

The Complete History of Depopulation Vaccines

They are much more common than you would think



A Midwestern Doctor

Apr 5

♡ 262

💬 249



[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 a virus to carry the antigen, and as with rheumatic fever, the immune system is programmed to



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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 is not a common side effect (it does not occur with other major vaccines) as being an insignificant vaccine is working").



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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 intention of the vaccine is to be passed to your progeny. No

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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

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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:

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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.



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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.”

Giv



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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.”



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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).

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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



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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.
- Repeated inoculations are given at short intervals (each campaign

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conjugate of tetanus toxoid at short intervals).

“family planning.” By November 1999, the vaccine was being used as a political pro-life organization, where millions of women in Nicaragua were allegedly vaccinated with an anti-fertility

In 1999, tetanus vaccine was being used as a political pro-life organization, where millions of women in Nicaragua were allegedly vaccinated with an anti-fertility

As the den

first reports surfaced in health agencies categorically denied the 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 health policy is implemented, everyone involved lies and

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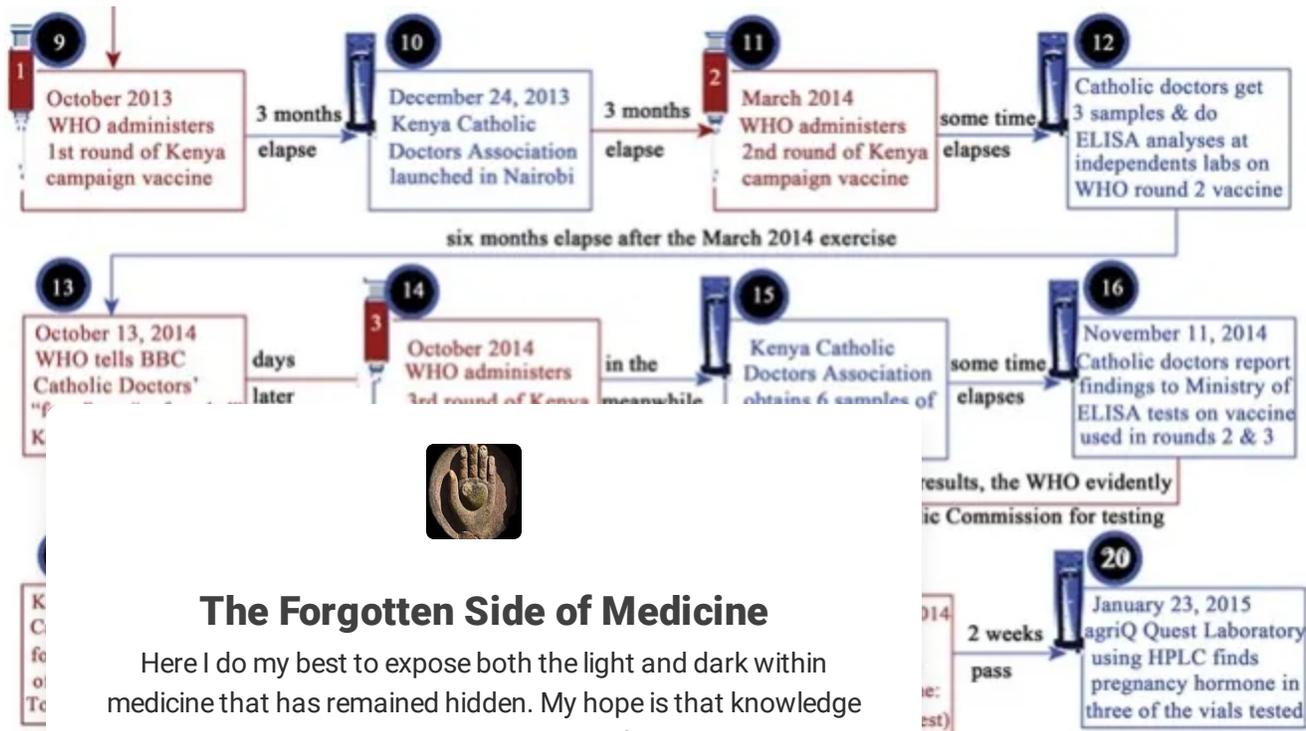
popular policy to

WHO backed off and the following years, Bill 10-billion-dollar towards vaccination and

gn [was finally initiated](#) in during age and the vaccines required with 6 months

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:



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...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. hCGβ

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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.

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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

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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.

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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.

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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.

Gardasil was 25%, and miscarriage rate of 8% to estimate). Despite the COVID-19 vaccination age data concerning. The observed in the placebo variant, the primary toxic HPV vaccine miscarriage rate was observed which should have informed

in 30 days of conception. occurred compared to the this vaccine, the rate was

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



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

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

(per 1,000 women)



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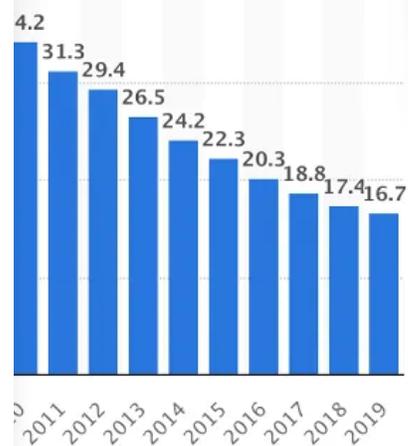
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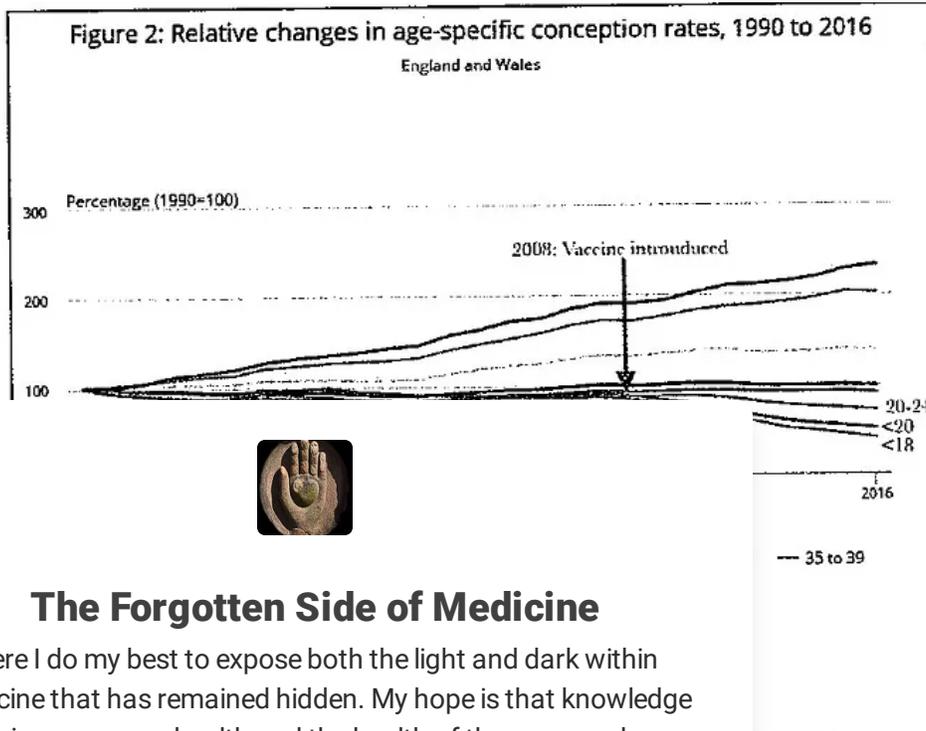
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Conception Statistics 2016

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pregnancy rate declined 60%

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

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Here I do my best to expose both the light and dark within medicine that has remained hidden. My hope is that knowledge can improve your health and the health of those around us.

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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 it's a possibility).

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vaccines



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severely injured or died. Usually there is an association reported with the COVID-19

period of sterility, as it. Some groups have examined it and were able to solve this

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create a prolonged immune response. One of the reasons why vaccine development for COVID-19 infection. I also read that DPX (which was designed to be used in the development of 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 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

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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

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Joe Apr 5



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ne was still a teenager, she
mother student who had
shot. Nearly every one of her
some sort of fertility-related
self has had multiple
al cycles, sudden death of the
doctor who delivered her via
everything was going wrong,
and is normal in every way,

ere spared the vaccine, and

. We were able to get
o get the vaccines, but her
the first Covid shot or she
weren't able to reach her

because she has no phone and I'm not sure what we could have done anyway, because without the exam results you can't do much of anything in Kenya.

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

♡ 90 Reply Collapse

55 replies by [A Midwestern Doctor](#) and others



Ray Horvath, "The Source" :) Writes Ray's Newsletter Apr 5

All "vaccines" are poisons. Moreover, just about everything the butchers call medications

are the same. Over-the-counter included...

♡ 28 Reply Collapse

12 replies by A Midwestern Doctor and others

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