I have often wondered what the effects of this age shift in pregnancy has had on the health of society.

The Porcine Zona Pellucida Vaccine:

To conclude this article, we will review the Porcine zona pellucida (PZP) vaccine with the disclaimer that this the most speculative section of this article. A key point I've tried to illustrate in this series is that the population control methods we see adopted for civilians significantly overlap with those used in wildlife management. This could either be a product of those methods being first developed on animals, or because the predatory ruling class sees us as their animals.

A key reason why I support animal rights and oppose inhumane animal experimentation is because if allowed there, those abuses eventually happen to humans. As an example, the Biotech company Oxitec has spent years developing male mosquitos that sterilize female mosquitos when they mate, hence providing an extremely effective means of mosquito population reduction. A wide coalition of scientists and activists have opposed this plan due to numerous irreversible problems it has the potential to create. Nonetheless these mosquitos have been deployed and recently the EPA approved their release in Florida and California. As far as I know from studying the subject, for humans, the closest we've come to an agent that can sterilize the recipient's sexual partner were the anthrax vaccines. You have to honestly ask yourself if this is the type of research you want done.

Like the hCG vaccines, the COVID-19 mRNA vaccines have a very unusual dosing schedule. This schedule does match one vaccine, the PZP vaccine (which also utilizes one of the more toxic oil adjuvants discussed in Vaccine A), and like the mRNA vaccines must be frozen (although it does not require as low of temperatures). The PZP vaccine is designed to create antibodies to the sperm receptor found in the eggs of all mammals, thereby making fertilization impossible. It is used for controlling wild populations of mammals such as horses.

While the PZP vaccine is claimed to just safely block sperm fusing with an egg, there is some controversy around the vaccine, since evidence suggests that PZP antibodies actually work by inducing ovarian dystrophy, oophoritis (inflammation of the ovaries), destruction of oocytes in all growing follicles, and depletion of resting follicles. While difficult to calculate precisely, like hCG vaccines, the PZP vaccine appears to cause progressively longer periods of sterility with each booster administered (8 years of sterility after 3 doses was one estimate).

Like the COVID vaccines, PZP can also cause significant menstrual irregularities. PZP antibodies are also transferred through breast milk (it's a bit of stretch to connect this, but there have been VAERS reports of infants who were severely injured or died following drinking their vaccinated mothers' breast milk). Finally there is an association between PZP vaccines and stillbirths, which has also been reported with the COVID-19 vaccines.

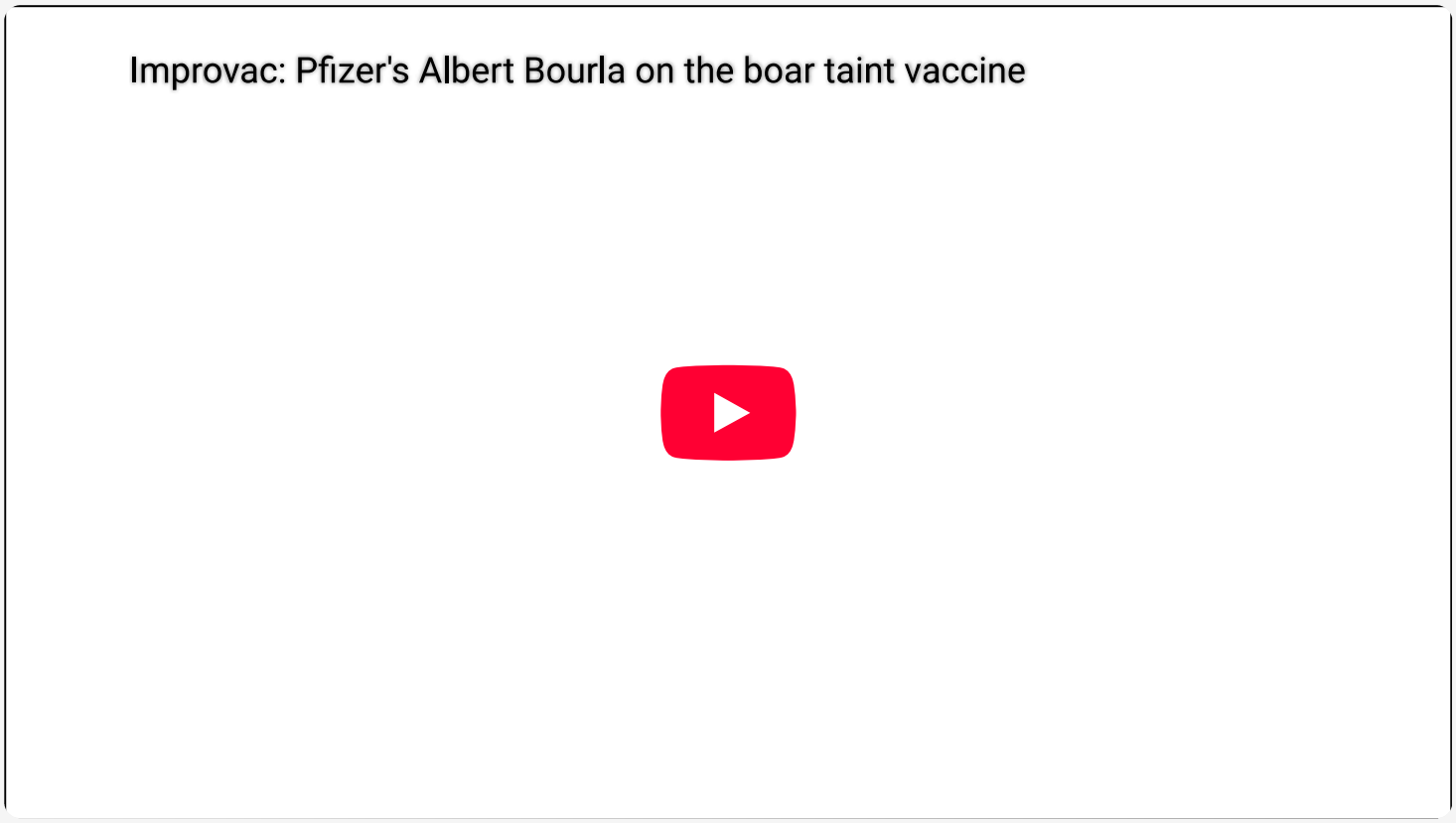
A major challenge for the PZP vaccine was ensuring a lengthy period of sterility, as it was not practical to repeatedly vaccinate wild animals. Multiple groups have examined this question and the relatively new biotech company, SpayVac was able to solve this issue with Lipid Nanoparticles.

These particles are designed to hold onto the antigen so they create a prolonged sustained immune response in the tissue, which may be part of the reason why vaccine spike proteins are more destructive than those from a COVID-19 infection. I also read speculation that the lipid nanoparticle used by SpayVac (IMV's DPX) was designed to travel to ovaries where it finally releases its contents (IMV is also developing a DPX-based COVID vaccine). Despite my best efforts, I was unable to located the patents or drug studies on these lipid nanoparticles, so as far as I know there, is no evidence to support that speculation. That said, I don't know if it matters because Pfizer's lipid nanoparticle clearly travels to the ovaries. This is quite problematic if they behave in a similar manner to DPX's lipid nanoparticle, something specifically designed is designed to create a prolonged immune response in that region.

It was also noted that Pfizer's CEO Albert Bourla is a veterinarian and likely worked with the PZP vaccine. When I dug into this, I found out something possibly even more disturbing. When male pigs are farmed, if you do not castrate them, 20% of males will develop meat that some people dislike the taste of (known as "boar taint").

Pfizer developed the vaccine Improvac, which creates autoimmunity to GnRH, thereby significantly dropping the production of hormones in the body. This chemically castrates the pigs and gives a cheap and easy way to prevent boar taint. Some of the most toxic drugs on the market such as Lupron, that are typically used for more severe women's health issues or to block puberty in transgender children, function interfering with the GnRH receptor, albeit in a more temporary fashion than Improvac.

In the following obscure 3 minute video (it had 2,000 views when I found it you might want to save a copy in case it disappears!), Bourla, already in an executive position eagerly presents Improvac to the European market.



From seeing this, I am relatively certain he knew about the PZP vaccine and likely was

aware of the value of using a similar approach to manage fertility in human males. On December 28, 2020, he also signed a $4.2 billion deal for the rights to Relugolix, a new human GnRH receptor blocker.

In conclusion, I hope the following points have been made:

- A central belief of the ruling class has been the (false) belief that it is imperative to reduce the population.
- If a policy that harms or kills many people is viewed as necessary, our leaders will typically not hesitate to enact the policy.
- When implementing a questionable policy, those implementing it will always lie and a massive (PR) industry enables those lies.
- Many policies have not been enacted solely because the technology needed to implement them did not yet exist.
- Unethical covert medical experiments occur on a regular basis to develop these technologies.
- Vaccines are inescapably interwoven with the above points.
- The need to create a culture where standing up for vulnerable members of society is in everyone's best interest, because if abuse is not stopped there, it will eventually show up on our own doorstep.

Lastly, on my todo list is a very detailed BLAST analysis comparing the SarsCoV-2 spike protein (and a few others) to the key immunological targets I've identified in the last two articles. I am not the best with BLAST, so if anyone is out there who has experience in that area and would like to help, please let me know.

This post and the preceding posts to put it in context took a great deal of effort to write. I sincerely appreciate you sharing it.

This post is public so feel free to share it.

321 Likes · 7 Restacks

Discussion about this post

Comments Restacks

Write a comment...

Joe Joe Apr 6, 2022

My wife is Kenyan and sometime around 15 years ago, when she was still a teenager, she was forced to take one of those “tetanus” vaccines. She and another student who had refused were cornered in a room and forcibly administered the shot. Nearly every one of her school mates whom she is still in touch with have developed some sort of fertility-related problem, and difficulty bringing a baby to full term. My wife herself has had multiple miscarriages. horribly painful and several weeks-long menstrual cycles, sudden death of the baby in the womb, and more. We have one baby who lived. The doctor who delivered her via emergency Csection said he had never seen anything like it....everything was going wrong, the baby stopped developing early on.....our daughter is now 5 and is normal in every way, but it is a miracle.

The girls from her village who were too poor for school fees were spared the vaccine, and they haven’t had any problem conceiving or giving birth.

This horror is still going on in Kenya, now with the Covid shots. We were able to get documentation for most of her family without actually having to get the vaccines, but her sister who was away at boarding school was just forced to get the first Covid shot or she would have been prevented from sitting the national exam. We weren’t able to reach her because she has no phone and I’m not sure what we could have done anyway, because without the exam results you can’t do much of anything in Kenya.

These people who conceived of and are executing these programs are monsters, not human beings. They deserve the death sentence, the same sentence they have administered to millions of unsuspecting, unwilling subjects all throughout the world, and especially in Africa.

LIKE (99) REPLY SHARE

33 replies by A Midwestern Doctor and others

Ray Horvath, "The Source" :) Ray's Newsletter Apr 6, 2022

All "vaccines" are poisons. Moreover, just about everything the butchers call medications are the same. Over-the-counter included...

LIKE (32) REPLY SHARE

12 replies by A Midwestern Doctor and others

237 more comments...