

Pfizer, FDA, CDC Hid Proven Harms to Male Sperm Quality, Testes Function, From mRNA Vaccine Ingredients

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When the COVID-19 vaccine rollout to the public began in late 2020, medical professionals, public health agencies, and government spokespeople all assured the American public that the novel mRNA vaccines did not cause negative systematic effects to human bodies. They promised the public, many of whom were skeptical about the safety of a drug brought to market at “warp speed,” that the vaccines were “safe and effective.” [“Operation Warp Speed: Accelerated Covid-19 Vaccine Development Status and Efforts to Address Manufacturing Challenges.” Operation Warp Speed: Accelerated COVID-19 Vaccine Development Status and Efforts to Address Manufacturing Challenges | U.S. GAO, U.S. Government Accountability Office, 11 Feb. 2021, see [this](#)] [“Safety of Covid-19 Vaccines.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 8 Aug. 2022, see [this](#)]

As we know, those who questioned or challenged the “safe and effective” assurances were dismissed as “anti-vaxxers” and accused of wanting to kill others, especially the elderly. [Gostin, Lawrence O., and Eric A. Friedman. “This Is the Best Evidence Yet That Anti-Vaxxers Kill.” [Yahoo! News](#), Yahoo!, 23 June 2022]

Due to this pressure, during the push to vaccinate everyone against COVID-19, few medical and public health experts spoke out about the need for long-term studies to protect Americans against possible catastrophic vaccine-related outcomes, including against possible negative impacts on fertility.

This attack on challengers to public health’s all out push, and the resulting censorship of the emerging problem, resulted in catastrophic harms to male fertility.

Pfizer's own documents and other medical studies show:

1. mRNA vaccine ingredients can be transferred from one person to another via skin-to-skin contact, inhalation and via "sexual intercourse," through bodily fluids. That is to say, vaccine "shedding" can occur via sexual contact, including via exposure to semen. ["A Phase 1/2/3, Placebo-Controlled, Randomized, Observer-Blind, Dose-Finding Study to Evaluate the Safety, Tolerability, Immunogenicity, and Efficacy of SARS-CoV-2 RNA Vaccine Candidates Against COVID-19 in Healthy Individuals," [Protocol Amendment 14](#), pp. 213, 246, 398, 431, 575, 607, 751, 783, 918, 948, 1073, 1103, 1226, 1255, 1378, 1406, 1522, 1549, 1663, 1688, 1813, 1836, 1949, 1969, 2081, 2100, 2211, 2228, and 2337.] In other words, according to Pfizer's own internal documents, a vaccinated man can expose his sexual partner to the vaccine ingredients, via ejaculation.
2. Pfizer did not test "male reproductive toxicity". Male reproductive toxicity is defined as adverse effects (negative impacts) related to sexual function and fertility in adult male ["Summary of the Public Assessment Report for COVID-19 Vaccine Pfizer/BioNTech." [GOV.UK](#), GOV.UK.]
3. Pfizer also did not test for adverse effects from vaccinated men's semen, on the development of their offspring. ["Reproductive Toxicity March 2017 - [SCHC](#)." *org*, SCHC-OSHA Alliance GHS/HazCom Information Sheet Workgroup, Mar. 2017]
4. mRNA vaccine ingredients travel throughout the body and gather in organs, including in the testes. ["A Tissue Distribution Study of a [3H]-Labelled Lipid Nanoparticle-mRNA Formulation Containing ALC-0315 and ALC-0159 Following Intramuscular Administration in Wistar Han Rats," see [this](#), p. 24.]
5. mRNA vaccines resulting in "anti-sperm antibodies" - that is to say, antibodies that treat sperm as an "invader", and damage or kill it - is a known adverse event related to this form of vaccination. ["5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021," see [this](#), p. 30.] [Salvador, Zaira, and Sandra Fernández. "What Are Antisperm Antibodies? - Causes & Treatment." [InviTRA](#), 8 Jan. 2019]
6. mRNA vaccines cause a staggering drop in semen concentration and total motile count. [Gat, Itai, et al. "Covid-19 Vaccination BNT162B2 Temporarily Impairs Semen Concentration and Total Motile Count among Semen Donors." [Wiley Online Library](#), *Andrology*, 17 June 2022]
7. By suppressing discussion of this information, public health agencies, medical professionals, and governments globally denied and continue to deny men true informed consent.

Transfer of mRNA Vaccine Ingredients Between Humans

We stated above that Pfizer knew that men can transmit the vaccine ingredients to their partners via sexual intercourse. Pfizer's clinical trial protocol shows the company suspected that negative fertility impacts may occur in men, from its vaccine. Male trial participants had

to follow specific “Male Participant Reproductive Inclusion Criteria.” These were spelled out in all fourteen versions of Pfizer’s protocol:

“Male participants are eligible to participate if they agree to the following requirements during the intervention period and for at least 28 days after the last dose of study intervention, which corresponds to the time needed to eliminate reproductive safety risk of the study intervention(s)”

The inclusion criteria requirements stated that men must:

- Refrain from donating sperm.

In addition, the men in the Pfizer trials must either:

- Abstain from heterosexual intercourse with a female of childbearing potential as their preferred and usual lifestyle. They must be abstinent from heterosexual intercourse with a female of childbearing age on a long-term and persistent basis and they must agree to remain abstinent.

OR the men in the Pfizer trial:

- Must agree to use a male condom when engaging in any activity that allows for passage of ejaculate to another person.
- In addition to male condom use, a highly effective method of contraception may be considered in WOCBP (women of childbearing age) partners of male participants.” [“A Phase 1/2/3, Placebo-Controlled, Randomized, Observer-Blind, Dose-Finding Study to Evaluate the Safety, Tolerability, Immunogenicity, and Efficacy of SARS-CoV-2 RNA Vaccine Candidates Against COVID-19 in Healthy Individuals,” [Protocol Amendment 14](#), pp. 213, 246, 398, 431, 575, 607, 751, 783, 918, 948, 1073, 1103, 1226, 1255, 1378, 1406, 1522, 1549, 1663, 1688, 1813, 1836, 1949, 1969, 2081, 2100, 2211, 2228, and 2337.]

In other words, the men in the Pfizer trial agreed to abstain from heterosexual intercourse with childbearing age women or else, if they did have intercourse with women who could bear children, they agreed to use a condom and were advised to add an effective additional method of contraception. Reassuring, right? The Pfizer study constructs regarding total abstinence from sex with women who could bear children, or else the use of both condoms and other contraception, suggest that Pfizer suspected that vaccinated men’s ejaculate could affect both women and unborn children conceived during the trial or after.

Pfizer’s protocol documents also explain:

“An EDP (Exposure During Pregnancy) occurs if:

- ...A male participant who is receiving or has discontinued study intervention exposes a female partner prior to or around the time of conception.
- A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure. Below are examples of environmental exposure during pregnancy:

- ...A male family member or healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.” [[Protocol Amendment 14](#), pp. 111, 319, 501, 677, 848, 1009, 1162, 1314, 1461, 1603, 1747, 1889, 2023, 2153, 2279, and 2346.]

Clearly, Pfizer showed strong concern about and precautions against exposure to the “study intervention” – that is, the mRNA vaccine – via bodily fluids contact such as exposure to ejaculate, and via skin-to-skin contact.

Yet as recently as July 2022, the Centers for Disease Control and Prevention (CDC) assured Americans that COVID-19 mRNA vaccine shedding – “the release or discharge of any of the vaccine components in or outside of the body” – is a “myth.” [“Myths and Facts about Covid-19 Vaccines.” [Centers for Disease Control and Prevention](#), Centers for Disease Control and Prevention, 20 July 2022] Indeed a recent FOIA via America First Legal reveals that Carol Crawford of the CDC coordinated with Twitter employees to target tweets (including one by Dr. Naomi Wolf) about “shedding,” as an example, as CDC put it, of “misinformation.” But it was not, per Pfizer’s own documents, disinformation at all. According to the manufacturer, “shedding” was a real concern.

mRNA Vaccines’ Adverse Effects on Male Reproduction

National Institutes of Health (NIH) boldly stated on February 1, 2022, “COVID-19 vaccination does not reduce chances of conception...” [“Covid-19 Vaccination Does Not Reduce Chances of Conception, Study Suggests.” [National Institutes of Health](#), U.S. Department of Health and Human Services, 1 Feb. 2022] However, the NIH’s statement was and is false.

Pfizer did not initially evaluate its vaccine’s male “reproductive toxicity” – i.e., adverse effects on fertility in adult males – during clinical trials because the company was in a rush: “The absence of reproductive toxicity data is a reflection of the speed of development to first identify and select COVID-19 mRNA Vaccine BNT162b2 for clinical testing and its rapid development to meet the ongoing urgent health need.” [“Summary of the Public Assessment Report for COVID-19 Vaccine Pfizer/BioNTech.” [GOV.UK](#), GOV.UK]

But when Pfizer eventually did look at the mRNA vaccine’s impact on male fertility, the company used “untreated male” rats for its “Reproductive and Developmental Toxicity” studies. The untreated males mated with female rats that had been dosed with BNT162b2, Pfizer’s mRNA vaccine. [2.4 [Nonclinical Overview](#), p. 29.]

In other words, Pfizer tested fertility effects on female mammals dosed with its mRNA product but left the males undosed.

Throughout the Pfizer documents, the issue arises that studies were constructed so that Pfizer (and the FDA) did not find what it chose not to look for.

How do scientists determine a new drug’s adverse effects on male fertility if they give only one-half of the reproducing population – the females – the treatment in question?

That same Pfizer document goes on to say, “Macroscopic and microscopic evaluation of

male and female reproductive tissues from the repeat-dose toxicity studies with BNT162b2 showed no evidence of toxicity.” [see [this](#), p. 30.]

This statement seems to indicate that the study sought to evaluate whether the vaccine was passed through bodily fluids and/or skin contact during intercourse between the treated females and untreated males.

But how convenient – the male rats’ reproductive tissues were declared free of toxicity; but the male rats had never been vaccinated at all.

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2.4.4.6. Reproductive and Developmental Toxicity

Reproductive and developmental toxicity assessments were made with BNT162b2 (V9) (Study 20256434). BNT162b2 was administered by IM injection at the human clinical dose (30 µg RNA/dosing day) to 44 female Wistar Han rats (F0) 21 and 14 days prior to mating with untreated males and on GD 9 and 20, for a total of 4 dosing days. A separate control group of 44 F0 females received saline by the same route and regimen.

Following completion of a mating phase with **untreated males**, 22 rats/group underwent caesarean-section on GD 21 and were submitted to routine embryo-fetal development evaluations. The remaining 22 rats/group were allowed to litter and development of the offspring was observed until PND 21.

There were no BNT162b2-related deaths during the study. IM administration of BNT162b2 before and during gestation to female Wistar rats resulted in nonadverse clinical signs and macroscopic findings localized to the injection site as well as transient, nonadverse body weight and food consumption effects after each dose administration. These maternal findings are all consistent with administration of a vaccine and an inflammatory/immune response.

There were no BNT162b2-related effects on any mating or fertility parameters. There were no BNT162b2-related effects on any ovarian, uterine, or litter parameters, including embryo-fetal survival, growth, or external, visceral, or skeletal malformations, anomalies, or variations. There were no effects of BNT162b2 administration on postnatal offspring (F1) development, including postnatal growth, physical development (pinna unfolding and eye

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opening), reflex ontogeny (pre-weaning auditory and visual function tests), macroscopic observations, and survival.

Figure 1: Untreated Male Rates in Pfizer’s 2.4. Nonclinical Overview.

Since there were no vaccinated male rats at all in the Pfizer reproductive studies during its internal trials, it appears Pfizer, and since the human males in the Pfizer study had to promise to abstain from intercourse with childbearing age women or else use a condom PLUS another effective contraceptive – it appears that Western public health agencies decided to test the effects of mRNA vaccines on men’s reproduction simply by using the “intervention” – the mRNA vaccine – on human subjects, male as well as female, during a mass vaccination campaign.

mRNA Vaccine Ingredients Travel Throughout the Body and Gather in Organs

As we have seen in other DailyClout/War Room Pfizer Documents Research Volunteer Reports, medical and public health agency professionals assured the U.S. public that the COVID vaccine ingredients remained in the deltoid muscle when injected and did not disperse throughout the body. [Chandler, Robert W. "Pfizer Used Dangerous Assumptions, Rather than Research, to Guess at Outcomes." [DailyClout](#), DailyClout, 9 Aug. 2022]

However, the FDA received the Pfizer document, "A Tissue Distribution Study of a [3H]-Labelled Lipid Nanoparticle-mRNA Formulation Containing ALC-0315 and ALC-0159 Following Intramuscular Administration in Wistar Han Rats," on November 9, 2020, over a month before Pfizer's vaccine received Emergency Use Authorization (EUA) and began to be injected into humans worldwide. The document shows shocking biodistribution results. ["A Tissue Distribution Study of a [3H]-Labelled Lipid Nanoparticle-mRNA Formulation Containing ALC-0315 and ALC-0159 Following Intramuscular Administration in Wistar Han Rats," see [this](#), p. 24.]

"Biodistribution" is a method of tracking where given ingredients travel in the body of an experimental animal or a human subject. The document clearly demonstrates that Pfizer's mRNA vaccine contents - including lipid nanoparticles - enter the bloodstream, travel throughout the body, and accumulate in organs, including in the testes. Reference Table 1, "Mean (Sexes-Combined) Concentration of Total Radioactivity in Whole Blood, Plasma and (Continued) Tissues Following Single Intramuscular Administration of [3H]-08-A01-C01 to Wistar Han Rats - Target Dose Level: 50 µg mRNA/Animal; 1.29 mg Total Lipid/Animal - Results expressed as total lipid concentration (µg lipid equiv/g (mL)) and % of administered dose," shown below. ["A Tissue Distribution Study of a [3H]-Labelled Lipid Nanoparticle-mRNA Formulation Containing ALC-0315 and ALC-0159 Following Intramuscular Administration in Wistar Han Rats," see [this](#), p. 24.]

Table 1 Mean (Sexes-Combined) Concentration of Total Radioactivity in Whole Blood, Plasma and Tissues Following Single Intramuscular Administration of [3H]-08-A01-C01 to Wistar Han Rats (Continued)

Target Dose Level: 50 µg mRNA/Animal; 1.29 mg Total Lipid/Animal

Results expressed as total lipid concentration (µg lipid equiv/g (mL)) and % of administered dose

Sample	Total Lipid Concentration (µg lipid equiv/g (or mL))							% of Administered Dose						
	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h
Small intestine	0.030	0.221	0.476	0.879	1.279	1.302	1.472	0.024	0.130	0.319	0.543	0.776	0.906	0.835
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001
Spleen	0.334	2.471	7.734	10.296	22.091	20.080	23.353	0.013	0.093	0.325	0.385	0.982	0.821	1.030
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.000	0.000	0.001	0.001	0.001	0.001	0.001	0.001
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022
Whole blood	1.970	4.369	5.401	3.049	1.314	0.909	0.420	-	-	-	-	-	-	-
Plasma	3.965	8.132	8.903	6.503	2.360	1.783	0.805	-	-	-	-	-	-	-
Blood:plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540	-	-	-	-	-	-	-

--Partial tissue taken therefore not applicable/not applicable

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How did medical and public health leaders remain so staunchly firm in their position that mRNA vaccination did *not* impact male fertility, even as they had access to Pfizer's biodistribution study?

These experts who were swearing that the mRNA vaccine ingredients did not leave the

injection site also had access to a 2018 NIH-published paper that clearly shows that nanoparticles — of which lipid nanoparticles are subtype [Murthy, Shashi K. “Nanoparticles in Modern Medicine: State of the Art and Future Challenges.” *International Journal of Nanomedicine*, Dove Medical Press, June 2007, see [this](#)] — could pass into the testes from the blood and cause male reproductive harm. The 2018 study showed that NPs accumulate in the testes to damage sperm quality and amount, as well as their “motility”, or ability to move effectively, a requirement of conception:

“NPs [nanoparticles] can pass through the blood-testis barrier...then accumulate in reproductive organs. NP accumulation damages organs (testis, epididymis...) by destroying Sertoli cells, Leydig cells, and germ cells, *causing reproductive organ dysfunction that adversely affects sperm quality, quantity, morphology, and motility...*” [Wang, Ruolan, et al. “Potential Adverse Effects of Nanoparticles on the Reproductive System.” *International Journal of Nanomedicine*, U.S. National Library of Medicine, 11 Dec. 2018, see [this](#)]

To appreciate fully how NPs harm key components of healthy male sexual development and function, one must understand the roles of the damaged organs and cells, all crucial to male sexual health and even to male sexual development, mentioned above.

- The “epididymis” is involved in transporting sperm from the testes. [Boskey , Elizabeth. “Anatomy and Function of the Epididymis.” [Verywell Health](#), Verywell Health, 30 June 2022]
- “Sertoli cells” are vital to the development of the testes. “Sertoli cells are of critical importance for testis development...[and] are the master regulators of testis development...” [Pelosi, Emanuele, and Peter Koopman. “Development of the Testis.” *Sertoli Cell - an Overview* | [ScienceDirect Topics](#), Science Direct, 2017] “During [the sperm developmental process], developing sperm cells are closely linked with the Sertoli cells.” [Carlson, Bruce. “Gametogenesis.” *Sertoli Cell - an Overview* | [ScienceDirect Topics](#), Science Direct, 2014]
- “Leydig cells” are present in the testicular interstitial tissue. Their main function is to produce *testosterone for the maintenance of sperm creation and development and male body development*. [Huhtaniemi, Ilpo, and Katja Teerds. “Leydig Cell.” *Leydig Cell - an Overview* | [ScienceDirect Topics](#), Science Direct, 2018] Thus, when Leydig cells are damaged, one could say that physical masculinity itself is damaged. This is especially urgent to consider when we reflect on the fact that small boys and teenagers, who have not reached or completed puberty, are being injected with mRNA vaccines containing lipid nanoparticles.
- “Germ cells” “are...precursors of...sperm cells. [“Germ Cells - Definition, Embryonic to Gametes, vs Somatic Cells.” [MicroscopeMaster](#), MicroscopeMaster.com.]

Thus, these excerpts and citations show that:

1. lipid nanoparticles gather in human organs including the testes,
2. nanoparticles are detrimental to normal male reproduction, and
3. Big Pharma and public health agencies knowingly gambled with harms to boys’

and male teens' sexual development, and with all ages of males' testosterone levels, older males' sperm counts, and male fertility.

A Sperm-Related mRNA Vaccine Adverse Event That Causes Male Infertility

An alarming mRNA vaccine-induced reproductive Adverse Event of Special Interest (AESI) came to light at the end of February 2021. Pfizer's own document lists "anti-sperm antibody positive" among its 1,290 AESIs. ["5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021," see [this](#), p. 30.]

What is an "ASA"?

According to *inviTRA*, a certified medical magazine created by doctors and fertility experts, "The presence of antisperm antibodies (ASA) in the ejaculate is an immune cause of male infertility. The adhesion of antibodies to sperm affects their motility, making the sperm's journey to the egg highly difficult or even impossible." [Salvador, Zaira, and Sandra Fernández. "What Are Antisperm Antibodies? - Causes & Treatment." *inviTRA*, 8 Jan. 2019]

This late February 2021 Pfizer document confirming anti-sperm antibodies is the first documented indication I found within the Pfizer records that Pfizer's mRNA COVID-19 vaccine negatively impacts male fertility.

Note that Pfizer knew about this male infertility AESI almost *12 months* prior to the clearly false NIH statement from February of 2022: "COVID-19 vaccination does not reduce chances of conception..." ["Covid-19 Vaccination Does Not Reduce Chances of Conception, Study Suggests," 1 Feb. 2022.] The Food and Drug Administration (FDA) knew about this AESI by April 30, 2021. ["5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021," see [this](#)]

For nearly a year, then, the FDA, public health agencies, and medical organizations ignored this "cause of male infertility" contained in the Pfizer documents - all of which were sent to the FDA. Then they lied about it.

They kept silent for a year and then misled the public, rather than alerting the public. The mass vaccination campaign continued, without even a brief pause, and again, men were denied informed consent.

The Suspension of Informed Consent for Men Continues

Contrary to established medical ethics, Pfizer and public health agencies did not disclose the true impacts of mRNA gene therapy vaccines on male fertility and, thus, as noted above, denied men informed consent. ["Informed Consent - Definition, Examples, Cases, Processes." *Legal Dictionary*, Legal Dictionary, 7 Dec. 2015, see [this](#).]

In fact, the medical establishment, governments, public health agencies worldwide, Big Pharma, and Big Tech colluded to suppress COVID vaccine facts, risks, and alternatives. [Tucker, Jeffrey A, and Debbie Lerman. "Besties: Twitter, Facebook, Google, CDC, NIH, WHO." *Brownstone Institute*, Brownstone Institute, 3 Aug. 2022]

In January of 2021, the American Society for Reproductive Medicine posted the “Joint Statement Regarding COVID-19 Vaccine in Men Desiring Fertility from the Society for Male Reproduction and Urology (SMRU) and the Society for the Study of Male Reproduction (SSMR)” encouraging COVID vaccination for men, including for male fertility treatment patients, despite their having no data about its impact on male reproductive health:

“As of January 9, 2021, there are no data about the impact of the COVID-19 vaccine on male...fertility. [...] the American Society for Reproductive Medicine does not recommend withholding the vaccine from patients who are planning to conceive, and emphasizes that patients undergoing fertility treatment and pregnant patients should be encouraged to receive vaccination based on eligibility criteria.” [“Update No. 11 Covid-19 Vaccination December 16, 2020 - ASRM.” [American Society for Reproductive Medicine](#), American Society for Reproductive Medicine, 9 Jan. 2021]

Additionally, for men, SMRU and SSMR recommended:

- The COVID-19 vaccine should not be withheld from men desiring fertility who meet criteria for vaccination.
- COVID-19 vaccines should be offered to men desiring fertility, similar to men not desiring fertility, when they meet criteria for vaccination.

The organization went on to blame declines in sperm production on COVID-19 vaccine-related fevers. [“Joint Statement Regarding Covid-19 Vaccine in Men Desiring Fertility from the Society for Male Reproduction and Urology (SMRU) and the Society for the Study of Male Reproduction (SSMR).” [ASRM](#), American Society for Reproductive Medicine, 9 Jan. 2021]

The ASRM, SMRU, and SSMR – all reproductive societies – stated in unison in 2021 that there were no data about fertility impacts *and* that men “desiring fertility” should take the drug for which fertility impacts are unknown.

But how could they advise that men take the vaccine if there were no data proving that it would not affect fertility?

The slanted messaging continued when the “Semen Analysis Parameters Following Pfizer’s COVID-19 Vaccine” clinical study said, “Unfounded claims in the popular media linked a possible correlation between the COVID-19 vaccine and potential...male infertility. Currently, there is no information in the medical literature which examined semen analysis parameters following the COVID-19 vaccine.” [“Semen Analysis Parameters Following Pfizer’s COVID-19 Vaccine.” Full Text View – [ClinicalTrials.gov](#), ClinicalTrials.gov, 2 Mar. 2021]

Again, how exactly could public speculation about potential mRNA vaccine-induced infertility be “unfounded” when those leading the study admit that, as of February 2021, there were no data to show that such a concern was invalid?

The push to brush off fertility concerns continued throughout 2021.

In September 2021, *Fertility and Sterility* journal published a study which concluded, “After receiving the two doses of the vaccines, we did not observe a clinically significant sperm parameter decline within the cohort, suggesting the vaccines do not negatively impact male fertility potential.”

However, the study was flawed. It went on to admit: “The limitations of the study include the small number of men enrolled; limited generalizability beyond young, healthy men; short follow-up; and lack of a control group.” [Gonzalez, Daniel C., et al. “Sperm Parameters before and after COVID-19 mRNA Vaccination.” [JAMA](#), JAMA Network, 20 July 2021] [Gonzalez, Daniel, et al. “Effect of COVID-19 Mrna Vaccines on Sperm Quality.” *Fertility and Sterility*, Published by Elsevier Inc., 17 Sep. 2021, see [this](#)]

True experiments always include at least one control group that does not receive the experimental treatment. Without a control group, a study’s outcome cannot be certain. Yet, despite long-established scientific norms being cast aside, “the science” told men in this case that COVID vaccines would not negatively affect their fertility.

At the end of 2021, a Chinese study published truths that previous Western studies had refused to acknowledge. The study validated fertility-related vaccine concerns: “Although several fertility societies have announced that COVID-19 mRNA vaccines are unlikely to affect fertility, there is no denying that the current evidence is very limited, which is one of the reasons for vaccine hesitancy...” The Chinese study went on to say, “...given the potential damage of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) to the reproductive system, some individuals suspect that the vaccine which mimics the virus (mRNA vaccine) may also affect fertility via the same mechanism.” It even addressed the fact that COVID vaccines were rushed to market: “Admittedly, data on COVID-19 mRNA vaccines are incomplete when compared with traditional vaccines based on long-term studies with large samples.” [Chen, Fei, et al. “Effects of COVID-19 and Mrna Vaccines on Human Fertility.” *Human Reproduction (Oxford, England)*, Oxford University Press, 27 Dec. 2021, see [this](#).]

Finally, cracks were appearing in mRNA vaccine and fertility information dam, and those cracks prefaced a stunning revelation that was about to drop.

Pfizer’s mRNA COVID-19 Vaccine in Fact Cause an Astonishing Drop in Male Fertility

On June 22, 2022, *Andrology* published a bombshell study, “Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors.” The study, which did not even include the effects of additional booster injections, showed a staggering drop in male fertility, with an average decrease of 22.1% across the study group, from the initial injections alone. The study concluded, “Systemic immune response after BNT162b2 vaccine is a reasonable cause for transient semen concentration and TMC (total motile count) decline.” [Gat, Itai, et al. “Covid-19 Vaccination BNT162B2 Temporarily Impairs Semen Concentration and Total Motile Count among Semen Donors.” [Wiley Online Library](#), *Andrology*, 17 June 2022]

Each study participant provided multiple semen samples throughout the study’s duration as follows:

- T0 = pre-vaccination baseline
- T1 = 15-45 days post-vaccination
- T2 = 75-120 days post-vaccination
- T3 = 150+ days post-vaccination

The investigators studied participants for five months (T1-T3 above) after they received Pfizer’s vaccine. Table 2 below demonstrates the troubling results, which have a 95% confidence interval. T3 collection averaged a time frame of 174 (+/- 26.8) days.

So, at close to six months post-vaccination, sperm concentration, motility, and total motile count were all still in significant states of decline versus pre-vaccination levels. Sperm concentration had not recovered at all and was, in fact, at its lowest point yet.

TABLE 2 Percentage and absolute change¹ compared to T0 as reference measured by repeated measures analysis (total samples)

		Change ¹	95% CI		p-Value
Semen volume	T0 ²	Ref			
	T1	10%	-3.9%	25.8%	0.214
	T2	-4.5%	-14.7%	7%	
	T3	9%	-6.3%	26.8%	
Sperm concentration	T0	Ref			
	T1	-14.5%	-27.9%	1.4%	0.044
	T2	-15.4%	-25.5%	-3.9%	
	→ T3	-15.9%	-30.3%	1.7%	
Sperm motility	T0	Ref			
	T1	2.7	-1	6.6	0.058
	T2	-1.9	-4.9	1.7	
	→ T3	-4.1	-8.2	0.1	
Total motile count	T0	Ref			
	T1	-2%	-19.9%	20.1%	0.027
	T2	-22.1%	-35%	-6.6%	
	→ T3	-19.4%	-35.4%	0.6%	

¹Volume, concentration and TMC are presented as *percentage change* compared to T0 while motility change is presented as *absolute change*.

²T0 - pre-vaccination baseline control; T1, T2 and T3 - short, intermediate and long-term evaluations after 15-45, 75-125 and over 145 days after vaccination date, respectively.

Figure 3: From “Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors,” p. 4.

Despite these alarming outcomes, the published study went on to encourage vaccination: “Since misinformation about health-related subjects represents a public health threat our findings should support vaccinations programs. Further studies concentrating on different vaccines and populations (ex. subfertile patients) are urgently required.” [Gat, Itai, et al., 17 June 2022, see [this](#), p. 6.]

Alarmingly, men continue to receive incomprehensibly contradictory messages, being told to keep injecting the mRNA vaccines even when the study that contains these exhortations,

clearly demonstrates adverse fertility results – to men.

The Public Is Left with More Questions Than Answers

This review of documents and studies, culminating with one that shows shocking data about mRNA vaccines conclusively reducing men’s fertility, gives rise to important questions:

- When, if at all, do men’s fertility fully recover from such a drastic decline after a two-dose vaccination course?
- Do boosters, which twenty-nine percent of the world’s population have received as of July 31, 2021, have an even stronger negative impact on men’s fertility? [Holder, Josh. “Tracking Coronavirus Vaccinations around the World.” [The New York Times](#), The New York Times, 29 Jan. 2021]
- Does giving mRNA COVID-19 vaccines to pre-pubescent and adolescent males affect their normal sexual development and ability to reproduce, as the implication of the study on NPs in testes suggest it may?
- Is the decline in birth rates being seen in highly vaccinated countries at least in part due to how mRNA vaccines have conclusively affected male fertility? [Chudov, Igor. “Igor’s Newsletter.” *Substack*.]
- What factors in the well-documented “baby die-off” being seen around the globe may come from the effects of men being vaccinated with mRNA vaccines? [Wolf, Naomi. “Dear Friends, Sorry to Announce a Genocide.” *Substack*, Outspoken with Dr Naomi Wolf, 30 May 2022.]
- Why did pharmaceutical companies, public health officials, medical professionals, and governments tell the public that mRNA COVID-19 vaccines did not affect men’s fertility when they had no data to support such a conclusion?
- Why, when health officials, doctors, and governments received data confirming mRNA vaccines negatively impact men’s fertility, did they not raise the alarm and fight to give men informed consent?

The public must demand answers to these questions from pharmaceutical companies, world governments, public health agencies, and the medical establishment. Those entities blocked men from having the ability to give informed consent and made them unwitting participants in an ongoing clinical trial of a novel gene therapy.

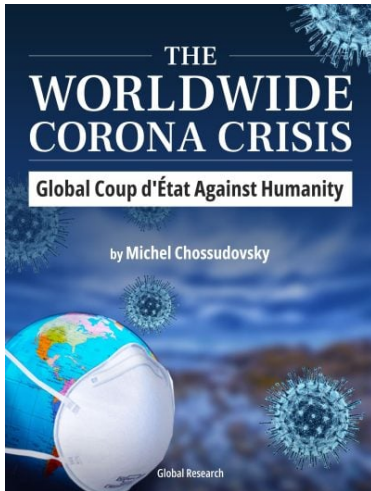
Such assaults on humanity and its ability to reproduce, and especially, the potential harms to boys, youths, and unborn babies, must be challenged. Those responsible for human experimentation that demonstrably harmed male fertility, must be held accountable.

*

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