Who’s Behind the Program to Sterilize Kenyan Women Without Their Consent?

27 Kenyan bishops have an idea.

PRI Staff / November 14, 2014

In Paul Ehrlich’s crude fantasy, *The Population Bomb*, “compulsory birth regulation” was to be achieved by polluting the water supply with “mass sterilizing agents.” But more sophisticated population controllers dreamed of a contraceptive vaccine that would, with the stick of a needle, sterilize women for years, or a lifetime.

This dream became a reality in the early 1990s, when researchers learned that mixing human chorionic gonadotropin (beta-HCG) with tetanus toxoid resulted in a vaccine that not only protected women against tetanus but, when given in a series, could be used to render them infertile as well. Trials showed that two vaccinations, or even three, were insufficient. To trick a woman’s immune system into successfully attacked her own beta-HCG – the pregnancy hormone without which any babies she conceived could not survive – a series of five injections was required.

There was only one problem: most women in the developing world would not voluntarily submit to be vaccinated against pregnancy. They regarded their fertility as a gift, and children as a blessing. So the population controllers at the United Nations – for the good of humanity of course – apparently came up with a plan.

They would carry out “tetanus vaccination campaigns” among young women in developing countries without informing them that they were being vaccinated against pregnancy at the same time. Such campaigns were reportedly carried out in Mexico in 1993, the Philippines and Nicaragua in 1994, and in Peru the following year.
In each case the campaigns were dogged by controversy. Local doctors raised questions about why it was necessary to give a series of five vaccinations against tetanus at six-month intervals rather than the usual two or three. They also observed that women who had been vaccinated miscarried in large numbers or were unable to conceive at all. Finally, tests carried out by Catholic doctors in Peru and the Philippines showed that the World Health Organization (WHO) vaccines were tainted with beta-HCG, results that the WHO brushed off as accidental contamination.

Now the same UN agencies are back, carrying out the same kind of vaccination program on the young women of Kenya. But this time the Kenyan Catholic Medical Association, and the Kenya Conference of Catholic Bishops are calling them out.

A statement, signed by all 27 Kenyan bishops, condemns the WHO/UNICEF tetanus vaccination campaign because they “are convinced that it is indeed a disguised population control program.” Here is what the bishops say:

Dear Kenyans, due to the direction the debate on the ongoing Tetanus Vaccine campaign in Kenya is taking, We, the Catholic Bishops, in fulfilling our prophetic role, wish to restate our position as follows:

1. The Catholic Church is NOT opposed to regular vaccines administered in Kenya, both in our own Church health facilities and in public health institutions.

2. However, during the second phase of the Tetanus vaccination campaign in March 2014, that is sponsored by WHO/UNICEF, the Catholic Church questioned the secrecy of the exercise. We raised questions on whether the tetanus vaccine was linked to a population control program that has been reported in some countries, where a similar vaccine was
laced with Beta-HCG hormone which causes infertility and multiple miscarriages in women.

3. On March 26, 2014 and October 13, 2014, we met the Cabinet Secretary in charge of health and the Director of Medical Services among others and raised our concerns about the Vaccine and agreed to jointly test the vaccine. However the ministry did not cooperate and the joint tests were not done.

4. The Catholic Church struggled and acquired several vials of the vaccine, which we sent to Four unrelated Government and private laboratories in Kenya and abroad.

5. We want to announce here, that all the tests showed that the vaccine used in Kenya in March and October 2014 was indeed laced with the Beta-HCG hormone.

6. On 13th of October 2014, the Catholic Church gave copies of the results to the cabinet secretary and the Director of Medical Services. The same was emailed to the Director of Medical Services on October 17, 2014.

Based on the above grounds, We, the Catholic Bishops in Kenya, wish to State the following:

1. That we are shocked at the level of dishonesty and casual manner in which such a serious issue is being handled by the Government.

2. That a report presented to the Parliamentary Committee on Health November 4, 2014 by the Ministry of Health, claiming that the Government had tested the Vaccine and found it clean of Beta-HCG hormone, is false and a deliberate attempt to distort the truth and mislead 42 million Kenyans.

3. That we are dismayed by attempts to intimidate and blackmail medical professionals who have corroborated information about the vaccine, with threats of disciplinary action. We commend and support all professionals who have stood by the truth.

4. That we shall not waver in calling upon all Kenyans to avoid the tetanus vaccination campaign laced with Beta-HCG, because we are convinced that it is indeed a disguised population control program.
What makes the claims of the Kenyan bishops all the more plausible is that the population control movement does not have a good track record when it comes to respecting the rights of women, in Kenya or anywhere else. For instance, the most recent Demographic and Health Surveys carried out by USAID in Kenya reveals that almost half of all current users of what is called “modern contraception” were not informed about the side effects of the birth control pills or Depo-Provera injections that they have been given. Incredibly, 8 percent of the women who were sterilized by tubal ligation were not even told that the method was permanent.

To date, WHO has not responded to these concerns, deepening suspicions about the vaccination campaign.

In order to help clear up the matter – one way or another – PRI will be doing blood and urine testing of several dozen Kenyan women who have recently received the tetanus toxoid vaccination. Laboratory testing will be done to detect any beta-HCG, or beta-HCG antibodies, that may be present. If these substances are present – and if the women in question are not pregnant – then that will help to confirm that the tetanus toxoid injection was the culprit.

Regardless of the outcome of our testing, many people in the developing world will continue to believe that the plans devised by Paul Ehrlich and others to chemically and surgically sterilize them is still being carried out – by stealth.

Given that they have been subjected to more than a half century of population control programs under the guise of “family planning” and “reproductive health,” who can blame them?
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