

Rockefeller-Funded Anti-Fertility Vaccine Coordinated by WHO

By [Jurriaan Maessen](#)

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In addition to the recent PrisonPlanet-exclusive [Rockefeller Foundation Developed Vaccines For “Mass-Scale” Fertility Reduction](#) — which [outlines the Rockefeller Foundation’s efforts](#) in the 1960s funding research into so-called “anti-fertility vaccines”- another series of documents has surfaced, proving beyond any doubt that the UN Population Fund, World Bank and World Health Organization picked up on it, further developing it under responsibility of a “Task Force on Vaccines for Fertility Regulation”.

Just four years after the Rockefeller Foundation launched massive funding-operations into anti-fertility vaccines, the Task Force was created under auspices of the World Health Organization, World Bank and UN Population Fund. Its mission, [according to one of its members](#), to support:

“basic and clinical research on the development of birth control vaccines directed against the gametes or the preimplantation embryo. These studies have involved the use of advanced procedures in peptide chemistry, hybridoma technology and molecular genetics as well as the evaluation of a number of novel approaches in general vaccinology. As a result of this international, collaborative effort, a prototype anti-HCG vaccine is now undergoing clinical testing, raising the prospect that a totally new family planning method may be available before the end of the current decade.”

In regards to the scope of the Task Force’s jurisdiction, the Biotechnology and Development Monitor [reported](#):

“The Task Force acts as a global coordinating body for anti-fertility vaccine R&D in the various working groups and supports research on different approaches, such as anti-sperm and anti-ovum vaccines and vaccines designed to neutralize the biological functions of hCG. The Task Force has succeeded in developing a prototype of an anti-hCG-vaccine.”

One of the Task Force members, P.D. Griffin, [outlined](#) the purpose and trajectory of these Fertility Regulating Vaccines. Griffin:

“The Task Force has continued to coordinate its research activities with other vaccine development programmes within WHO and with other international and national programmes engaged in the development of fertility regulating vaccines.”

Griffin also admitted to the fact that one of the purposes of the vaccines is the implementation in developing countries. Griffin:

“If vaccines could be developed which could safely and effectively inhibit fertility, without producing unacceptable side effects, they would be an attractive addition to the present armamentarium of fertility regulating methods and would be likely to have a significant impact on family planning programmes.”

Also, one of the advantages of the FRVs over “currently available methods of fertility regulation” the Task Force states, is the following (179):

“low manufacturing cost and ease of delivery within existing health services.”

Already in 1978, the WHO’s Task Force (then called Task Force on Immunological Methods for Fertility Regulation) [underlined](#) the usefulness of these vaccines in regards to the possibility of “large scale synthesis and manufacture” of the vaccine:

“The potential advantages of an immunological approach to fertility regulation can be summarized as follows: (a) the possibility of infrequent administration, possibly by paramedical personnel; (b) the use of antigens or antigen fragments, which are not pharmacologically active; and (c) in the case of antigens of known chemical structure, there is the possibility of large-scale synthesis and manufacture of vaccine at relatively low cost.”

In 1976, the WHO Expanded Programme of Research, Development and Research Training in Human Reproduction [published a report](#), stating:

“In 1972 the Organization (...) expanded its programme of research in human reproduction to provide an international focus for an intensified effort to improve existing methods of fertility regulation, to develop new methods and to assist national authorities in devising the best ways of providing them on a continuing basis. The programme is closely integrated with other WHO research on the delivery of family planning care by health services, which in turn feeds into WHO’s technical assistance programme to governments at the service level.”

Although the term “Anti-Fertility Vaccine”, coined by the Rockefeller Foundation, was replaced by the more bureaucratic sounding “Fertility Regulating Vaccine (FRV), the programme was obviously the same. Besides, The time line shows conclusively that the WHO, UN Population Fund and World Bank continued on a path outlined by the Rockefellers in the late 1960s. By extensions, it proves that all these organization are perfectly interlocked, best captured under the header “Scientific Dictatorship”. The relationship between the WHO and the Rockefeller Foundation is intense. In the [1986 bulletin of the World Health Organization](#), this relationship is being described in some detail. While researching the effectiveness of “gossypol” as an “antifertility agent”, the bulletin states:

“The Rockefeller Foundation has supported limited clinical trials in China and smallscale clinical studies in Brazil and Austria. The dose administered in the current Chinese trial has been reduced from 20 mg to 10-15 mg/day during the loading phase in order to see if severe oligospermia rather than consistent azoospermia would be adequate for an acceptable, non-toxic and reversible effect. Meanwhile, both the WHO human reproduction programme and the Rockefeller Foundation are supporting animal studies to better define the mechanism of action of gossypol.”

In August of 1992, a series of meetings was held in Geneva, Switzerland, regarding “fertility regulating vaccines”. According to the document [Fertility Regulating Vaccines](#) (classified by the WHO with a limited distribution) present at those meetings were scientists and clinicians from all over the globe, including then biomedical researcher of the American Agency for International development, and current research-chief of USAID, Mr. Jeff Spieler.

In 1986 Mr. Spieler [declared](#):

“A new approach to fertility regulation is the development of vaccines directed against human substances required for reproduction. Potential candidates for immunological interference include reproductive hormones, ovum and sperm antigens, and antigens derived from embryonic or fetal tissue(...). An antifertility vaccine must be capable of safely and effectively inhibiting a human substance, which would need somehow to be rendered antigenic. A fertility-regulating vaccine, moreover, would have to produce and sustain effective immunity in at least 95% of the vaccinated population, a level of protection rarely achieved even with the most successful viral and bacterial vaccines. But while these challenges looked insuperable just a few years ago, recent advances in biotechnology- particularly in the fields of molecular biology, genetic engineering and monoclonal antibody production- are bringing antifertility vaccines into the realm of the feasible.”

“Vaccines interfering with sperm function and fertilization could be available for human testing by the early 1990s”, Spieler wrote.

In order for widespread use of these vaccines, Spieler writes, the vaccine must conquer “variations in individual responses to immunization with fertility-regulating vaccines”.

“Research”, he goes on to say, “is also needed in the field of “basic vaccinology”, to find the best carrier proteins, adjuvants, vehicles and delivery systems.”

In the 1992 document, the problem of “variations in individual responses” is also discussed:

“Because of the genetic diversity of human populations”, states the document, “immune responses to vaccines often show marked differences from one individual to another in terms of magnitude and duration. These differences may be partly or even completely overcome with appropriately engineered FRVs (Fertility Regulating Vaccines) and by improvements in our understanding of what is required to develop and control the immune response elicited by different vaccines.”

The picture emerging from these facts is clear. The WHO, as a global coordinating body, has since the early 70s continued the development of the Rockefeller-funded “anti-fertility vaccine”. What also is becoming clear, is that extensive research has been done to the delivery systems in which these anti-fertility components can be buried, such as regular anti-viral vaccines. It’s a mass-scale anti-fertilization programme with the aim of reducing the world’s population: a dream long cherished by the global elite.

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Maessen](#)

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