

How Did We Know That the COVID-19 Vaccines Would Decimate Global Fertility?

The Forgotten History of Elitist Population Control Programs



A MIDWESTERN DOCTOR
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When I started this Substack, my goal was to draw attention to the things with the vaccines I felt would create significant problems in the future if something was not done about them. One of the initial topics I decided to cover (on [April 2nd 2022](#)) was the history of elitist population control initiatives because I saw a lot of different signs that reduced fertility could become a key issue with the spike protein vaccines.

Since that time, more and more signs have emerged that this is a huge problem. For example, vaccine bio-distribution data showed the COVID-19 vaccines concentrate in the ovaries (which should have been a red flag to drug regulators), menstrual abnormalities have gradually been acknowledged as the most common vaccine side effect ([affecting around half of female vaccine recipients](#)), and a variety of different databases have shown increased miscarriage rates in the vaccinated.

There have also been lots of anecdotal reports of the fertility issues (e.g., [this one](#), [these ones](#)). Likewise, James Thorpe MD, a reproductive specialist [has tried to sound the alarm on the vaccine fertility issue](#) (e.g., he's published papers and done numerous national television interviews on subject), but unfortunately, his message has been largely ignored.

Note: instead of listening to Thorpe's concerns, his hospital recently fired him [under very questionable circumstances](#) and he is presently engaged in litigation against his former employer.

Most alarmingly, national statistics have shown an 8-15% decline in the birth rate since the vaccines came out. [Igor Chudov has done a great job of compiling this data](#), one researcher [showed vaccination rates directly correlated to miscarriage and stillbirth rates](#), and a much longer compilation of the evidence can be found [here](#). These are absolutely massive change that **could not** have occurred by chance.

Finally, since the vaccine came out, rheumatologist colleagues have been contacting me about the unprecedented spike in anti-phospholipid syndrome (APS) they've seen (e.g., many of their patients tested negative for APS before vaccination and positive afterwards). Presently, they've found 30-40% who received two vaccines were lightly positive for APS and 1.5-2% were strongly positive (per [the AVISE test](#), one the most accurate and affordable ways to test for APS).

Note: There is [also data showing](#) a massive increase in APS occurs in severely ill patients who were hospitalized with COVID-19 earlier in the pandemic. One of the great tragedies with the vaccines has been the choice to use the highly thrombogenic (clot-forming) spike protein from the original COVID-19 virus, especially since is now extinct (the current variants are nowhere near as thrombogenic). In other words, we are using a highly thrombogenic vaccine to vaccinate against something that no longer exists.

Anti-phospholipid syndrome (APS) is a rare condition that typically between [0.0487%-0.0649%](#) of people develop each year. Despite being rare, APS [dramatically increases](#) one's likelihood of severe blood clots, **infertility or stillbirths** (e.g., by impairing the blood supply to the placenta) or death, and is thus a top cause of many circulatory conditions (e.g., 50% of blood clots in those under 50 [are attributed to it](#)). I mention all of this because APS is often tested for in pregnant mothers to determine the risk of their pregnancy.

In short, a year ago, bringing up the idea that the vaccines could cause an unprecedented decrease in the population was immensely controversial and understandably, even in this

movement, very few people wanted to touch it. However, now that so much evidence of this problem has emerged, many now are (e.g., [Arkmedic wrote](#) one of the best pieces I've seen on the link between the vaccines and miscarriages).

Because of the highly controversial and speculative nature of many of the depopulation claims, at the time I initially wrote about them, I felt it was important to focus on the concrete details which could be proven. Recently Gavin DeBecker (a relatively unknown figure who has done an incredible amount of work to help this movement) [compiled a large pool of evidence](#) corroborating the ideas put forth below. What follows is the original article along with DeBecker's contribution.

When you read all of this, keep in mind that one of the top rules in medical ethics for decades (ever since [thalidomide](#)) has been to never give pregnant women a medication that has any potential fertility risks. Yet with the COVID-19 vaccines that all went out the window. Healthcare authorities around the world not only ignored countless red flags of fertility risks from the vaccines but also mandated them on women who specifically said they did not want to vaccinate because they were worried about the risks to their unborn child.

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Introduction

Reducing global population has been a consistent goal of the ruling class for centuries. While **many** support the abstract idea of population control, **no one** wants to volunteer to be the ones who are culled. The business of population control has hence been a very messy subject.

When the COVID vaccine program began, I—and likely many others—suspected the COVID vaccines would have an “unexpected” side effect of reducing fertility. Early in their development, Mike Yeadon (and others) at great personal risk publicly warned regulators of a clear fertility danger inherent to the vaccine (found in section IX of [their petition](#)).

Subsequent regulatory document leaks from the European FDA revealed Pfizer exempted themselves from testing the key areas of concern (infertility, autoimmunity and cancer) in animals. This highly unusual move further suggested serious problems existed in these three areas (as you can't find something if you don't **officially** test for it).

Despite repeated denials, signs of each of these key complications from the vaccine have now emerged. While I do not have every piece of the puzzle—there are likely many “population control initiatives” I've never heard of—I know enough to paint a clear picture of this dirty business.

The first half of this two-part article will lay out the historical precedent of using any means necessary to reduce the population, while the second part will examine how this has been attempted with vaccinations.

Cruel Philosophies

As best as I can tell, there are three overlapping schools of thought that have created the zealous belief in a need for population control.

1. Many governments, especially those in the East, have adopted the viewpoint that periodic wars are necessary for the stability of the society. This viewpoint primarily arises from social instability caused by too many young adult males in the state coupled with the issues that occur when there is insufficient food available to the population. In turn, many wars have been fought specifically for this reason. (I am most familiar with this being a common theme in China, as they have observed over the centuries the one thing that will cause rebellions are famines.)

Following World War 2, the Western ruling elite came to a consensus that the war approach was no longer tenable due to the extreme collateral infrastructure and environmental damage modern weaponry (ie. nukes) created. I only know of two exceptions to this rule:

Wars in third-world nations lacking advanced weaponry where the collateral damage those wars caused was inconsequential to first-world nations.

Talks that occurred within the Chinese military leadership, but have so far not materialized, over starting a war with India so both countries could mutually alleviate their challenging population burden. For context, China has attempted population control with their “one-child” policy, but it has been met with mixed success and widespread social resistance.

The alternative to war is a multi-pronged attack that seeks every possible avenue to reduce fertility and accelerate aging, which many argue is the more humane option of the two. One of the curious facts I have observed over the decades is how frequently an odd policy or environmental agent always seems to converge on the common pathway of reducing population. Once or twice, you can write it up as a coincidence, but at a certain point, you have to wonder if it is all intentional.

When I studied the early history of infectious diseases (discussed in my [previous articles](#) on smallpox), one of the most striking things to me was the absolute squalor the serfs were forced into as the feudal lords kicked them off the land to live in the early cities. It was much worse than most people of this modern era can even conceive of.

When I first learned of this, I guessed the suffering that move caused for the lower class must have been viewed as a necessary trade off by the European rulership to facilitate the Industrial Revolution, something vital for national development. After I learned about the Malthusian philosophy, I realized those abhorrent living situations was likely the goal in of itself.

In 1798, Rev. Thomas R Malthus published the influential work *An Essay on the Principle of Population*, which argued that human populations tend to increase at a geometrical (exponential) rate, but the means of subsistence (food) grows at only an arithmetic (linear) rate. “*The power of population is indefinitely greater than the power of the earth to produce subsistence for man,*” according to Malthus, who therefore believed the standard of living of the masses could not be improved without the checks of war, famine, or disease. In their absence, population would increase by a geometric rate and lead to a catastrophic “*Malthusian*” food supply collapse.

While there are numerous errors in his theory, Malthus was appointed to multiple important positions, and his ideas appear to have gradually become a prevailing conviction among members of the ruling classes in the 19th century. These ideas also influenced other key figures, such as Charles Darwin while he created his theory of evolution and natural selection.

Numerous groups were founded over the decades, which emphasized birth control and increasing mortality of the poor. These groups included Dr. George Drysdale's Elements of Social Science in 1854, **the Malthusian League** in 1877, and Margret Sanger's National Birth Control League in 1915, which became the Planned Parenthood Federation of America in 1942. Initially these groups were domestic, but gradually they became global, at which point, they tied international aid and development to population control measures.

The Malthusian and Darwinian ideals gradually gave birth to Social Darwinism and Eugenics, which were both widely adopted by the ruling elite. Social Darwinism argued that class divisions were the will of nature and that this form of natural selection, rather than being evil, was necessary. The most extreme version of this ideology, eugenics, appears to have arisen from two key factors:

1. The tribal nature of human beings and the tendency to view all other tribes as inferior (the ruling class felt this way towards the poor).
2. The advances of society were making it possible for many of the weaker members of society, who previously would have died off, to survive long enough to reproduce and, over time, significantly weaken the gene pool.

Eugenics in turn advocated preventing those who were less “fit” from breeding. This has been responsible for horror upon horror since its inception, and it provided the theoretical foundation for why, among other things, the Nazis forcibly sterilized the mentally-ill. When the Nazis eventually were tried at Nuremberg for their crimes against humanity, few know that that many cited the fact similar actions were first conducted by the “Great United States” as part of their defense.

Note: It is estimated that tyrannical governments executed approximately 150 million people in the previous century, an action that has since been termed [democide](#).

For example, consider one of the more problematic Supreme Court rulings, [Jacobson vs. Massachusetts](#). It ruled that Jacobson, who having previously suffered a severe adverse reaction from a smallpox vaccine which led him to contest Massachusetts’ smallpox booster mandate, did not have the right to refuse forced vaccination.

Following this ruling, Virginia passed a law authorizing the involuntary sterilization of people the deemed to be “feeble-minded,” or mentally ill. Citing Jacobson vs. Massachusetts, a Supreme Court Justice [wrote](#): “The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes.” By 1930, dozens of states were forcing women to undergo involuntary sterilization, and more than 60,000 American women were sterilized by the government against their will.

While books could be written on the horrors of eugenics, the key point to remember is that the discipline never disappeared and has enjoyed sustained support from the upper class. Did you know that the creators of the dangerous AstraZeneca COVID vaccine—which has been promoted as the vaccine of choice for the third world—[have extensive ties to major eugenics organizations](#)? **I wish I was making this up.**

One of the major shifts that has appeared within these movements has been who they target. Until recently, they seemed to be racist against specific sets of people, primarily those of color. Planned Parenthood’s founder, for example, wanted to reduce the black birth rate, but others many were far worse. Eugenics was also conducted by whites against other whites, however it typically was due to class differences or perceived genetic quality rather than race (the only exception I can think of was the British Empire towards the Irish). This all seems to have shifted recently to where the healthy and affluent white members of society are now being targeted too. As this is a new change, much of the western population has been caught off guard, and there has been a much higher COVID vaccination uptake [in whites than other races](#) who still remember being targeted by their government.

Governmental Planning for Population Control

Numerous documents and conferences suggest population control has also been a priority for both national governments and international governments.

[National Security Study Memorandum 200](#) is the most well-known authentic government document advancing a systematic population control agenda. Written in 1974 by Kissinger during Nixon's presidency (and unclassified decades later), it identified third world population growth as a critical national security issue for the United States (along with American business interests) and outlined a variety of steps to combat it.

It stated:

World policy and programs in the population field should incorporate two major objectives:

- (a) actions to accommodate continued population growth up to 6 billions by the mid-21st century without massive starvation or total frustration of developmental hopes; and
- (b) **actions to keep the ultimate level as close as possible to 8 billions** rather than permitting it to reach 10 billions, 13 billions, or more

NSSM200 was reworked and adopted as **official United States policy** through NSDM 314 by President Gerald Ford on November 26, 1975. [As Robert Malone pointed out](#), the entire COVID-19 vaccine push took off at the same time the global population hit the 8 billion mark (which happened in 2022) and **potentially** explains the intense urgency we saw throughout the pandemic to force lockdowns (which brought starvation [to hundreds of millions of people](#)), and then vaccines on the population.

To quote Malone's article:

The report states that primary emphasis on "population moderation" should be applied to "the largest and fastest growing developing countries where **there is special U.S. political and strategic interest.**" In 1974, the named countries were India, Bangladesh, Pakistan, Nigeria, Mexico, Indonesia, Brazil, the Philippines, Thailand, Egypt, Turkey, Ethiopia and Columbia.

33 years later, in 2021, the US donated millions of mRNA vaccines to the following countries, all of which were specifically named in the Kissinger Report: Bangladesh, Pakistan, Nigeria, Indonesia, Brazil, Philippines, Thailand, Ethiopia, and Columbia.

The report also states it is "desirable in terms of U.S. interests" to work with the U.N. Fund for Population Activities (UNFPA), which already had projects in more than 70 countries.

UNFPA ran programs described by critics as ***forced abortions and coercive sterilizations***.

But the strategy exploited the real and painful history of medical abuses against people of color in the U.S., from compulsory or coercive sterilization campaigns from the 1910s to '60s (including the sterilization of [a third](#) of all Puerto Rican mothers between 20 and 49 years old by 1965

Some of the examples were [documented](#) stories of legitimate concern — for instance, HIV-positive women in southern Africa had been pressured into sterilization procedures by local health care entities.

Note: [Thousands of Native American women](#) were forcefully sterilized by the Indian Health Services. Likewise, in Canada, government programs [forcefully sterilized indigenous women](#). These campaigns and others will be discussed later in the article.

In the original article, I referenced a variety of ***alleged*** documents stating that governments around the world were conspiring to reduce the global population. In this article, I will instead quote some of those compiled by DeBecker as their authenticity can be directly verified (all of the sources for the following quotations [can be found in this article](#)).

First to quote a memo on a June 8, 1973, 10:30 AM, Ambassador Porter's Office, State Department [this preceded NSSM200]:

General Draper and his colleagues presented their views that the population explosion in developing countries was not only a threat to US interests in the economics and in the development of those countries but also, more fundamentally, presented a danger to our politico military interests.

General Taylor said he would add only that, although he was a neophyte in population matters, he felt very strongly that, as stated in his memorandum, the rapid growth of populations in many developing countries was a likely source of internal violence and of possibilities of external aggression.

General Draper said he had written the President explaining his views that rapid population growth could endanger the concept of a generation of peace and recommending that the President speak out on this subject.

Ambassador Porter said that they were talking to someone who was already converted to this whole idea. He felt that our population programs were not closely enough connected to our overall aid programs but were handled too separately.

Ambassador Porter recalled his experience in Korea, where he had first come in contact with a national population control program. He found that at the governmental level there was, at least vocally, a strong program but that when he went to the village level he found that the charts showing acceptors had large gaps. He found that at the ministerial level it was thought that the population program was necessary but at the village level it would not work for the individual family until they had two male children to run the farm.

[Ambassador Porter] thought that the Soviet Union would not be much interested in internal population programs because, although they were interested in birth control for China, they wanted to fill their own empty space in Siberia. He agreed, however, with General Draper's argument that the Soviets should be interested, as the US is, in encouraging developing countries to reduce their rates of population growth. Ambassador Porter said he would make a formal proposal to Kissinger to put the matter on the agenda for the President-Brezhnev talks.

Senator Tydings added that he believes the top command of HEW is not only unwilling to expand our national family planning [*population control*] services but apparently is not willing to support what we already have going on. Ambassador Porter and Mr. Claxton both observed that it is important to be able to show abroad that we are not asking peoples of other countries to do more than we are doing at home.

Much of what was described there fifty years ago appears to hold just as true now.

In total, [DeBecker compiled](#) 24 declassified memorandums, telegrams and papers which both echoed the themes of NSSM200 and the June 8th meeting, along with demonstrating that those policies were being enacted throughout the US government.

Population control has also been discussed within by the mainstream media.

The 9/4/94 Associated Press article "[Compromise near on Population Control Plan](#)" stated:

On the eve of the opening of the United Nations Population Conference in Cairo, a U. S. official said that a compromise on the sensitive issues of abortion and birth control was "very close." "...During three preparatory conferences, delegates from 170 countries agreed on more than 90% of the plan for controlling population.

The Times of London headlined "[Billionaire Club in Bid to Curb World Population](#)," said the issues discussed in the top-secret meeting included the most controversial: slowing the global population growth.

Taking their cue from Gates they agreed that overpopulation was a priority," the article said, adding that "this could result in a challenge to some Third World politicians who believe

contraception and female education weaken traditional values.

Mrs. Gates, Buffett and Turner have been quietly worrying about Malthusian population problems for years. Mr. Gates in February outlined a plan to try to cap the world's population at 8.3 billion people [once again 8 billion].

Mechanisms of Population Control

As best as I've been able to tell, population control measures typically follow one of three approaches:

1. Create social changes that discourage having children.
2. Introduce an environmental factor that decreases male testosterone and sperm viability.
3. Directly sterilize (or give birth control to) women of childbearing age.

Some of the methods for population control discussed in NSSM200 included:

... fertility and contraceptive research

... biomedical research would be doubled

... field testing of existing technology

... development of new technology

... oral contraceptives (optimal steroid hormone combinations and doses for populations)

... intra-uterine devices of differing size, shape, and bioactivity should be developed and tested to determine the optimum levels of acceptability

... Sterilization of men and women has received wide-spread acceptance in several areas. Female sterilization has been improved by technical advances with aparoscopes, culdoscopes, and greatly simplified abdominal surgical techniques... the use of tubal clips, trans-cervical approaches, and simpler techniques can be developed. For men, several current techniques hold promise but require more refinement

... Leuteolytic and anto-progesterone approaches to fertility control including use of prostaglandins

... **injectable contraceptives for women**... administered by pare-professionals. Currently limited by their side effects and potential hazards... can be overcome with additional research

... male contraceptive, in particular **an injection which will be effective for specified periods of time**

... injection which will assure a woman of regular periods. The drug would be given by pare-professionals once a month or as needed to regularize the menstrual cycle

One of the most important things to consider when reviewing this early list was that the primary challenge to implementing the proposed policy was not the ethics of doing so, but rather, *the technological feasibility of the existing approaches.*

Social Approaches:

The first approach is a politically touchy subject. I will cite a few quick examples:

•Second Wave Feminism transitioned a significant portion of the population from raising families at home to a sterile existence working outside the home. Second Wave Feminism was essential for our country and corrected many serious injustices towards women, but there is also some evidence to suggest the movement was hijacked to help the upper class by removing

women from a motherly role and doubling the workforce. For example a pioneer of this movement, [Gloria Steinem](#) was also a CIA operative.

- The societal messages around dating have been shifted from romantic bonding (which produces children) to a hookup culture without intimacy.
- Women are strongly encouraged to pursue a career before having children or a family, which frequently results in them missing the opportunity to do so.
- Previously rare sexual pairings that either cannot or are unlikely to produce children are actively encouraged by the media and corporatocracy.
- Alternatives to relationships, such as computer or video addictions, are strongly encouraged in society.
- Economically, it has become more and more difficult for individuals to afford to have children.
- Having children is labeled as environmentally destructive and hence strongly discouraged.
- Having children is now characterized as a major obstacle to spiritual growth and self-development.
- The widespread support and social validation for having children has gradually diminished.

I have personally observed as the years have gone by, fewer and fewer people are interested in having children, and some combination of the above reasons are typically cited. I also find people who have children have a much deeper sense of happiness than those who do not, despite media messages suggesting the opposite.

The idea of population control or mass extinction for the greater good has also been increasingly observed within the media. *Avengers Endgame* was the top grossing film of 2019, and it was so heavily promoted throughout the media that it accomplished the unique feat of almost doubling the revenue of the runner-up. I have often wondered whether this was deliberate on account of the message the movie spread in the months immediately preceding COVID-19 of the need to be evil and eliminate half the population for the “greater good”.



There are also many factors that directly affect fertility. Each of these appears to have followed a gradual progression where the onset has been too slow for most of the victims to recognize.

Male Approaches:

At this time, male health is significantly less studied than female health (for example, many recent graduates I have spoken to felt “transsexual medicine” may have had a greater focus in their curriculum than “male health” in their medical school curriculum). As a result, much of this section, such as the importance of testosterone, is still relatively unknown.

Despite this knowledge gap, it is almost universally agreed within the scientific literature that there has been a [massive, sustained decline in male testosterone levels over the decades](#) (a male's testosterone levels goes hand in hand with his health and fertility). This decline directly affects male (and to a lesser extent female) health, and numerous integrative physicians have found rectifying it creates profound benefits in a large percentage of their patients. The decline of sperm quality and viability has also been observed, but as it is more difficult to objectively quantify, not as much as data exists to clearly support this trend.

A common means of controlling animal populations is to universally introduce an agent which decreases male fertility (as these tend to be easier to distribute on a large-scale basis than agents which target female reproduction). In addition, a common method of controlling animal behavior is to neuter males, as this reduces their aggression and “disobedience to authority” (e.g., [a recent lawsuit was filed](#) by a 16-year-old boy who developed breasts after he was forced to take estrogen in jail to “control his behavior.”) It is hence understandable why those in the ruling class would be open to using similar approaches on the “[useless eaters](#)” of the population.

Many of the factors causing this decline appear to have been deliberately placed in the environment. The most influential are xenoestrogens, artificial chemicals that mimic the characteristics of estrogen and feminize organisms. Alex Jones's infamous commentary on chemicals that “turn the friggin' frogs gay,” for example, was a reference to atrazine, a still widely used herbicide, that [for over 20 years](#) has been known to create hermaphroditic frogs. For those interested, the eight-hour audiobook, [Estrogenation: How Estrogenics Are Making You Fat, Sick, and Infertile](#) provides an excellent summary of the topic.

Some of the most common xenoestrogens in addition to atrazine (and some other herbicides) include:

- Birth control pills, which are designed to not break down and thus cycle back into the water supply (this is a common problem in areas that reuse waste water, particularly China, where oral contraceptives are widely used).
- Soy (excluding the rare exception where it is fermented like in Miso or Natto), is a food that comprises a significant portion of the food supply. While much less common (but sometimes still) an issue, a similar effect results from lavender products.
- Bisphenol A and S found in many plastics, which constantly contact our bodies and food.
- Phthalates (also found in many plastics, I particularly care about this when sourcing IV supplies).
- Parabens (these are used for fragrances in many cosmetic products).
- DDT and PCBs are highly dangerous mutagenic chemicals. Despite their known toxicity (Monsanto, the initial PCB producer, saw within three years 23 of their 24 researchers develop disfigured faces) it took decades, and in some cases almost a century of activism, to remove them from the market. Massive amounts of these chemicals were produced, and they persist in the environment, accumulate up the food chain (especially via fish), and still affect people today. In addition to being destructive to both humans and wildlife, a good case can be made these chemicals created many of the changes we are still seeing today (such as the decline of male sperm counts).

While it is appreciated that increasing estrogen levels will directly feminize males, it is less appreciated that there are estrogen receptors in the brain that reduce testosterone levels when stimulated. Clomifene, a drug designed for inducing ovulation (either for patients who cannot ovulate, or to collect eggs for IVF) blocks this anti-testosterone receptor. Direct testosterone administration can be used for male health, however, many physicians also find significant benefit [from using clomifene](#), as it alone can raise testosterone. In short, there are many pieces of evidence suggesting xenoestrogens play a key role in the male decline of testosterone and fertility.

One of the largest influences on testicular function is microwave radiation (emitted by cell phones and Wi-Fi enabled devices). Brain matter, the heart, and the testicles are the most susceptible tissues in the body to this microwave radiation (for those curious, [there is actually a lot of research proving this](#)).

Microwave field strength (per the inverse square law) exponentially decreases from its source, and a frequently successful approach for treating male infertility is to avoid carrying a phone in the pocket or using a laptop near the lap (both of these emit microwave radiation).

Many other factors also influence testosterone levels and fertility. Two of the more interesting examples are metformin, a very commonly used medication for diabetes that has the curious side effect of reducing testosterone (which can be debilitating for older men who are already deficient in testosterone), and the widely used sugar replacement stevia, which has been repeatedly studied for its testosterone reducing and contraceptive properties. This all goes in a full circle as these many of these substances also interfere with metabolism thereby creating obesity, and fat cells, via the [aromatase](#) they contain, further perpetuate the cycle by turning testosterone to estrogen.

To tie this all together, Niels E. Skakkebaek, MD PhD, an expert in testicular cancer, has shown through Denmark's national cancer registry (maintained since 1943) that the rate of testicular cancer more than tripled from 1943 to 1993 and continues to grow since that time. At the same time, he also found sperm density fell from 113 million per milliliter in 1940 to 66 million per milliliter in 1990 and that the volume of sperm has dropped an average of 19%.

Female Approaches:

While male sterilization methods tend to be uniformly administered throughout the environment, due to mammalian biology, female sterilization typically requires more targeted approaches. The only exception I know of to this rule occurred in India in the 1970s, where their prime minister in return for international loans declared martial law and with military force mandated vasectomies, gruesomely sterilizing six million men before being forced to abandon this initiative due to violent male counterprotest (hence illustrating why only women are directly targeted for individual sterilization).

Sterilization through vaccination has long been viewed as the holy grail of population control, as global faith in vaccination allows the covert mass administration of sterilizing substances, and unlike many other methods, in theory it only needs to be done once. As such, a lot of research has been done in this area, but at least until recently, the technology for it was lacking. To fully understand the context of that approach, we will first review what has been done with the forced administration of traditional contraceptive and sterilizing technologies.

While the Nazis, who forcefully sterilized or executed millions they deemed unfit to breed, are history's most notorious offenders, many sterilization campaigns have been forcibly conducted by governments around the world against poor women of color. One of the best-known examples [occurred in the United States](#) from the 1960s to the 1970s. There, the Indian Health Services, through force and deceit, sterilized between 25% to 40% of the female native American population via tubal ligations and hysterectomies, resulting in a halving of their birth rate.

Other examples include:

- [Numerous campaigns](#) to sterilize Latina women throughout the United States.

• Claims that [40,000 women](#) that were sterilized in Colombia between 1963-65 by Rockefeller-funded programs, a million women were sterilized in Brazil between 1965-1971 and a U.S.-imposed population control program administered by the Peace Corps in Bolivia sterilized Quechua Indian women without their knowledge or consent.

Note: I have been unable to verify the claims in the previous bullet point, [as the article](#) that alleged it it did not provide primary sources but I know widespread deployment of [long-acting birth control](#) happened at the time.

Population control is less straightforward once direct sterilization is no longer utilized, so it is important to understand the parameters of the existing technologies.

Note: One of the aspects of modern life I have always found to be particularly unfair is the lack of good birth control options available to women (assuming their partners are unwilling to undergo a vasectomy). Every single option has serious associated health issues or creates barriers to intimacy. The only ones that don't (e.g., I've known many who used approaches like the rhythm method and semen retention) inevitably fail.

As far as I can tell, the best birth control option is a well-designed diaphragm. Unfortunately, research on this approach was shelved once it was realized birth control pills represented a much more profitable market. While not ideal, my present belief is IUDs that can be tolerated are the best available option. Unfortunately, many women do not tolerate these either (for example, one of my classmates nearly failed out of her first year of medical school due to a bad reaction to a copper IUD).

Sadly, while there are serious health issues associated with the present forms of birth control, the current approaches (with the exception of the [recently discontinued](#) Essure) are much safer than many of the earlier experimental forms of birth control (the [horror](#) of the Dalkon Shields being an excellent example). Much of this is unknown, because as discussed throughout this Substack, medical research is often conducted on vulnerable populations that typically remain out of sight and out of mind.

From a population management perspective, a long-lasting injectable birth control option is the only feasible option (e.g., birth control pills won't be taken consistently and giving regular injections to everyone is not possible).

One of the best candidates for the injectable approach had long been Depo-Provera, one of the more harmful birth control options that has seriously affected the health of many women I know. Depo-Provera, not surprisingly is regularly used by international organizations in third-world countries. Going as far back as almost 50 years ago, in 1979, USAID through the International Planned Parenthood Federation supplied Depo-Provera to 378,000 women in Mexico, Sri Lanka, and Bangladesh in experimental research projects. Widespread administration of Depo-Provera by these organizations continues to this day (with the additional involvement of more modern organizations such as the Gates Foundation who continue the tradition relentlessly distributing it to vulnerable women).

A push was made to distribute Depo-Provera far and wide, as you might expect, this was often done in an unethical manner where the recipients often had little knowledge of what was being done to them. We will briefly review a few of those examples.

In societies where whites controlled a non-white population, Depo-Provera was often questionably administered to the undesirable demographic. In South Africa, during apartheid, as the whites became increasingly concerned about the accelerating black birth rate, Depo-Provera was forcibly administered to black women at government-funded family planning agencies. To quote Dr. Nthato Motlana, who was at the time one of the country's leading Black physicians:

There is no such thing as 'informed consent' here. The agencies are administering Depo-Provera shots to young black girls without even asking their consent.

This practice also existed in Zimbabwe, where under white rule Depo-Provera was the most widely used contraceptive among black women until Robert Mugabe, a black man, became prime minister and cancelled the program. Canada, another country that [sterilized their indigenous population](#), also made frequent use of Depo-Provera on this demographic. Lastly, in Western Australia, Depo-Provera was also widely administered by government health services to Aboriginal women.

When desperate situations arise, these too are frequently taken advantage of by international organizations to implement population control campaigns. Receiving Depo-Provera or a sterilization procedure is often made a requirement for receiving international aid. In Bangladesh, an area where individuals frequently starved to death, this was the condition for receiving food. In Thai refugee camps for Cambodians fleeing the collapse of the Khmer Rouge, refugees were often required to receive Depo-Provera to access necessities for survival, and in some cases simply forced to receive it, while male refugees were paid to recruit as many refugees as possible for injection.

Likewise to quote Malone's [recent article](#):

In 2010, a former staffer with a government health initiative in Ghana made a [shocking claim](#): a project partially funded by the Gates Foundation had tested the contraceptive Depo-Provera on unsuspecting villagers in the remote region of Navrongo, as part of an illicit "population experiment." The woman making the charge was the Ghanaian-born, U.S.-educated communications officer for another Gates-funded initiative by the Ghanaian government and Columbia University to use mobile phones to improve health care access for rural women and children. She had previously attempted to sue her employer for a multi-million dollar settlement when, after repeated clashes with her boss, her contract wasn't renewed.

The lawsuit fizzled, but with help from a small U.S. nonprofit called the Rebecca Project for Human Rights, she shopped a series of stories to Ghana's tabloid press. The Depo-Provera story caused a national scandal. Although it was denounced by Ghanaian health professionals and traditional leaders as libelous—the Navrongo project hadn't tested *any* medications—so many death threats were directed at the project that some staff had to be evacuated across the Burkina Faso border.

When you look back at the above events, there are a variety of different "narratives" that could be used to describe them. Because of how many Depo-Provera shots had been stockpiled for and the money behind the project, for many of those involved in the process, the focus was simply on how to distribute as many as possible. So, whenever an opportunity to increase Depo-Provera uptake arose, it was taken advantage of it, and the ethical questions of using individuals' desperate circumstances or taking away their right to consent was not even considered.

For those of you wish to know more on the subject for forced sterilization campaigns by the Gates and the WHO, I would highly recommend reading Chapter 10 of [The Real Anthony Fauci](#). It goes into much greater detail in many of the above areas and provides numerous supporting references.

Conclusion

Contrary to popular believe, most of the existing food shortages are a product of people wanting to profit from the unequal allocation of resources rather than a lack of available food. Many, I included, believe if we can live in harmony with our environment, the Earth has the ability to support at least 40 billion people. Similarly, if we have a more cooperative existence where we evolve the community around us, the motivation to have large numbers of children (the principal driver of population growth) will likely disappear.

This is all very doable and does not require extreme sacrifices in the quality of life for each human being. However, the nature of that model would create a cooperative self-sufficient social model where the oligarchy no longer has control over everything. This way of living is unacceptable to those in power, so the focus has always been on maintaining their power and keeping the population at a level that supports the existing hierarchy, something progressively more difficult to accomplish as our standards of living increase.

In our current era, the labor value of individual human beings has been significantly decreased by modern technology (particularly in the recent times with AI and Robotics). From many publications I've read, it appears that the Oligarchy now holds the perspective that the productive value our current population level offers has become outweighed by the costs of having that many people.

For many reasons, a sterilizing vaccine has been viewed as the holy grail of population control. In the second part of this series I will discuss how contraceptive vaccines have been extensively researched and then used to affect fertility. I feel the world would be a very different place right now if that forgotten side of medicine had been known prior to the COVID-19 vaccine rollout and it is my sincere hope what we have seen unfold over the last few years will at last make this become something that is openly discussed and seriously considered.

I sincerely thank each of you for your support of this Substack and providing me with a way to get important messages like these out to the public.

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Great Reflect · Writes The Here And Now · 50 min ago

Dear Midwestern Doc,

My 32 year-old thrice vaccinated daughter has been trying for a year to get pregnant. She's an extremely healthy young woman—eats very well, exercises, has a great job and a stable environment. She is heartbroken as she comes from a very fertile family. Her best friend, who had a healthy baby after trying once to get pregnant pre-Covid, has also spent a year trying to conceive post-vax.

I feel as if we are watching the world unravel in real time. We have four daughters and intuitively know they have a difficult future ahead—notwithstanding not being able to have families. Three of four were vaxed. I pray their problems don't extend into illness or death while dealing with young bodies full of spike proteins.

♡ LIKE (8) 💬 REPLY ...



Jpeach 1 hr ago

The final "Tell" for me that the mRNA CV vaccines were meant harm the human race was the inclusion of of original Wuhan spike in the bivalent booster.

♡ LIKE (6) 💬 REPLY ...

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