

African Women Injected With Vaccines Laced with Anti-fertility Hormones

Christina England | December 10 2014



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Recently, there has been a flurry of reports in the media claiming that women of childbearing age in Kenya have been vaccinated with tetanus vaccinations containing the anti-fertility hormone hCG, rendering them infertile.

The reports came in after doctors from the Kenyan Catholic Doctors Association found an antigen causing miscarriage in the tetanus vaccinations that were administered to 2.3 million girls and women by the World Health Organization and UNICEF. [1]

In October 2014, Dr. Wahome Ngare, a member of the Catholic Doctors Association, told Points of View at KTN Weekend Prime that the women of Kenya had been vaccinated with a new tetanus vaccine that had not come through the usual channels and stated that the Catholic Church administers 65 percent of all vaccines.

One Brave Doctor Speaks Out

Dr. Ngare told KTN:

“There is a new batch of vaccine that have come from WHO through the

Your generous gift will change lives.

Serious vaccine injuries happen to children every day and are often ignored by medical professionals.

Each parent has their own story, journey, experience, and feelings to share with you.

Facing that journey is precisely why we are developing programs to help parents heal that have a vaccine injured child.

Ministry; it is not coming through the normal channels, so it is not the ordinary vaccine that we have been using. That is the big proof that there, the third one is that we have actually tested this vaccine and found it to contain hCG. The batch that was used in March.”

On hearing this statement, KTN interviewer Ms. Yvonne Okwara asked:

“Right, urm – that was the batch that was used in March; however they have just concluded the third phrase today. Does the vaccine used today contain this hormone that you are saying causes sterility?”

Dr. Ngare answered her with a question of his own:

“Whose moral position is it to do that?”

And added:

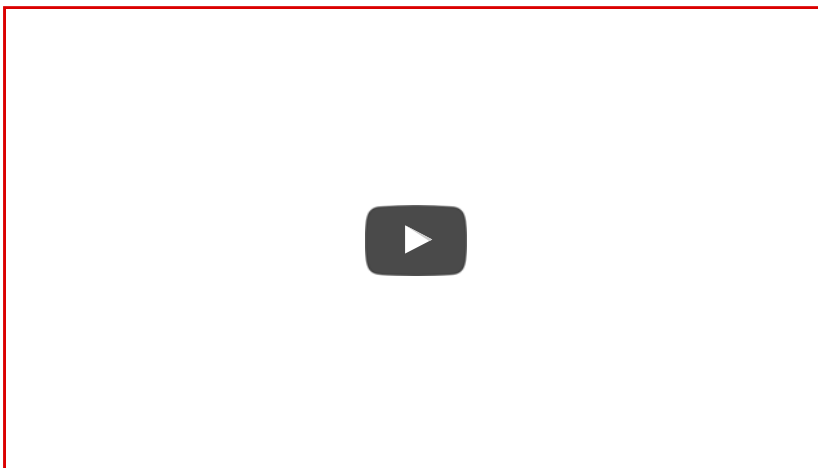
“It is the Ministry of Health’s responsibility to protect the health of Kenyans.”

Ms. Nyakwae appeared undeterred by his comment and simply repeated her question, to which Dr. Ngare answered:

“No tests have been done on this batch because it is very hard to access them, but we are trying to get access to these vaccines, and if we do run the tests, then ...”

Sadly, Ms. Nyakwar prevented Dr. Ngare from continuing because she interrupted him by directing her next question to Dr. Collins Tabu from the Ministry of Health.

Dr. Tabu opened his statement by saying how shocked he was that there were allegations being made from what he called very responsible people and leaders of society. He stated that they had been vaccinating in Kenya for the past thirty years and that they had used the same vaccine for the past thirty years.



This leaves us to question who exactly is telling the truth.

Doctor Continues His Efforts to Protect Kenyan Girls and Women

Dr. Ngare remains adamant that the vaccine given in March is a different tetanus vaccination than the one that had been given to women previously, and in a signed statement written on November 4, he wrote:

“Our concern and the subject of this discussion is the WHO/UNICEF sponsored tetanus immunization campaign launched last year in October ostensibly to eradicate neonatal tetanus. It is targeted at girls and women between the ages of 14 – 49 (child bearing age) and in 60 specific districts spread all around the country. The tetanus vaccine being used in this campaign has been imported into the country specifically for this purpose and bears a different batch number from the regular TT. So far, 3 doses have been given – the first in October 2013, the second in March 2014 and the third in October 2014. It is highly possible that there are two more doses to go.”

He continued by adding that:

“Unlike other mass vaccination exercise, this particular WHO/UNICEF organized and sponsored tetanus vaccination campaign was launched at the New Stanley Hotel in Nairobi which is extremely unusual for a public campaign.”

He also said:

“Normally in Kenya, TT vaccination is given as follows:
(i) Immunize all children (both boys and girls) against tetanus with the first 3 primary vaccinations in early childhood.
(ii) Pregnant women get two doses of tetanus vaccine at least one month apart.
(iii) A booster can be given every three to five years.
(iv) After any injury with resultant broken skin.

Giving three or five doses of tetanus vaccination at six months intervals is not usual and will definitely not eradicate neonatal tetanus!”

Dr. Ngare concluded his fierce rebuttal by stating:

“Doctors Association have performed their moral and civic duty of speaking the truth and alerting the government and the people of Kenya. It is now up to each individual Kenyan to make an informed choice.

As for Dr. Osur’s chama members, kindly Google “Fertility regulating vaccines” and “Are New Vaccines Laced with Birth-Control Drugs?” for further insight.

Yours faithfully,

For: Kenya Catholic Doctors Association.

*Dr. Wahome Ngare
 Obstetrician/Gynecologist.”*

What happened next will come as no surprise.

WHO Covers Up the Truth

Obviously worried that news of the contaminated vaccines had been leaked, the World Health Organization stepped in, attempting to calm things down.

During a press conference that took place on November 13, 2014, Professor Marleen Temmerman, Director of Reproductive Health and Research for the World Health Organization (WHO), was filmed trying to reassure the public. Capital News FM Kenya reported the story.

I found it almost laughable that during her impressive speech taking all of two minutes, Professor Temmerman managed to state on camera that tetanus vaccines were absolutely safe, four times, which, you must agree, was somewhat excessive.

Temmerman began by stating:

“On the tetanus vaccine, erm, we can only confirm that the tetanus vaccine is absolutely safe; it is not the WHO who’s importing the vaccine, it is the vaccine that is made, is manufactured by companies, em, what UN is doing is amongst other quality control but we can assure you that the vaccine is absolutely safe and is free of hCG.”

After even more, what can only be described as waffle, trying to reiterate that fact the vaccines are safe, Temmerman ended her short speech by recommending the vaccine to PREGNANT WOMEN, which, according to her, would protect newborn babies from the disease. She concluded her announcement by stating:

“The tetanus jab has to be continued because every day that you stop the vaccination program that you stop the chapter of the pregnant mothers who will not have received the vaccination and whose children whose babies are at a higher chance of dying because of missing the vaccine, because of tetanus. So please continue to check through what ever investigation is needed, we are very confident that the tetanus vaccine is absolutely safe.”



Although Professor Temmerman’s announcement may have been able to convince the majority of the public that all is well, she appears to have forgotten a paper titled *Fertility Regulating Vaccines* that was written in 1992.

WHO Papers From 1992 Tell A Different Story

In 1992, a meeting took place between the World Health Organization (WHO), the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA) and the World Bank, in Geneva, Switzerland, to discuss the then-current status for the development of “fertility regulating vaccinations.” [2]

At first glance, it appeared as if the WHO were discussing various methods of family planning with women’s health advocates and scientists from developing countries. On further reading, something far more worrying emerged.

During the introduction, the WHO discussed “fertility regulation” and how their specialist program would carry out activities to strengthen the research capabilities of developing countries, enabling them to meet their own research needs and participate in the global effort in human reproduction research.

The Meeting Takes a Sinister Turn

There were twenty participants at the meeting: ten scientists and clinicians from Australia, Europe, India and the USA involved in funding fertility regulatory vaccines (FRVs) research; and ten women’s health advocates from Africa, North and South America, Asia and Europe, with backgrounds in immunology, service delivery and social and clinical research, as well as a wide experience of working with women.

The purpose of the meeting was to discuss a new approach to “fertility regulation.”

On page 12 of the report, the groups can be found discussing the development of vaccinations against hCG, a hormone produced by the cells surrounding the early embryo and later, by the placenta, during pregnancy.

Primates are Rendered Infertile

WHO stated that hCG is a hormone produced by the body to establish and maintain a pregnancy and further stated that when primates were vaccinated using anti-hCG vaccines, they were rendered infertile without any detectable alteration to their menstrual cycle!

What I found even more worrying was the lack of indication as to whether their infertility was permanent or temporary.

According to WHO, anti-hGC vaccinations were being developed independently by the National Institute of Immunology (NII) in New Delhi, the Population Council in New York and Development and Research Training in Human Reproduction (HRP).

The report stated that most of the work was still in the experimental stages; however, vaccines using other hormones had reached the clinical testing stages.

The Plot Deepens

On page 15, the report stated that it had been “*noted that the research on all three*

anti hCG vaccines was still at an early stage and that a further 5-10 years of testing, evaluation and further development would probably be needed before any of these vaccines would be suitable for marketing.”

Nothing strange here; however, on page 17, alarm bells began to ring as the authors revealed that the main carriers being used in the prototype vaccines were the diphtheria toxoid DT and the tetanus toxoid TT.

The WHO is Caught Red-Handed Experimenting on Women in India

Two years later, in 1994, the World Health Organization was discovered to be vaccinating females aged between 15 and 45 in developing countries with a tetanus vaccine containing the hCG hormone.

The vaccines were given to thousands of women in Mexico, Nicaragua and the Philippines. This was discovered after an organization called Comité Pro Vida de Mexico became suspicious of the protocols surrounding the vaccines and obtained several vials for testing.

It was discovered that some of the vials contained human chorionic gonadotropin (hCG). This is the exact same hormone that WHO, UNDP, UNFPA and the World Bank were discussing just two years earlier.

When combined with a tetanus toxoid carrier, the vaccines cause a woman's body to produce antibodies against pregnancy, forcing her body to abort the fetus spontaneously. The ThinkTwice Global Vaccine Institute, reporting on the story, stated:

“In nature the hCG hormone alerts the woman's body that she is pregnant and causes the release of other hormones to prepare the uterine lining for the implantation of the fertilized egg. The rapid rise in hCG levels after conception makes it an excellent marker for confirmation of pregnancy: when a woman takes a pregnancy test she is not tested for the pregnancy itself, but for the elevated presence of hCG.

However, when introduced into the body coupled with a tetanus toxoid carrier, antibodies will be formed not only against tetanus but also against hCG. In this case the body fails to recognize hCG as a friend and will produce anti-hCG antibodies. The antibodies will attack subsequent pregnancies by killing the hCG which naturally sustains a pregnancy; when a woman has sufficient anti-hCG antibodies in her system, she is rendered incapable of maintaining a pregnancy.” [3]

Curiously, no men, boys or babies were vaccinated during the program. The only people vaccinated with this particular vaccine were women aged between 15 and 45. Was it a coincidence that these vaccines were only given to women of childbearing age? After all, anyone can contract tetanus, can't they?

This is Nothing New

According to J. A. Miller, WHO began what he calls their “Special Program” in human reproduction in 1972. In a paper titled *Are New Vaccines Laced With Birth Control Drugs?*, published in 1995 by HLI Reports, Miller stated the following information in a section titled The Known Facts:

“The WHO began its “Special Programme” in human reproduction in 1972, and by 1993 had spent more than \$356 million on “reproductive health” research. It is this “Programme” which has pioneered the development of the abortifacient vaccine. Over \$90 million of this Programme’s funds were contributed by Sweden; Great Britain donated more than \$52 million, while Norway, Denmark and Germany kicked in for \$41 million, \$27 million, and \$12 million, respectively. The U.S., thanks to the cut-off of such funding during the Reagan-Bush administrations, has contributed “only” \$5.7 million, including a new payment in 1993 by the Clinton administration of \$2.5 million. Other major contributors to the WHO Programme include UNFPA, \$61 million; the World Bank, \$15.5 million; the Rockefeller Foundation, \$2.5 million; the Ford Foundation, over \$1 million; and the IDRC (International Research and Development Centre of Canada), \$716.5 thousand.” [4]

Interestingly, just like today, when reports came in from the Comité Pro Vida de Mexico stating that the vaccines being used in the Philippines and Mexico were found to be contaminated with the hCG hormone, WHO and the Department of Health (DOH) denied this vehemently. Miller wrote:

“Confronted with the results of laboratory tests which detected its presence in three of the four vials of tetanus toxoid examined, the WHO and DOH scoffed at the evidence coming from “right-to-life and Catholic” sources. Four new vials of the tetanus vaccine were submitted by DOH to St. Luke’s (Lutheran) Medical Center in Manila — and all four vials tested positive for hCG!

From outright denial the stories now shifted to the allegedly “insignificant” quantity of the hCG present; the volume of hCG present is insufficient to produce anti-hCG antibodies.”

It will be interesting to see if history repeats itself, won’t it?

The best part of Miller’s extremely enlightening and thought-provoking paper is written in the next paragraph:

“But new tests designed to detect the presence of hCG antibodies in the blood sera of women vaccinated with the tetanus toxoid vaccine were undertaken by Philippine pro-life and Catholic groups. Of thirty women tested subsequent to receiving tetanus toxoid vaccine, twenty-six tested positive for high levels of anti-hCG! If there were no hCG in the vaccine, or if it were present in only “insignificant” quantities, why were the vaccinated women found to be harboring anti-hCG antibodies? The WHO and the DOH had no answers.”

No surprises there, then!

Conclusion

Looking back through the history of hCG-spiked tetanus vaccines, there is no doubt in my mind that vaccines containing the hCG hormone have been used on women of childbearing ages in Kenya in what can only be described as a deliberate attempt to reduce the population.

I feel that, instead of criticism that the masses are currently lobbying at Dr. Wahome Ngare, they should instead applaud his brave actions. After all, not many doctors would have been prepared to put their life on the line for young women in Kenya and around the world by sharing the truth about these dangerous vaccines.

References

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