

It Really Is All About Depopulation!

I'm Not Kidding

by A Midwestern Doctor

Reducing global population has been a consistent goal of the ruling class for centuries. While **many** support the abstract idea of population control, **no one** wants to volunteer to be the ones who are culled. The business of population control has hence been a very messy subject.

When the COVID vaccine program began, I—and likely many others—suspected the COVID vaccines would have an “unexpected” side effect of reducing fertility. Early in their development, Mike Yeadon (and others) at great personal risk publicly warned regulators of a clear fertility danger inherent to the vaccine (found in section IX of [their petition](#)).

Subsequent regulatory document leaks from the European FDA revealed Pfizer exempted themselves from testing the key areas of concern (infertility, autoimmunity and cancer) in animals. This highly unusual move further suggested serious problems existed in these three areas (as you can't find something if you don't test for it).

Despite repeated denials, signs of each of these key complications from the vaccine have now emerged. While I do not have every piece of the puzzle—there are likely many “population control initiatives” I've never heard of—I know enough to paint a clear picture of this dirty business.

The first half of this two-part article will lay out the historical precedent of using any means necessary to reduce the population, while the second part will examine how this has been attempted with vaccinations. This article is broken into the following sections:

Beliefs of Population Control

Governmental Planning for Population Control

Mechanisms of Population Control:

- Social Approaches
- Male Approaches
- Female Approaches

Conclusion

Beliefs of Population Control

As best as I can tell, there are three overlapping schools of thought that have

created the zealous belief in a need for population control.

1. Many governments, especially those in the East, have adopted the viewpoint that periodic wars are necessary for the stability of the society. This viewpoint primarily arises from social instability caused by too many young adult males in the state coupled with the issues that occur when there is insufficient food available to the population. In turn, many wars have been fought specifically for this reason. (I am most familiar with this being a common theme in China, as they have observed over the centuries the one thing that will create rebellions are famines.)

Following World War 2, the Western ruling elite came to a consensus that the war approach was no longer tenable due to the extreme collateral infrastructure and environmental damage modern weaponry (ie. nukes) created. There are only two exceptions to this rule:

Wars in third-world countries lacking modern weaponry, where collateral damage was inconsequential to first-world countries.

Talks that occurred within the Chinese military leadership, but have so far not materialized, over starting a war with India so both countries could mutually alleviate their challenging population burden. For context, China has attempted population control with their "one-child" policy, but it has been met with mixed success and widespread social resistance.

The alternative to war is a multipronged attack that seeks every possible avenue to reduce fertility and accelerate aging, which many argue is the more humane option of the two. One of the curious facts I have observed over the decades is how frequently an odd policy or environmental agent always seems to converge on the common pathway of reducing population. Once or twice, you can write it up as a coincidence, but at a certain point, you have to wonder if it is all intentional.

When I studied the early history of infectious diseases (discussed in my [previous articles](#) on smallpox), one of the most striking things to me was the absolute squalor the serfs were forced into as the feudal lords kicked them off the land to live in the early cities. It was much worse than most people of this modern era can even conceive of.

When I first learned of this, I guessed this must have been viewed as a necessary trade off by the European rulership to support the Industrial Revolution, which was vital for national development. After I learned about the Malthusian philosophy, I realized the abhorrent living situations was likely the goal in of itself.

In 1798, Rev. Thomas R Malthus published the influential work *An Essay on the Principle of Population*, which argued that human populations tend to increase at a geometrical (exponential) rate, but the means of subsistence (food) grows at only an arithmetic (linear) rate. "*The power of population is indefinitely greater than the*

power of the earth to produce subsistence for man," according to Malthus, who therefore believed the standard of living of the masses could not be improved without the checks of war, famine, or disease. In their absence, population would increase by a geometric rate and lead to a catastrophic "*Malthusian*" food supply collapse.

While there are numerous errors in his theory, Malthus was appointed to multiple important positions, and his ideas appear to have gradually become a prevailing conviction among members of the ruling classes in the 19th century. These ideas also influenced other key figures, such as Charles Darwin as he created his theory of evolution and natural selection.

Numerous groups were founded over the decades, which emphasized birth control and increasing mortality of the poor. These groups included Dr. George Drysdale's Elements of Social Science in 1854, **the Malthusian League** in 1877, and Margret Sanger's National Birth Control League in 1915, which became the Planned Parenthood Federation of America in 1942. Initially these groups were domestic, but gradually they became global where they tied international aid and development to population control measures.

The Malthusian and Darwinian ideals gradually gave birth to Social Darwinism and Eugenics, which were widely adopted by the ruling elite. Social Darwinism argued that class divisions were the will of nature and that this form of natural selection, rather than being evil, was necessary. The most extreme version of this ideology, eugenics, appears to have arisen from two key factors:

1. The tribal nature of human beings and the tendency to view all other tribes as inferior (the ruling class felt this way towards the poor).
2. The advances of society were making it possible for many of the weaker members of society, who previously would have died off, to survive long enough to reproduce and, over time, significantly weaken the gene pool.

Eugenics in turn advocated preventing those who were less "fit" from breeding. This has been responsible for horror upon horror since its inception, and it provided the theoretical foundation for why, among other things, the Nazis forcibly sterilized the mentally ill. In many cases, programs with more immediate results were also implemented. While most are aware of the millions executed by Hitler, other dictators such as Pol-Pot, Joseph Stalin, and Mao Zedong arguably did even worse. A lead researcher in this field coined the term "democide" and estimates these governments executed approximately 150 million people in the previous century. When the Nazis eventually were tried at Nuremberg for their crimes against humanity, few know that that many cited the fact similar actions were first conducted by the "Great United States" in their defense.

For example, consider one of the more problematic Supreme Court

rulings, [Jacobson vs. Massachusetts](#). It held that Jacobson, who having previously suffered a severe adverse reaction from a smallpox vaccine which led him to contest Massachusetts' smallpox booster mandate, did not have the right to refuse forced vaccination.

Following this ruling, Virginia passed a law authorizing the involuntary sterilization of people the deemed to be "feeble-minded," or mentally ill. Citing Jacobson vs. Massachusetts, a Supreme Court Justice [wrote](#): "The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes." By 1930, dozens of states were forcing women to undergo involuntary sterilization, and more than 60,000 American women were sterilized by the government against their will.

While books could be written on the horrors of eugenics, the key point to remember is that the discipline never disappeared and has enjoyed sustained support from the upper class. Did you know that the creators of the dangerous AstraZeneca COVID vaccine—which has been promoted as the vaccine of choice for the third world—[have extensive ties to major eugenics organizations](#)? **I wish I was making this up.**

One of the major shifts that has appeared within these movements has been who they target. Until recently, they seemed to be racist against specific sets of people, primarily those of color. Planned Parenthood's founder, for example, wanted to reduce the black birth rate, but many were far worse. Eugenics was also conducted by whites against other whites, however it typically was due to class differences or perceived genetic quality rather than race (the only exception I can think of was the British Empire towards the Irish). This all seems to have shifted recently to where the healthy and affluent white members of society are now being targeted too. As this is a new change, much of the western population has been caught off guard, and there has been a much higher COVID vaccination uptake [in whites than other races](#) who remember being targeted by their government.

Governmental Planning for Population Control

Numerous documents and conferences (a few of which will be discussed) suggest population control has also been a priority for both national governments and international governments. The infamous 1966 Iron Mountain Report is the most well-known example, and while it echoes many of the themes laid out in this article, there are serious questions regarding its authenticity.

As such, I do not feel it is appropriate to discuss in detail, but I will note that it contained the argument that the need for war could be replaced by having the population gradually only become able to reproduce through artificial fertilization. This is a theme echoed in many other places, such as Aldous Huxley's novel *Brave New World*.

While it is difficult to estimate precisely, the use of in-vitro fertilization (IVF) has steadily increased and is expected to continue to do so: the CDC estimates its use

has “more than doubled” in the last decade. I have also heard numerous reports that since the vaccines have launched, COVID has significantly increased the need for and difficulty of IVF (that being said, at this time I could not locate data directly supporting this contention). For those interested in medicine’s monopolization of the pregnancy process and the tragic harm it creates, *The Business of Being Born* (which can be viewed online) and Robert S. Mendelsohn’s writings on the subject are two of the best resources I’ve found on the subject.

[National Security Study Memorandum 200](#) is the most well-known authentic government document advancing a systematic population control agenda. Written in 1974 by Kissinger during Nixon’s presidency (and unclassified decades later), it identified thirdworld population growth as a critical national security issue for the United States and outlined a variety of steps to combat it.

Population control has also been discussed within the public media. The 9/4/94 Associated Press article *"Compromise near on Population Control Plan"* stated:

“On the eve of the opening of the United Nations Population Conference in Cairo, a U. S. official said that a compromise on the sensitive issues of abortion and birth control was “very close.”...During three preparatory conferences, delegates from 170 countries agreed on more than 90% of the plan for controlling population.”

The confidential *Cobden Club Memo Mandate for Reduction of Existing World Population* is a now accessible document allegedly presented to a group of international representatives shortly before the 1992 United Nations Conference on Environment and Development, which focused on managing the consequences of overpopulation. This memo referenced many other projects for population reduction, stressed the urgency of globally implementing population reduction, and advocated having each member of the UN security council (the primary military powers) force the rest of the world into submission to this agenda. While the actual summit occurred (this is where Agenda 21 was formulated), like the Report from Iron Mountain and many other documents in this genre, I am ultimately unsure if this document is authentic, which is part of what makes researching these subjects so challenging.

Mechanisms of Population Control

As best as I can tell, population control measures typically follow one of three approaches:

1. Create social changes that discourage having children.
2. Introduce an environmental factor that decreases male testosterone and sperm viability.
3. Directly sterilize (or give birth control to) women of childbearing age.

Social Approaches:

The first approach is a politically touchy subject. I will cite a few quick examples:

- Second Wave Feminism transitioned a significant portion of the population from raising families at home to a sterile existence working outside the home. Second Wave Feminism was essential for our country and corrected many serious injustices towards women, but there is also some evidence to suggest the movement was hijacked to help the upper class by removing women from a motherly role and doubling the workforce. For example a pioneer of this movement, Gloria Steinem who strongly discouraged being a housewife, was also a CIA operative.

- The societal messages around dating have been shifted from romantic bonding (which produces children) to a hookup culture without intimacy.

- Women are strongly encouraged to pursue a career before having children or a family, which frequently results in them missing the opportunity to do so.

- Previously rare sexual pairings that either cannot or are unlikely to produce children are actively encouraged by the media and corporatocracy.

- Alternatives to relationships, such as computer or video addictions, are strongly encouraged in society.

- Economically, it has become more and more difficult for individuals to afford to have children.

- Having children is labeled as environmentally destructive and hence strongly discouraged.

- Having children is now characterized as a major obstacle to spiritual growth and self-development.

- The widespread support and social validation for having children has gradually diminished.

I have personally observed as the years have gone by, fewer and fewer people are interested in having children, and some combination of the above reasons are typically cited. I also find people who have children have a much deeper sense of happiness than those who do not, despite media messages suggesting the opposite.

The idea of population control or mass extinction for the greater good has also been increasingly observed within the media. *Avengers Endgame* was the top grossing film of 2019, and it was so heavily promoted throughout the media that it accomplished the unique feat of almost doubling the revenue of the runner-up. I have often wondered whether this was deliberate on account of the message the movie spread in the months immediately preceding COVID-19 of the need to be evil and eliminate half the population for the “greater good”.

There are also many factors that directly affect fertility. Each of these appears to have followed a gradual progression like the [myth](#) of a “boiling frog” where the onset has been too slow for most of the victims to recognize.

Male Approaches:

At this time, male health is significantly less studied than female health (for example, many recent graduates I have spoken to felt “transsexual medicine” may have had a greater focus in their curriculum than “male health” in their medical school curriculum). As a result, much of this section, such as the importance of testosterone, is still relatively unknown.

Despite this knowledge gap, it is almost universally agreed within the scientific literature that there has been a [massive, sustained decline in male testosterone levels over the decades](#) (a male’s testosterone levels goes hand in hand with his health and fertility). This decline directly affects male (and to a lesser extent female) health, and numerous integrative physicians have found rectifying it creates profound benefits in a large percentage of their patients. The decline of sperm quality and viability has also been observed, but as it is more difficult to objectively quantify, not as much as data exists to clearly support this trend.

A common means of controlling animal populations is to universally introduce an agent which decreases male fertility (as these tend to be easier to distribute on a large-scale basis than agents which target female reproduction). In addition, a common method of controlling animal behavior is to neuter males, as this reduces their aggression and “disobedience to authority.” (For example, [a recent lawsuit was filed](#) by a 16-year-old boy who developed breasts after he was forced to take estrogen in jail to “control his behavior.”) It is hence understandable why those in the ruling class would be open to using similar approaches on the “[useless eaters](#)” of the population (many terms for this concept exist, including those [originating from the Nazis’ eugenics program](#)).

Many of the factors causing this decline appear to have been deliberately placed in the environment. The most influential are xenoestrogens, artificial chemicals that mimic the characteristics of estrogen and feminize organisms. Alex Jones’s infamous commentary on chemicals that “turn the friggin’ frogs gay,” for example, was a reference to atrazine, a still widely used herbicide, that [for over 20 years](#) has been known to create hermaphroditic frogs. For those interested, the eight-hour audiobook, *Estrogenation: How Estrogenics Are Making You Fat, Sick, and Infertile* provides an excellent summary of the topic.

Some of the most common xenoestrogens in addition to atrazine (and some other herbicides) include:

- Birth control pills, which are designed to not break down and thus cycle back into the water supply (this is a common problem in areas that reuse waste water, particularly China, where oral contraceptives are widely used).

- Soy (excluding the rare exception where it is fermented like in Miso or Natto), is a food that comprises a significant portion of the food supply. While much less common (but sometimes still) an issue, a similar effect results from lavender products.

- Bisphenol A and S found in many plastics, which constantly contact our bodies and food.

- Phalates (also found in many plastics, I particularly care about this when sourcing IV supplies)

- Parabens (these are used for fragrances in many cosmetic products).

- DDT and PCBs are highly dangerous mutagenic chemicals. Despite their known toxicity (Monsanto, the initial PCB producer, saw within three years 23 of their 24 researchers develop disfigured faces) it took decades, and in some cases almost a century of activism, to remove them from the market. Massive amounts of these chemicals were produced, and they persist in the environment, accumulate up the food chain (especially via fish), and still affect people today. In addition to being destructive to both humans and wildlife, a good case can be made these chemicals created many of the changes we are still seeing today (such as the decline of male sperm counts).

While it is appreciated that increasing estrogen levels will directly feminize males, it is less appreciated that there are estrogen receptors in the brain that reduce testosterone levels when stimulated. Clomifene, a drug designed for inducing ovulation (either for patients who cannot ovulate, or to collect eggs for IVF) blocks this anti-testosterone receptor. Direct testosterone administration can be used for male health, however, many physicians also find significant benefit [from using clomifene](#), as it alone can raise testosterone, and in many cases treat male infertility.

This (and many pieces of evidence) suggest xenoestrogens play a key role in the male decline of testosterone.

One of the largest influences on testicular function is microwave radiation (emitted by cell phones and Wi-Fi enabled devices). Brain matter, the heart, and the testicles are the most susceptible tissues in the body to this microwave radiation (for those curious, there is actually a lot of research proving this).

Microwave field strength (per the inverse square law) exponentially decreases from its source, and a frequently successful approach for treating male infertility is to avoid carrying a phone in the pocket or using a laptop near the lap. While I am not familiar with the effects of this radiation on the ovaries, it has been shown that microwave field strength increases within the uterus rather than decreases as would be expected (the uterus is a fascinating organ) and that some degree of correlation between birth defects and prenatal EMF exposure exists.

Many other factors also influence testosterone levels and fertility. Two of the more interesting examples are metformin, a very commonly used medication for diabetes that has the curious side effect of reducing testosterone (which can be debilitating for older men who are already deficient in testosterone), and the widely used sugar replacement stevia, which has been repeatedly studied for its testosterone reducing and contraceptive properties. This all goes in a full circle as these many of these substances also interfere with metabolism thereby creating obesity, and fat cells via aromatase further perpetuate the cycle by turning testosterone to estrogen.

To tie this all together, Niels E. Skakkebaek, MD PhD, an expert in testicular cancer, has shown through Denmark's national cancer registry (maintained since 1943) that the rate of testicular cancer more than tripled from 1943 to 1993 and continues to grow since that time. At the same time, he also found sperm density fell from 113 million per milliliter in 1940 to 66 million per milliliter in 1990 and that the volume of sperm has dropped an average of 19%.

I suspect part of this correlation results from the increasing rates of undescended testicles in males, a condition that causes both male infertility and testicular cancer. In the 1950s per English research, an undescended testicle occurred in 1.6% of births, but now occurs in 3-5% of full terms births and 30% of premature births. This chronology (continual mismanagement of an eventually cancerous undescended testicle) amongst other things was responsible for the death of an anonymous blog writer I followed for years and learned a great deal from.

Female Approaches:

While male sterilization methods tend to be uniformly administered throughout the environment, due to mammalian biology, female sterilization typically requires more targeted approaches. The only exception I know of to this rule occurred in India in the 1970s, where their prime minister in return for international loans declared martial law and with military force mandated vasectomies, gruesomely sterilizing six million men before being forced to abandon this initiative due to violent male counterprotest (hence why only women are directly targeted for sterilization).

Sterilization through vaccination has long been viewed as the holy grail of population control, as global faith in vaccination allows the covert mass administration of sterilizing substances, and unlike many other methods, in theory it only needs to be done once. As such, a lot of research has been done in this area, but at least until recently, the technology for it was lacking. To fully understand the context of that approach, we will first review what has been done with the forced administration of traditional contraceptive and sterilizing technologies.

While the Nazis, who forcefully sterilized or executed millions they deemed unfit to breed, are history's most notorious offenders, many sterilization campaigns have been forcibly conducted by governments around the world against poor women of color. One of the best-known examples [occurred in the United States](#) from the 1960s to the 1970s. There, the Indian Health Services, through force and deceit,

sterilized between 25% to 40% of the female native American population via tubal ligations and hysterectomies, resulting in a halving of their birth rate.

Other examples include:

- 40,000 women that were sterilized in Colombia between 1963-65 by Rockefeller-funded programs.
- A million women were sterilized in Brazil between 1965-1971.
- A U.S.-imposed population control program administered by the Peace Corps in Bolivia sterilized Quechua Indian women without their knowledge or consent.

Population control is less straightforward once direct sterilization is no longer utilized, so it is important to understand the parameters of the existing technologies. On that note, one of the aspects of modern life I have always found to be particularly unfair is the lack of good birth control options. Every single option has serious associated health issues or creates barriers to intimacy. The only ones that don't (I know many people who use behavioral or spiritual practices such as the rhythm method and semen retention) inevitably fail.

As far as I can tell, the best birth control option is a well-designed diaphragm. Unfortunately, research on this approach was shelved once it was realized birth control pills represented a much more profitable market. While not ideal, my present belief is IUDs that can be tolerated are the best available option. Unfortunately, many women do not tolerate these either (for example, one of my classmates nearly failed out of her first year of medical school due to a bad reaction to a copper IUD).

Sadly, while there are serious health issues associated with the present forms of birth control, the current approaches (with the exception of the [recently discontinued](#) Essure) are much safer than many of the earlier experimental forms of birth control (the [horror](#) of the Dalkon Shields being an excellent example). Much of this is unknown, because as discussed in the previous [article](#) about the military's horrific forced experimentation with the Anthrax vaccine (which laid the groundwork for Operation Warp Speed), medical research is often conducted on vulnerable populations that typically remain out of sight and out of mind.

From a population management perspective, a long-lasting injectable birth control option is the only feasible option. After all, there's no guarantee people will take expensive pills indefinitely, it's unlikely you can regularly re-inject a population, and anything besides an injection is too time consuming to apply to large numbers of people.

One of the best candidates for that approach is the injectable Depo-Provera, one of the more harmful birth control options that has seriously affected the health of many women I know. Depo-Provera, as you would guess, is regularly used by international organizations in third-world countries. Going as far back as almost 50

years ago, in 1979, USAID through the International Planned Parenthood Federation supplied Depo-Provera to 378, 000 women in Mexico, Sri Lanka. and Bangladesh in experimental research projects. Widespread administration of Depo-Provera by these organizations continues to this day (with the additional involvement of more modern organizations such as the Gates Foundation who continue the tradition relentlessly distributing it to vulnerable women).

A push was made to distribute Depo-Provera far and wide, as you might expect, this was often done in an unethical manner where the recipients often had little knowledge of what was being done to them. We will briefly review a few of those examples.

In societies where whites controlled a non-white population, Depo-Provera was often questionably administered to the undesirable demographic. In South Africa, during apartheid, as the whites became increasingly concerned about the accelerating black birth rate, Depo-Provera was forcibly administered to black women at government-funded family planning agencies. To quote Dr. Nthato Motlana, who was at the time one of the country's leading Black physicians: *"there is no such thing as 'informed consent' here. The agencies are administering Depo-Provera shots to young black girls without even asking their consent."*

This practice also existed in Zimbabwe, where under white rule Depo-Provera was the most widely used contraceptive among black women until Robert Mugabe, a black man, became prime minister and cancelled the program. Canada, another country that [sterilized their indigenous population](#), also made frequent use of Depo-Provera on this demographic. Lastly, in Western Australia, Depo-Provera was also widely administered by government health services to Aboriginal women. This is a critical context to the cries for help this community has made against the Australian government's forced COVID vaccination programs.

When desperate situations arise, these too are frequently taken advantage of by international organizations to implement population control campaigns. Receiving Depo-Provera or a sterilization procedure is often made a requirement for receiving international aid. In Bangladesh, an area where individuals frequently starved to death, this was the condition for receiving food. In Thai refugee camps for Cambodians fleeing the collapse of the Khmer Rouge, refugees were often required to receive Depo-Provera to access necessities for survival, and in some cases simply forced to receive it, while male refugees were paid to recruit as many refugees as possible for injection.

When you look back at the above events, there are a variety of different "narratives" that could be used to describe them. Because of how many Depo-Provera shots had been stockpiled for and the money behind the project, for many of those involved in the process, the focus was simply on how to distribute as many as possible. So, whenever an opportunity to increase Depo-Provera uptake arose, it was taken advantage of it, and the ethical questions of using individuals' desperate

circumstances or taking away their right to consent was not even considered.

In other cases, such as that in Bangladesh, it could have easily been reasoned that “if there are too many people here and everyone is starving to death, it is not appropriate to feed someone unless they are also kept from having kids.” Finally, there are the cases, where selected races were deliberately sterilized to protect the interests of the ruling class and it is hard to argue their intentions were anything besides selfish and evil.

Each of these narratives is important to consider as we look at the immoral way the COVID-19 vaccines have been distributed and mandated. These ideas are recurring themes throughout history, and they have all repeatedly shown themselves during the current vaccination campaign.

Conclusion

Contrary to popular believe, most of the existing food shortages are a product of people wanting to profit from the unequal allocation of resources rather than a lack of available food. Many, I included, believe if we can live in harmony with our environment, the Earth has the ability to support at least 40 billion people. Similarly, if we have a more cooperative existence where we evolve the community around us, the motivation to have large numbers of children (the principal driver of population growth) will likely disappear.

This is all very doable and does not require extreme sacrifices in the quality of life for each human being. However, the nature of that model would create a cooperative self-sufficient social model where the oligarchy no longer has control over everything. This way of living is unacceptable to those in power, so the focus has always been on maintaining their power and keeping the population at a level that supports the existing hierarchy, something progressively more difficult to accomplish as our standards of living increase.

In our current era, the labor value of individual human beings has been significantly decreased by modern technology (particularly in the recent times with AI and Robotics). From many publications I’ve read, it appears that the Oligarchy now holds the perspective that the productive value our current population level offers has become outweighed by the costs of having that many people. The second part of this article will be released soon and discusses the various ways vaccinations have been used to affect fertility. In the meantime, I request you consider how the oligarchy might approach their current population dilemma.

Additionally, if you wish to know more on the subject for forced sterilization campaigns by the WHO, I would highly recommend reading Chapter 10 of *The Real Anthony Fauci*. It also researched this topic, but goes into much greater detail in many areas and provides supporting references.

This is the second article from an important three part series.
by [A Midwestern Doctor](#)

[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 hypotheses. 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-Diphtheria-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 in multiple cases were used as testing grounds for experimental vaccinations.

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, Diphtheria and Pertussis vaccinations were covertly tested on these children.

The whole cell pertussis vaccine (given in combination with tetanus and diphtheria) 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 β hCG: 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 Philippines, health officials at The WHO and Philippine 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 immunogenicity. hCG β was genetically fused at C-terminal to the B-subunit of E. coli heat-labile enterotoxin. The recombinant fusion protein (hCG β -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?

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 locate 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 to do 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 is the third article from an important three part series.

by [A Midwestern Doctor](#)

When COVID-19 started, it was very clear to me there was a coordinated global push for it that was eventually going to result in a mandatory adult vaccination program.

This naturally raised the question of “*why?*”

The leading hypotheses I had at the time were:

- The Western elite were willing to do whatever was necessary to take Trump out of office.
- China was willing to take desperate measures to stop Trump’s trade policies aimed at containing their economic growth.
- Silicon Valley was making a power grab to transition us to a virtual economy and possibly institute a mandatory digital tracking system under the guise of “public health”.
- The 0.1% had decided it was time to usher in an era of economic feudalism and impoverish everyone except the upper class (this is the subject of an article I am drafting).
- The mRNA technology represented a multi-trillion dollar market and the pharmaceutical industry desperately needed a crisis to get this unsafe technology into the marketplace.
- We were witnessing the next step [in a decade long campaign](#) by Bill Gates and the WHO to establish vaccine mandates for adults.

Once the mRNA (and recombinant adenovirus) spike protein vaccines entered the market, it became very clear they were extremely deadly ([friends kept on contacting me about their dead relatives](#)), and that we were witnessing [the most aggressive propaganda campaign I had seen in my lifetime](#). I knew mandates were around the corner, and because of how dangerous these vaccines were, that these mandates would permanently break the trust in Modern Medicine upon which trillions had been invested over decades to create.

This raised a much more ominous question for me. **What could possibly justify destroying the public's trust in the medical industry and what could possibly justify mandating these shots for the U.S. military?** I thought this over for a while and could only identify a few possible explanations:

- Our system [is now so hopelessly corrupt](#) that the medical industry is willing to shoot themselves in the foot for short-term profit.
- The mRNA vaccines were part of [a coordinated biological weapons attack by China](#) to topple the United States as a global super power and China was able to strategically apply pressure (through bribes or blackmail) to convince Western leaders to follow the lockdowns to mandatory mRNA vaccines agenda.
- A decision had been made by the financial global leadership that governmental stability over the next decade would require a global transition to nations becoming biosecurity states.
- The mRNA vaccines were designed to create a change in the human species which was deemed more far important than the inevitable casualties that would emerge from the toxicity of the mRNA technology.
- The actual purpose of the vaccination program was to reduce the global population because the global leadership had concluded that our current population levels were no longer acceptable.

The Depopulation Agenda:

When you study the history of the world, it becomes very clear the Western ruling elite (along with other leaderships) has had a pathologic obsession with population control and eugenics for centuries. In my own research, I have been able to trace this philosophy infecting the Western rulership as far back as the 1700s, and there have been countless examples of campaigns to sterilize or euthanize undesirable members of the population since then.

I attempted to objectively summarize this immensely complex and emotionally charged subject here (focusing primarily on sterilization initiatives rather than overt and stealth euthanasia programs):

The Forgotten Side of Medicine

[The History of Population Control is Important for Understanding COVID-19](#)

Reducing global population has been a consistent goal of the ruling class for centuries. While many support the abstract idea of population control, no one wants to volunteer to be the ones who are culled. The business of population control has hence been a very messy subject...

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4 months ago · 181 likes · 199 comments · A Midwestern Doctor

If you do not have time to read this article, there are a few key takeaways from it:

- A wide range of approaches have been utilized to reduce the population, many of which directly affect your health and total lifespan regardless of your desire to have children.
- These horrific sterilizing campaigns are always first conducted on vulnerable and ignored groups of people (i.e. impoverished racial minorities), so that these campaigns can first be trialed and refined out of sight and out of mind.
- It is in everyone's best interest to stand up for these vulnerable groups because if you allow evil to be done to them, that same evil will eventually end up on your doorstep, and by the time it has built enough momentum to get there, it is very difficult to stop.
- The primary obstacle to these campaigns has always been their technological feasibility; their morality is rarely if ever considered.

It is my belief that vaccines represent the ideal form of population control because they are very easy to administer, they can provide long-term or permanent sterilization and the blind public faith in vaccination prevents most people from ever questioning sterilization done under the guise of "public health." I am not the only person who realized this and the Western Elite (currently led by the WHO and Bill Gates) have spent decades attempting to develop sterilizing vaccines.

There is clear evidence forced trials of sterilizing vaccines have been repeatedly occurring over the decades. As such, it was reasonable to assume that the Eugenacists would not let an opportunity like the Covid vaccines to go to waste, and there was a real possibility that something was present in the mRNA vaccines that would cause sterility or death. I likewise attempted to objectively summarize this complex and emotionally charged subject here:

The Forgotten Side of Medicine

[The Complete History of Depopulation Vaccines](#)

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...

For those of you who do not have the time to read this, the key points were as follows:

- Despite widespread protest against the surreptitious campaigns that often forced them to stop, the WHO always restarted the campaigns once everyone let their guard down.

- Once again, the primary obstacle to sterilizing vaccinations has always been their technological feasibility.

- Many of these approaches were initially developed through animal research and wildlife management. Pfizer's CEO previously worked in this field and there is a good case to be made the common people are viewed not that differently from livestock by the global rulership.

- Many people you know have likely have already been affected by these sterilizing vaccines.

- The scientific community went from decades of denying this could ever happen to euphemistically labelling it "immunocontraception."

- There are many signs the mRNA vaccines were designed to adversely affect fertility.

One of the challenges we experience when presented with large amounts of uncomfortable information is a tendency to zone out or intellectually disassociate as one tries to make sense of the information. For this reason, I try to share first-hand accounts from readers who have first-hand experience of what happened. This was shared by one reader after I published the above article:

"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 C-section 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."

Recently, Andrew Wakefield and RFK completed a 28 minute documentary about that sterilizing campaign in Kenya. I feel this is an immensely valuable documentary to watch because it reflects many of the themes outlined in this article, the producers provided irrefutable proof it happened alongside effectively portraying the human cost of this campaign, and the documentary is short enough that more neutral parties who have not formed a position on these vaccines can receive its message.

The video will play if you click on the picture. It can also be shared by sending your friends to <https://infertilitymovie.org> and viewed on [bitchute](https://bitchute.com). I would highly advise you watch this video as it brings many of these themes home and makes them much more real to each of us (which is critical so we are not taken by surprise when they emerge in the future). Additionally, if you scroll [down the page](#), there is also an hour long roundtable discussion on the topic you can watch.

Thank you for taking the time to review this article, watch the video and share this with people you feel needed to see it. Please let me know if you appreciated the shorter format.

Blessings,

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