

# WHO-UNICEF Tetanus Vaccination Campaign: A “Well-Coordinated Forceful Population Control Mass Sterilization Exercise”: Kenya Doctors

By [Global Research News](#)

Global Research, February 16, 2014

[MaterCare and Global Research](#) 11

November 2015

Region: [sub-Saharan Africa](#)

Theme: [Science and Medicine](#), [United Nations](#)

This article was first published on November 11, 2014.

*Let me authoritatively clarify the concerns raised by the Catholic Bishops on the just concluded tetanus vaccination by sharing extracts from the official position of the Kenya Catholic Doctors Association as below; feel free to share the article:*

Tetanus is an incurable disease that infects the body through broken skin or wounds. The umbilical cord stamp of newborn babies is a possible entry point and makes them especially susceptible. It is best prevented through immunization with the tetanus toxoid (TT) vaccine.

We would like to assure the public that the normal vaccines available in both public and faith based organization in this country are clean. Generally speaking, the faith based medical facilities give the same if not more vaccinations than public institutions.

Our concern and the subject of this discussion is the WHO/UNICEF sponsored tetanus immunization campaign launched last year in October ostensibly to eradicate neonatal tetanus. It is targeted at girls and women between the ages of 14 - 49 (child bearing age) and in 60 specific districts spread all around the country. The tetanus vaccine being used in this campaign has been imported into the country specifically for this purpose and bears a different batch number from the regular TT. So far, 3 doses have been given - the first in October 2013, the second in March 2014 and the third in October 2014. It is highly possible that there are two more doses to go.

Giving five doses of tetanus vaccination every 6 months is not usual or the recommended regime for tetanus vaccination. The only time tetanus vaccine has been given in five doses is when it is used as a carrier in fertility regulating vaccines laced with the pregnancy hormone - Human Chorionic Gonadotropin (HCG) developed by WHO in 1992.

When tetanus is laced with HCG and administered in five doses every 6 months, the woman develops antibodies against both the tetanus and the HCG in 2 - 3 years after the last injection. Once a mother develops antibodies against HCG, she rejects any pregnancy as soon as it starts growing in her womb thus causing repeated abortions and subsequent sterility.

WHO conducted massive vaccinations campaigns using the tetanus vaccine laced with HCG in Mexico in 1993 and Nicaragua and Philippines in 1994 ostensibly to eradicate neonatal

tetanus. The campaign targeted women aged 14 – 49 years and each received a total of 5 injections.

What is downright immoral and evil is that the tetanus laced with HCG was given as a fertility regulating vaccine without disclosing its 'contraceptive effect' to the girls and the mothers. As far as they were concerned, they had gone for an innocent injection to prevent neonatal tetanus!

Considering the similarity of the WHO tetanus vaccination exercise in South American with the Kenyan campaign and with the background knowledge of WHO's underhand population control initiatives, the Kenya Catholic Doctors Association brought the matter to the attention of the Bishops and together sort audience with the Ministry of Health with only one request; that the tetanus vaccine being used in this campaign be tested to ensure it was not laced with HCG before the 2nd round of immunizations in March. The Ministry of Health declined to have the vaccine tested.

With great difficulty, the Kenya Catholic Doctors Association managed to access the tetanus vaccine used during the WHO immunization campaign in March 2014 and subjected them to testing. The unfortunate truth is that the vaccine was laced with HCG. This proved right our worst fears; that this WHO campaign is not about eradicating neonatal tetanus but a well-coordinated forceful population control mass sterilization exercise using a proven fertility regulating vaccine. This evidence was presented to the Ministry of Health before the third round of immunization but was ignored.

When challenged in South America in the early 1990's about the tetanus vaccine used in their campaign being laced with HCG, WHO brushed off the claims as unfounded and asked for proof. When proof was provided by the Catholic based bodies in those countries, WHO claimed that the other components of the vaccine production process may have caused false positive results. When pushed further, they accepted that a few vaccines may have been contaminated with HCG during the production process. However, HCG is not a component nor is it used in the production of any vaccine let alone tetanus! It was only after antibodies against HCG were demonstrated in the women who were immunized with the laced tetanus vaccine that the matter was sealed. The immunized women have suffered multiple abortions and some have remained sterile. Do we have to wait until this point before action is taken?

Though the Bishops are medically lay people, they have technical advisory teams of competent specialists from every discipline, including medicine. These teams are both local and international as the Catholic Church is global. The Catholic based and run health institutions form the largest private health network in the country and have been rendering medical services to Kenyans for over 100 years! Thus, when the Bishops speak on topical issue like the tetanus vaccination, they are talking from a point of knowledge and authority. It would be foolhardy to disregard their advice.

We have performed our moral and civic duty of speaking the truth and alerting the government and the people of Kenya. It is now up to each individual Kenyan to make an informed choice.

Kindly google "Fertility regulating vaccines" and "Are New Vaccines Laced With Birth-Control Drugs?" for further insight."

-Dr Wahome Ngare, Gynaecologist and Obstetrician

***For and on behalf of the Kenya Catholic Doctors Association.***

*Shared by Dr. Robert Walley, Executive Director of MaterCare International/Contact: Dr. Robert Walley will be in Kenya until Nov 11 and is available for interview at ph: (254) 0727373690.*

The original source of this article is [MaterCare and Global Research](#)  
Copyright © [Global Research News](#), [MaterCare and Global Research](#), 2014

---

**[Comment on Global Research Articles on our Facebook page](#)**

**[Become a Member of Global Research](#)**

Articles by: **[Global Research](#)**  
**[News](#)**

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)  
[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)