

The Kenyan Tetanus Shot: Vaccine conspiracy or racist population control campaign?

Government funded tetanus vaccines, Keynan Catholic Bishops and miscarriages. How are these things connected to one another?

When Catholic bishops in Kenya issued a [press release](#) last month questioning their government's internationally-funded [tetanus vaccine](#) campaign directed at women and girls and warned that it might be laced with an experimental contraceptive that makes them miscarry their babies, it was barely mentioned by the mainstream media outside of Kenya. The BBC carried a brief [story](#) that dismissed the allegations as "unfounded" and suggested that even raising such questions was dangerous as it could frighten people from a "safe and certified" lifesaving vaccine.



The few bloggers that gave the bishops any attention were mostly accusatory, like the "[friendly atheist](#)" who compared them to Muslim fundamentalists who had somehow got it into their paranoid heads that the West was trying to render them infertile.

"If beggars believe that these men think that one day they'll get high-fives from their Maker despite the death and suffering they willfully [sic] created," he concluded.

The larger Catholic church was silent and no human rights groups rushed to investigate the bishops' claims, so the whole controversy seemed to evaporate like smog - a backward, African version of a wacky vaccine conspiracy theory, with Catholic anti-birth control overtones. What could poor, black women have to fear from uber-rich white philanthropists and global organizations bearing health-giving pharmaceuticals after all?

BLACK BOX MEDICINE

Well, there is that niggling 60-year history of contraceptive testing on poor, mostly black women in developing countries. Practically every contraceptive ever marketed to Western women was first tried out on some unsuspecting and undereducated poor women, often without access to running water, let alone basic healthcare or a lawyer.

From the revolutionary first birth control pill, experimented on Haitian and Puerto Rican women in the 1950s (who suffered blood clots and strokes while the researchers adjusted the doses to make it saleable), through the now-shelved hormone-leaking Norplant rods inserted in the arms of Bangladeshi slum women in the early 1980s, some of whom, going blind or endlessly bleeding, were refused when they begged to have the things removed, to the women and girls in rural Ghana who were part of the "Navrongo Experiment" between 1994 and 2006 and, [according to black activists](#), left conveniently unaware of the FDA's Black Box Warning about life-threatening potential side effects of the experimental Depo Provera contraceptive implant they were given as part of a "general health care" program. It seems that the poor women are always involved except when the pharmaceutical company is paying the lawsuit claims.

Or perhaps the Kenyan bishops were thinking of the nasty side population controllers sometimes shown when they're in Third World countries. There are nice population control people in places like India who will give men

guns for vasectomies or women a [chance to win a refrigerator](#) or the world's cheapest car for surgical sterilization. But then there are the population control jihads, like the type that saw Indian men forcibly sterilized on railway platforms in the 1970s in the quest to defuse the "population bomb." They still oversee [programs today](#) where Indian women are dumped like chattel on the streets after surgical sterilization "mega camps" or left bleeding on straw mats after tubal ligations at a rate of [two-per-minute, by flashlight](#).

Maybe the Kenyan bishops were thinking of the way US and international foreign aid and private foundation funding has steadily trickled into these countries in the billions, while these type of government-run programs that reduce birth rates are in full swing. But why would they ever suspect foreign-funded programs in Kenya? And why were they so concerned about the tetanus campaign?

"Is there a tetanus crisis in Kenya? If this is so, why has it not been declared?" the bishops asked, noting that the Catholic Church's 83 health centres, 311 dispensaries and 17 medical training centres that had not heard about it. Also, if "so many life threatening diseases [are] in Kenya, why has tetanus been prioritized?"

Fair enough questions. Then they got weird:

"We are not convinced that the government has taken adequate responsibility to ensure that Tetanus Toxoid vaccine (TT) laced with Beta human chorionic gonadotropin (b-HCG) sub unit is not being used by the sponsoring development partners. This has previously been used by the same partners in the Philippines, Nicaragua and Mexico to vaccinate women against future pregnancy. Beta HCG sub unit is a hormone necessary for pregnancy."

The notion of a contraceptive-laced vaccine sounds ridiculous to most Westerners. What are they talking about?

BACKGROUND

"The population growth and unintended pregnancies are major public health issues worldwide," begins this [2011 overview](#) of contraceptive vaccines in the *American Journal of Reproductive Immunology*.

"Contraceptive vaccines (CV) have been proposed as valuable alternatives that can fulfill most, if not all, of the properties of an ideal contraceptive. As the developed and most of the developing nations have an infrastructure for mass immunization, the development of vaccines for contraception is an exciting proposition."

Indeed, a contraceptive vaccine is a sort of "Holy Grail" for population researchers. It turns out they've been beavering away at this technology since the 1960s and they have made some significant inroads. They've developed three different types of vaccines against pregnancy:

- One against women's eggs
- One against sperm
- One against early embryos (trophoblasts) that induces very early miscarriage

The egg vaccines turned out to be the most troublesome. "Our goal with our vaccine was to develop autoimmunity," Bonnie Dunbar, a 20-year veteran vaccine researcher, told the 4th International Public Conference on Vaccination in 2010, according to a [report](#) from a Population Research Institute reporter who was there. Dunbar had entered the field with aims of curtailing population growth and said that she wanted to train rabbits' immune systems to attack their own zona pellucida glycoproteins on their ova, as it happens sometimes in infertile women. She used pig proteins in her vaccine, just foreign enough to "trick the rabbit into inducing antibodies against its own self proteins."

It turned out to be too effective.

"We found out when we immunized these animals, however, that we completely destroyed the ovaries," Dunbar said. "Unfortunately, we weren't just looking at preventing fertilization now; we generated a complete autoimmune disease, which is also known as premature ovarian failure."

In every animal model she tested the vaccine in, including primates, it caused permanent autoimmune failure of the ovaries induced by their own bodies. After viewing the slides of these blasted ovaries, Dr. Dunbar called it quits.

"I am responsible," she declared, "for killing this vaccine for further human research, and I made some people in my biotech company and some other people very unhappy."

The anti-sperm vaccine efforts have been far more rewarding, however. "Various sperm antigens/genes have been delineated, cloned, and sequenced from various laboratories," wrote West Virginia University Professor Rajesh Naz in his 2011 paper [Antisperm Contraception: Where we are and where we are going](#).

"Vaccination with these sperm antigens (recombinant/synthetic peptide/DNA) causes a reversible contraceptive effect in females and males of various animal species, by inducing a systemic and local antisperm antibody response."

One lab has even managed to produce a [nasal spray vaccine that renders mice infertile](#).

In fact, the anti-sperm vaccines have been so successful that the US Environmental Protection Agency [announced](#) in 2012 that it registered a contraceptive vaccine for use on wild horses which is now currently being tested on elephants in South Africa.

But most promising of all have been the anti-human chorionic gonadotropin hormone (hCG) vaccines - the kind the Kenyan bishops are worried about. "Human chorionic gonadotropin (hCG) appears soon after fertilization of the egg and plays a critical role in implantation of the embryo, explains a [2013 report in the Annals of the New York Academy of Sciences](#) .

Flooded by the hCG hormone during pregnancy, women's immune systems won't attack it because it is natural and facilitates a newly conceived embryo implanting in its mother's womb. To overcome this immunological tolerance, researchers attached a subunit of hCG to the tetanus toxoid in a tetanus vaccine to trick the immune system into making antibodies that would attack hCG, and cause early miscarriage.

In Gursuran Talwar's article from the Talwar Research Foundation in New Delhi, India, Talwar has been researching contraceptive vaccines for organizations including the World Health Organization and the Population Council for decades and published his first paper on an hCG contraceptive vaccine in 1976 - coincidentally when the WHO launched its anti-neonatal tetanus campaign targeting women of childbearing age.

Neonatal tetanus is unheard of in Western countries. It still claims many infants in the developing world, however, mostly because of squalid delivery conditions, co-infections like malaria and maternal malnutrition, including vitamin A deficiency and anemia.^[2] The typical Western response to a deep-rooted problem like this: vaccinate.

CONTROVERSY

Talwar began testing his hCG contraceptive on Indian women as far back as 1990 when he found that of the 148 women inoculated with his anti-hCG vaccine, none conceived so long as they received regular boosters at intervals of a few months to keep their antibody titers high enough.

Soon after these experiments, the controversies began. In the mid 1990s, the World Health Organization, in

partnership with other international groups, including UNICEF, rolled out anti-tetanus vaccine campaigns in developing countries including the Philippines. Women and girls of child-bearing age only were recruited for multiple tetanus vaccine injections just months apart - not the usual tetanus vaccine schedules several years apart - in order to prevent neonatal tetanus.

According to a 1995 BBC investigation ^[1], some health workers in the Philippines began to notice that women were miscarrying after the vaccine and they grew suspicious. Eventually, the Philippine Medical Association retrieved 47 vials of the vaccine and had them tested in an FDA-approved laboratory. Nine of the vials were found to contain the hCG subunit. The WHO and other global health organizations vehemently denied the claim, but when the PMA sent their lab results in September 1996 they admitted that the hCG was there, but it was in such small quantities that it was just "background noise."

Similar allegations surfaced in Nicaragua and Mexico. So when the tetanus vaccine for girls came to Kenya, the Catholic bishops complained to the Minister of Health who insisted that the vaccine should be tested before the campaign, but the WHO declined and withdrew the campaign instead.

GOVERNMENT FUNDING

Fast forward 20 years later and Talwar has renewed his research.

"After a dormant period of 12 years, work on the anti-hCG vaccine was revived at the insistence of the Indo-U.S. Committee on Contraception and Child Health [sic]," he wrote last year. "We produced a recombinant vaccine with the consideration that it will be amenable to large-scale production by industry."

The [Indo-US Program on Contraception and Reproductive Health Research](#) NIH program, under the umbrella of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has been funneling millions into US and Indian research on contraceptives including "immunocontraceptives."

Anti-sperm vaccine researcher Naz, for instance, has been funded by the NIH since 1991. Between 1999 and 2007, his take from NICHD averaged about a quarter of a million per year. But that was augmented by grants from various local, state, private, and federal agencies, including the West Virginia Clinical and Translational Science Institute.

Maybe it's all this background information that has the Kenyan bishops in a knot today? Actually, it turns out the bishops were only acting on information given to them by the Kenyan Catholic Doctors' Association. The group's president, obstetrician/gynecologist Dr. Wahome Ngare, published a [letter](#) in the Kenyan press on Tuesday. In this letter, Dr. Ngare says his group first grew suspicious of the WHO/UNICEF sponsored tetanus campaign that began last October because of its irregular schedule of shots: normally everyone can have them in infancy with boosters every three to five years and pregnant women are eligible for two additional shots at least a month apart. Instead, all women and girls were to have three doses of the vaccine (possibly five) at six-month intervals.

What's more, Ngare said that when they realized the tetanus vaccines being used in this campaign were "imported into the country specifically for this purpose" and didn't match batch numbers for regular vaccines, they obtained vials of the tetanus vaccines in March 2014 and subjected them to testing and found them "laced with HCG."

"This proved right our worst fears," Dr. Ngare wrote, "that this WHO/UNICEF campaign is not about eradicating neonatal tetanus, but is a well-coordinated, forceful, population control, mass sterilization exercise using a proven fertility regulating vaccine."

But that would mean that somewhere, in that vast labyrinth of Gates and Rockefeller-funded alliances of world

banks and health organizations, academic institutions, pharmaceutical giants and government ministries, civil society organizations, NGOs and population councils, someone has intentionally kept secret experimental contraceptives in a medicine, pretending to save innocent babies, while hand-wringing about them damaging the planet. Creepy, but not so unbelievable for some who've seen it before.

"The mainstream media finds it hard to believe that anyone would deliberately inoculate a woman against pregnancy without her foreknowledge or consent," says Steven Mosher, president of the Population Research Institute who was the first social scientist to witness China's One Child Policy in action and to tell the world about the forced abortions he saw first hand. "But as someone who has followed abusive population control programs now for 30 years, and seen repeatedly how such programs violate the fundamental rights of women, I am no longer surprised. It has happened before. It will happen again."

Maybe that's how the Kenyan bishops see it. After all, part of their job is concerned with the darker aspects of human nature. Maybe, as Dr. Ngare said, they are only doing their civic and moral duty with the information they have.

In the meantime, Kenyan health ministry officials have decided to put an end to any further conspiracy talk, at least among the professionals. According to a [Standard Media report](#) this week, Kenyan Health Cabinet Secretary James Macharia and the Director of Medical Services Nicholas Muraguri, have decided to "punish" obstetrician/gynecologist Stephen Karanja, for approaching the Kenyan bishops and sounding the alarm about the vaccine.

Dr. Karanja has been summoned to the Kenya Medical Practitioners and Dentists Board for disciplinary action. "It is clear that he was wrong, and we now have to take action. It is very unethical," said Muraguri.

Action indeed. Just the sort of decisive action Bill and Melinda Gates and their allies in the World Health Organization and the pharmaceutical industry are certain to approve of. And for Kenya's 2.3 million women and girls, and millions more across the world, the not-so-controversial tetanus vaccine campaign is certain to continue.

References

1. British Broadcasting Corporation Horizon Series The Human Laboratory first aired in Britain on November 8, 1995.
2. Ogunlesi TA. Vaccines for women to prevent neonatal tetanus : RHL commentary (last revised: 1 April 2011). The WHO Reproductive Health Library; Geneva: World Health Organization.