

An Addendum to “HCG Found in Tetanus Vaccine”: An Examination of Alleged “Ethical Concerns” Grounded in False Claims by Certain of Our Critics

Abstract

This addendum to “HCG found in WHO tetanus vaccine in Kenya raises concern in the developing world” (published October 28, 2017 by *OALib*) addresses arguments claiming to discredit it from John Broughall, a retired microbiologist, and from unnamed person (or persons) going by the pseudonym “The Original Skeptical Raptor” (hereafter, “Raptor”). Our paper [1], hereinafter referred to as the “hCG-paper”, judging from the Web of Science and PubMed databases, is the first peer-reviewed scholarly work showing the scope of the *WHO anti-fertility program focusing on “less developed countries” from 1972 to the present*: (1) It examines official policy statements from the UN’s largest donor nation dating from 1975 about the perceived need for “far greater efforts at fertility control” especially in “less developed countries” [2,3]. (2) It documents the stream of published research in that program directly or indirectly sponsored by the WHO. (3) It compares the stepped-up dosage schedule used by the WHO in the Kenya 2013-2015 vaccination campaign which was appropriate to their “birth-control” vaccine but radically different from any previously published schedule for ordinary tetanus vaccine. (4) It analyzes and documents the sources of laboratory data from seven distinct WHO accredited laboratories finding β hCG in at least one-third of the samples of vaccine actually collected at the 2014 administration sites. (5) It reveals the convergence of all the foregoing sources of information supporting the charge of the Kenya Catholic Doctors Association leveled against the WHO [4]. A certain microbiologist, John Broughall, in emails to *OALib*, claimed “ethical concerns” about the hCG-paper urging the publisher to retract it. Raptor says, “*Open Access Library Journal* . . . is a predatory journal” and the hCG-paper is a “pseudoscientific . . . outright lie” [5]

Open Source Publishing: A Threat to the Academic World?

Raptor compares the fledgling *OALib*, the publisher of our hCG-paper, established in 2013 to address “science, technology, and medicine” [6], against *Nature*. The latter science journal was created by the British aristocrats, Daniel and Alexander MacMillan, in 1869 [7]. Raptor notes that the impact factor of *OALib* at 0.20 is very small by comparison to *Nature*’s. Raptor says, “If you’re really going to make an important claim about vaccines, then publish it in real journals. But then again, the peer reviewers at *Nature* would laugh hysterically at any anti-vaccine pseudoscience article submitted.” In fact, one of the third in-line editors of *Nature*, L. J. F. Brimble is more or less credited on the *Nature* website with inventing the idea of “peer-review” by seeking “opinion from other members” of the exclusive London Athenaeum Club near the location of the Royal Society [8]. According to *Journal Citation Reports*, in 2010 *Nature* was the most cited science journal in the world with a score of 40.137 [9] annual citations in journals indexed formerly by the Web of Science and now by Clarivate Analytics [10,11].

So, why, we ask, are spokespersons such as Raptor and Broughall defending the colossal publishers of the medical/pharmaceutical industry (MPI) from a relatively minuscule neophyte publisher such as *OALib*? Only after our hCG-paper passed muster with *OALib* peer-reviewers were we called upon to pay a \$90 handling fee (which Oller covered out of his personal funds) — one disclosed to all potential authors in advance on the *OALib* website [6]. Is *OALib*, and are other open access publishers, a threat to the multi-billion dollar MPI world-wide which teams up with government entities such as the US CDC and the UN WHO/UNESCO? As of May 10, 2016, published fees for a number of MPI journals that offer an on-line option vary from \$1,485 for *BMC Biochemistry*, to between \$1,700 and \$2,900 for *Publications of the National Academy of Sciences (PNAS)*, up to \$5700 for *Nature Communications* [12]. The per page fee for MPI journals is reported at \$200 with an average total cost of about \$800 to the *European Molecular Biology Organization (EMBO) Journal* which is owned by Nature Publishing Group [12–14]. Usually, such costs are shared by the medical schools and universities submitting MPI work for publication.

To compare *OALib* with *Nature*, Raptor uses the Web of Science “impact (citation) factor” developed by Thomson-Reuters. In 2016, that MPI giant had about 45,000 employees in 100 countries with annual revenue estimated at \$11.167 billion [11,15,16]. The journal *Nature*, also appealed to by Raptor, is owned by Springer Nature Group, which in 2015, had “13,000 staff in over 50 countries” and annual turnover at 1.5 billion Euros [17]. Of course, *Nature*’s impact factor eclipses that of *OALib*. But, why would an upstart company such as *OALib*, or our

31 page hCG-paper costing less than a hundred dollars, attract the attention of Raptor and of Broughall? Why are they defending the giant MPI publishers and the multi-billion dollar vaccine industry?

Raptor says he is “stalking pseudoscience in the internet jungle” based on his “extensive education in immunology, microbiology, cell biology, biochemistry and evolutionary biology” and his own “research and development in the pharmaceutical and medical device industry” [18]. Taking Raptor at his word, why would anyone steeped in mainstream MPI publishing, bother to address a few independent researchers whom Raptor characterizes as having no relevant “expertise and knowledge in epidemiology, immunology, virology, microbiology, public health, or anything related to vaccines” [5]? Similarly, why would “retired microbiologist” Broughall be writing emails to *OALibJ* trying to force the retraction of what Raptor describes as “nonsense” that “David Gorski, MD, debunked . . . way back in 2014” [19]?

Raptor Stalks Himself into His Own Backyard

We are indebted to Raptor for pointing us to the *Nature* journal. One of the intriguing facts connecting our hCG-paper with that journal and the MPI giants, comes out in the 2017 apology in *Nature* by editor-in-chief, Philip Campbell. It seems he authorized an editorial, in which he seemed to defend Thomas Parran Jr., the sixth Surgeon General of the United States who served during the notorious Tuskegee experiment that took place from 1932 until 1972. In that “medical” study, several hundred African American males diagnosed with syphilis were offered free medical care if they would submit to the study. The progression of their symptoms was recorded while curative treatments were withheld and the doctors watched many of them die. In the same editorial, and in his apology for authorizing it, Campbell also commented on the “father of gynecology”, J. Marion Sims, who forced horrible, painful, and often lethal surgeries on African American slave women between 1845 and 1849. Sims also believed that the skulls of babies born with neonatal tetanus (*trismus nascentium*) [20–23] needed to be forcibly re-aligned. He invariably crushed their skulls, killing all of the babies he treated for neonatal tetanus. In view of the fact that our hCG-paper dealt with the charge that the WHO was misrepresenting a “population control” vaccine as a tetanus prophylactic — part of their world-wide campaign to “eliminate maternal and neonatal tetanus”[4] — Campbell’s apology is topically and thematically relevant. In his assessment of Sims, Campbell refers to the elastic morality defense that “others-were-doing-it-too”:

Defenders of controversial historical figures argue that they should be judged by their achievements rather than by modern norms. Sims was far from the only doctor experimenting on slaves in 1849, despite the fact that the abolitionist movement was well under way in the United States. . . . But some historians argue that his experiments could have been considered unethical even for his time. . . .The American Medical Association recommends that if unethically acquired data are essential to science, any use or citation of these data should describe the unethical behaviour and pay respect to the victims of the experimentation [24,25].

Coincidentally, our team of authors began with Oller and a couple of Ronald E. McNair Research Scholars who were interested in the infamous Tuskegee syphilis experiment (see “Authors Contributions”, p. 23 in [1]) that just happened to end at the time the “population control” policy of the UN/WHO/UNESCO was being clearly formulated. Contrary to the claims of Raptor and Broughall, the hCG-team included people with highly relevant expertise. As detailed below, over the nearly three years the project was under development, it was expanded eventually to include a PhD professor in a long-established school of medicine with a distinguished publishing record, a relatively recent PhD in biochemistry with at least two post-doctorates and many frequently cited publications, and, finally, two MDs with firsthand knowledge of what was actually going on in Kenya during the WHO 2013-2015 vaccination campaign. The MDs were directly involved in the “cold chain of custody” of vaccine vials actually obtained during the WHO campaign and delivered to seven WHO accredited laboratories as detailed in our hCG-paper. Their sworn affidavit concerning the handling of those samples is attached as Appendix 1.

In answer to the obvious question why a relatively tiny open access publisher such as *OALibJ* is under attack by mainstream MPI giants, we believe it is because such open access sources threaten the hegemony of the MPI in a huge and closely guarded domain of academic publishing. Here is a glimpse into some of the relevant background

to show why the MPI would be protected by individuals such as Raptor, John Broughall, and other lifetime beneficiaries including standouts such as J. Marion Sims [20–23].

Many “Top-Tier” Journal Editors Are Paid by MPI Publishers

According to the research literature, many of the “top-tier” editors of mainstream MPI journals [26,27] are also rewarded by the wealthy MPI stake-holders. Here is some of the background concerning why *OALibJ*, and open access publishers in general, are in disfavor with Raptor, Broughall, et al.

On January 15, 2015, *Nature* became part of the company Springer Nature, owned by the German conglomerate Holtzbrinck Publishing Group, a privately held global company based in Stuttgart [28]. Throughout its almost 150 years, *Nature* has always enjoyed support from European wealth and political influence. The Chairman of MacMillan Publishing from 1964 until his death in 1986, Harold MacMillan, was not only the grandson of *Nature* founder Daniel MacMillan, but was also a titled member of the Royal Society, the 1st Earl of Stockton, OM, PC, FRS. He was British Prime Minister from 1957 to 1963 and continued his life-long involvement in the MacMillan Publishing Company as its chairman until he died [2]. Acquired by Springer Nature in 2015, *Nature* Publishing Group, includes sub-agencies of the WHO: HINARI, set up by the WHO and “biomedical and health publishers”; AGORA, set up by the UN Food and Agriculture Organization together with “major publishers”; and OARE (Online Access to Research in the Environment) under the supervision of the United Nations Environment Program [8] providing “access to one of the world's largest collections of environmental science research”, and so forth.

Raptor did not mention that *Nature* partners with WHO and UN entities, nor that the majority of prestigious MPI journals are only available at considerable cost to subscribers. Also, the editors of those MPI journals commonly receive funding directly or indirectly from the industry whose products, especially CDC and WHO sponsored vaccines, they promote and defend. According to a study by Liu et al. (2017) in the *British Medical Journal*, the editors of such prestigious MPI publications “wield enormous power” because they have complete control over the selection or rejection of reviewers and “determine a substantial amount of the content and conclusions of what appears in their journals” [26]. Liu et al. wrote: “Industry payments to journal editors are common and often large.” In another recent study, using data from the *Open Payments* federal program, during the period between August 1, 2013 and December 31, 2016, Wong et al. investigated 333 “top-tier” editors of medical journals and found that 63.7% received “industry-associated payments”, 42.3% had the money “directed to themselves” not “their institutions”, and 15.3% received payments greater than \$10,000 with an average at \$55,157.

As for *OALibJ*, Raptor says it “is a predatory journal” because it charges a fee for processing articles. As noted earlier, Oller paid a total of \$90 for the handling of the hCG-paper.¹ The MPI journals charge about 20 to 50 times that amount with fees commonly in the \$3,000 range. As for the claim that open access journals do not do peer-reviews, we showed that our work was peer-reviewed internally and externally before it was reviewed by the editors at *OALibJ*. Before it went to *OALibJ*, there were nine reviews by peers selected by the editor-in-chief of a reputable hybrid (hard-copy and electronic) journal in medicine, law, and ethics. We approached that journal because of the medical, legal, and ethical questions addressed in the hCG-paper. In the end, however, we opted to work with the fledgling *OALibJ* because the biennial hybrid journal would have delayed publication for more than six months after acceptance. Also, distribution would have been limited to university libraries and individual paying subscribers. A single annual subscription for that hybrid journal also cost more than the entire fee charged by *OALibJ* for world-wide distribution free to all consumers.

Fertility Regulation as US/UN/WHO/UNESCO Official Policy

Just as Philip Campbell, the editor-in-chief of *Nature*, chastised himself for remarks in a 2017 editorial over which he had complete control in the first place [24] — about unethical studies by J. Marion Sims and the Surgeon General,

¹¹ Oller mentions this point to show two things: the claim that Dwoskin or CMRSI paid costs on behalf of Shaw and Tomljenovic is certainly false with respect to the almost insignificant publishing fee (and it is false in all respects), and that fee is even less significant when compared against those charged by MPI publishers.

Thomas Parran exploiting non-consenting African Americans — in a subsequent editorial for which he claims authorship [25], at a 1992 UNESCO meeting on “fertility regulating vaccines”, the WHO in effect accused itself of abuses in “family planning [fertility regulation] programs” [29]. Credible reports of abuse dated from the 1970s. With all that in mind, next we address the alleged “ethical concerns” of John Broughall who sought to defend the WHO in emails addressed to *OALibJ* about our hCG-paper. He made the following crucial errors:

- He asserted falsely that the WHO abandoned its “birth-control” vaccine agenda in 1997. However, the hCG-paper cited more recent work discussed in 2013, 2014, and 2015 by the lead WHO “anti-fertility” researcher, Talwar, aiming to mass produce a “contraceptive” vaccine delivered through a vaccinia virus vector augmented by recombinant DNA [30–32].
- Broughall asserted that the hCG-paper is about “a disproven conspiracy theory” but does not take account of official policy statements adopted by US government and by the UN/WHO/UNESCO entities showing their purpose of reducing population growth in the very regions targeted for the “eliminate maternal and neonatal tetanus” campaigns.
- Also, in one of his own published studies [33], Broughall says that neonatal deaths by tetanus in Kenya, about 1400 in 2015, could have been prevented by better “hygiene and . . . post-partum care”. Relevant research confirms that sanitation is a more direct, cheaper, and less risky solution to neonatal tetanus in LDCs than any vaccination campaign could possibly be. Additionally, the mortality statistics even in LDCs show that sepsis or asphyxiation owed to inadequate birthing and post-partum care are more likely causes of neonatal fatalities than tetanus [34–37] — and that nearly all such deaths could be better prevented, according to experienced clinicians, such as Richard Moskowitz, MD, by better hygiene [38].
- Statistics from Kyu et al. [39], cited by Broughall, show that “older children and adults” are more likely to die of tetanus than neonates, so why do Broughall’s “ethical concerns” to protect Kenyans against tetanus, not include males of any age, or girls and women outside the child-bearing age? Kyu et al. estimate “56,743 (95% uncertainty interval (UI): 48,199 to 80,042) deaths due to tetanus in 2015; 19,937 (UI: 17,021 to 23,467) . . . in neonates; and 36,806 (UI: 29,452 to 61,481) . . . in older children and adults”. Their findings show death by tetanus to be *1.8 times as likely to occur in “older children and adults” than in neonates*. Therefore, surely “ethical” concerns should extend to the whole population in Africa and in LDCs, not merely to *women of child-bearing age* — unless of course the WHO is administering a contraceptive, population control, vaccine.
- Broughall defends the strange dosage schedule used by the WHO in the Kenya campaign in 2013-2015 — one that is exactly consistent with the WHO published research on the WHO “birth-control” TT/hCG vaccine — but inconsistent with every standard published schedule for tetanus vaccines. He argues there is a special “schedule for African countries” (email dated December 30, 2017 to *OALibJ* editors and the hCG-paper authors), but he neither explains why that “special” schedule exists or why it just happens to exactly coincide with the dosage schedule for the TT/hCG “birth-control” vaccine.
- Most importantly, Broughall has no explanation for the agreement of policy statements by the WHO advocating population control in resource rich LDCs, with the WHO research agenda on “fertility regulation” which their policy statements assert are essential to world health, and he explicitly dismisses the official policy documents asserting that phrases such as “family planning” and “planned parenthood” should be used to direct attention away from the underlying goal of “population reduction” in “LDCs”. The same documents dating back to the official US policy [2,3] stress that the underlying objective of “anti-fertility regulation” by the already developed nations is for them to gain access to the costly mineral resources of LDCs which happen also to be the nations targeted for the WHO/UNESCO “eliminate maternal and neonatal tetanus” vaccination campaigns.

Broughall Charges “Ad hominem” Attacks and Alleges “Conflict of Interest”

After Oller wrote to Broughall (on December 27, 2017) on the recommendation of the *OALibJ* editor(s), Broughall answered on December 28, 2017 promising not to “indulge in the childish *ad hominem* comments contained in your e-mail”. Broughall wrote: “At the end of your e-mail you descend into various *ad hominem* comments and wild

conspiracy theory speculation that has [*sic*, have] no place in a scientific paper eg [*sic*, and here he omits the bracketed words, referring to the agenda of], “[*the UN/WHO/“Planned Parenthood” etc.*] while pretending to seek the eradication of maternal and neonatal tetanus, takes on a different look when it is discovered that the main “planning” being done involves population control in poor but minerally rich regions of the “third world””. Then he quotes remarks from internet sources saying it is “stupid to repeat a debunked lie and present it as a new truth” and that “peddling unscientific claims is dangerous”. Of course, we agree with the alleged quotations, but they do *not apply to the hCG-paper*.

Broughall also wrote: “Prof [*sic*, Broughall’s punctuation throughout] Shaw is Chair of the Scientific Advisory Board of the Child Medicines Safety Research Institute (CMSRI) <http://www.cmsri.org/about/sab/>. The Mission Statement of the CMSRI makes it clear that the organization is highly skeptical regarding vaccines; it is also in the public domain that Prof Shaw’s group at the UBC has received \$900,000 funding from the Dwoskin Foundation and another ‘vaccine skeptical’ Foundation, the Dwoskin Foundation funds the CMSRI. I also understand that Dr Tomljenovic’s position at the UBC is funded by the Dwoskin Foundation, there is no mention of these facts in the ‘Funding’ statement. There is clear conflict of interest in the authorship of these two individuals and the paper’s contents.” However, Broughall is mistaken. Shaw reports that he and Tomljenovic received no money from the entities named during this period. Further, neither received any financial support from CMSRI in support of the hCG-paper. Shaw’s past membership on the CMSRI Science Advisory Board is also not an issue because that entity is not “anti-vaccine” as Dr. Broughall alleges. There was no conflict of interest to disclose.

Raptor and Broughall both suggest that the hCG-paper was not competently reviewed before its acceptance for publication by *OALibJ*. But again, they are mistaken. The hCG-paper was in fact peer-reviewed internally by all the members of the team of authors many times before it was published. Also, it was reviewed by scholarly peers multiple times prior to submission to *OALibJ*. We have 54 distinct drafts of the paper on file, each with significant editorial changes based on reviews by the team of authors and other competent peer-reviewers. Here are a few highlights of the history of those reviews and revisions.

The first draft of the paper, constructed with the help of Clement and Pillette, also with contributions from Shaw both by email and telephone conversation, dates from April 29, 2015. At that time, Oller and the McNair Research Scholars (Clement and Pillette) were interested by the fact that the WHO researchers were using the vaccine component of tetanus toxoid (TT) as a carrier (a biochemical vector) to deliver the beta chain of the human chorionic gonadotropin (β hCG) in a manner that researchers determined would cause an immune reaction leading toward a “birth-control” (contraceptive and abortifacient) vaccine. Because we knew of Paul Berg’s warnings about recombinant DNA being used to mass produce such vectored chemicals through a bacterium such as the ubiquitous *Escherichia coli* [40,41] — when we learned that Talwar and WHO researchers were already exploring the use of bacteria, yeasts, and viral vectors in combination with the power of recombinant DNA to mass produce components of a “contraceptive” injection [30–32,42–45], we knew we were on to something worth looking into more closely.

By June 1, 2015, Tomljenovic had agreed to join the project and is listed on a draft of that date. The abstract at that time referred to the vast amount of research into “biosemiotic” [biosignaling] systems discussing “genetic engineering, therapeutic medical interventions, and governmental policies being implemented globally by individual nations and the World Health Organization”. In that draft we noted that “converging streams in this advancing and growing flow of research on biosignaling systems connect vaccinology, cancer research, genetic engineering, viral vector therapies, embryonics, reproduction, and research aimed at global population control.” On November 6, 2015, Dr. Wahome Ngare was invited by Tomljenovic, with the intermediary assistance of Christina England [46], to approach the Kenya Catholic Doctors Association to see if they would be willing to join us in publishing the results of their empirical findings concerning the WHO vaccination campaign that ended in October 2015. All of the subsequent drafts and reviews of the hCG-paper from December 1, 2015 forward included Dr. Karanja and Ngare as co-authors.

Broughall asserted in an email to *OALibJ* (December 8, 2017) that the WHO “contraceptive vaccine” gave “variable” results “in a phase 2 study . . . and further development was dropped”. In this he is uninformed. The research programs of the WHO on “fertility regulation vaccines” continue with Talwar at the helm. He and colleagues are seeking to produce a recombinant variant of a contraceptive vaccine. Here is some of what we said in the hCG-paper showing Broughall’s remark to be false. It was, in fact, refuted in the paper Broughall was criticizing and which he intimated to the publishers in doing so, *OALibJ*, that he had actually read. He seemed to miss the following part and references cited in it:

Published works by the WHO and its collaborators continue to encourage and/or sponsor research to generate antibodies to β hCG through “a recombinant vaccine, which would: 1) ensure that the “carrier” is linked to the hormonal subunit at a defined position and 2) be amenable to industrial production” [45]. Such a conjugate has already been achieved with a bacterial toxin (from *E. Coli*) and can be mass produced with the assistance of a yeast (*Pischia pastoris*). Also, a DNA version of the new conjugate has already been approved for human use by the United States Food and Drug Administration and has already been used with human volunteers [30,32,42], and WHO’s lead researcher has already claimed success in producing a vaccine against β hCG enhanced with recombinant DNA [30–32,45].

Broughall said on December 27, 2017 that his remarks were aimed to defend “tetanus” as “preventable by vaccination”, but that is *not an issue debated, much less was it denied, in the hCG-paper*. Therefore, his objections along that line are irrelevant and misdirected. The hCG-paper addressed the WHO agenda for *population reduction through anti-fertility vaccines*.²

Why Was a Stepped-up Dosage Schedule Applied in Kenya?

Broughall says that five tetanus vaccinations spaced six months apart — *the schedule appropriate for the hCG/TT “birth control” conjugate according to Talwar et al.* [42], and the one followed in the Kenya campaign 2013-2015, *grossly different from the standard dosage for TT alone* [49] — is “the WHO recommended schedule for African countries” (email from Dr. Broughall dated December 30, 2017 sent to *OALibJ* and copied to authors of the hCG-paper). Why would a stepped up schedule with more closely spaced doses be *uniquely appropriate in Africa*?

Is it safe to space so many challenges with injected material into females living in less than perfectly sanitary conditions and likely to be exposed to many pathogens, toxins, and other stress factors? To the contrary, the relevant research (see Neil Z. Miller [50] especially pages 79-86 and 90-110) shows that the tetanus vaccine given to millions of Kenyan females of child-bearing age is consistent with the WHO program for “population control” but there is strong reason to suppose that the program itself could not be executed in the first place without harm to many Kenyans in the process. In any case, why not provide more sanitary conditions for child-birth which would be consistent with Broughall et al. 1984 and Semmelweis 1861 [33,47] showing the value of sanitation? Some researchers have argued that the reduction in tetanus cases world-wide is owed to “simple sanitary measures and careful attention to wound hygiene” [38]. Hygiene can not only prevent exposure to tetanus spores, but can also head off countless other infections that occur because of unsanitary conditions during and after child-birth [34–38].

² Raptor claims that Oller “pushes . . . germ theory denial” — which is, again, absurdly false. The concepts of hygiene, sanitation, and the long-standing research of Semmelweis [47,48], not to mention Broughall’s own research about doctor-handwashing [33], are predicated on the notion that it is a good idea to kill germs and pathogens before they have a chance to infect living tissues. Where we differ with standard doctrine coming from the MPI publishers, CDC, WHO, etc., is the notion that it is a good idea to deliberately inject poisons, foreign proteins, pathogens, viruses, and many unknowns through inadequately tested products into the living tissues of human beings. It is precisely because we know that the “germ theory” has substantial validity, as Semmelweis was among the first to demonstrate in reference to childbirth sepsis [48], that injections containing disease agents and toxins of many sorts are high risk procedures that need to be much more intensively examined by independent researchers who are not indebted to or controlled by the MPI publishing giants.

The Laboratory Tests in the hCG-Paper Stand Scrutiny

According to Broughall, the laboratory results reported in the hCG-paper —results showing β hCG in vials of WHO vaccine actually being administered in Kenya — were invalid because:

1. ELISA tests are powerless to detect β hCG conjugated with TT;
2. the samples were not presented to the laboratories as “vaccine” but rather as blood serum;
3. some of the vials of vaccine, as noted in the hCG-paper were opened before the testing took place.

In all those points, his objections fail. The fact is that ELISA pregnancy test kits are designed to detect nothing else but β hCG as is detailed in the hCG-paper, and no β hCG whatsoever should be present in any vials of WHO vaccine. His first argument, if correct, and we do not believe it is, could apply only if the suspicions of the KCDA were 100% correct about an undisclosed population control vaccine being deployed in Kenya. However, his arguments on this account are not correct. Empirical evidence — the kind that usually forces the revision of false theories — has already been discovered in the fact that the ELISA tests showing β hCG in three of six vials of vaccine were confirmed by independent runs with the gold standard HPLC testing that showed the same vials to contain a bonded variant of β hCG [51–53]. Empirically, ELISA kits can evidently detect β hCG and Broughall’s theory about β hCG conjugated with TT seems to need adjustment.

He also argues that the “test findings were misinterpreted, because the samples were presented . . . as human tissue [blood serum], not vaccines”. He is correct about the presentation of vaccine as blood serum as we disclosed and explained in the hCG-paper:

Samples of the WHO “tetanus” vaccine used at the March 2014 administration (event 11 in Figure 2) were disguised as blood serum and were subjected to the standard ELISA pregnancy testing for the presence of β hCG at three different laboratories in Nairobi (event 12 in Figure 2). . . . At the October 2014 round of WHO vaccinations (dose 3 for participating women shown as event 15 in Figure 2), the KCDA obtained six additional vials of the WHO “tetanus” vaccine and apportioned carefully drawn samples (aliquots) for distribution to 5 different laboratories for ELISA testing . . . [hCG-paper, p. 15]

However, in saying that the ELISA tests are therefore invalidated, Broughall is mistaken. In a draft reviewed by two different groups of experts selected by the hybrid journal that we were at the time considering for publication, we explained the reasons for the blood serum tests in more detail than in the *OALibJ* published version. Here is a summary of what we wrote to explain why the sample fluids from different vials of vaccine were presented as blood serum to the several Nairobi laboratories. Laboratories accredited by the WHO can be summarily shut down if they challenge WHO policy. Further, as we explained in the published version, the hCG-paper that Broughall was criticizing, the ELISA pregnancy test kits are absolutely indifferent to whether the liquid aliquots are water, urine, blood serum, or vaccine. The only question is how much β hCG can be detected in the liquid.

As we pointed out in the hCG-paper the baseline for the WHO aliquots of vaccine should be exactly zero. But that was not the case, as reported in Tables 2 and 3 of the hCG-paper. In an ideal world where everyone was operating above-board, co-operating and seeking the truth, we would not be having this discussion at all. But the situation in Kenya and in the LDCs targeted by the WHO for their “eliminate maternal and neonatal tetanus” campaigns is real and in a less than perfect world. The WHO had already publicly denied that the “tetanus” vaccine being used in Kenya was a “birth-control” vaccine, so the suspicions expressed by the KCDA were adversarial from the start. Also, the WHO had already refused to approve advance laboratory testing of vials of the “eliminate maternal and neonatal tetanus” vaccine.

Ngare reported the following during the development of the hCG-paper. He noted that in seeking laboratories to do the testing with HPLC, even after testing was authorized late in the on-going campaign (November, 2014) by the “Joint Committee of Experts”, when the Catholic doctors

approached laboratories in South Africa, Spain, Holland and the UK, all of them declined because the vaccines were associated with the WHO which is the sole accrediting agency for all the vaccine manufacturers, all laboratories that are allowed to test vaccines, and all inspectors of the laboratories and the vaccine manufacturers. Only one private laboratory in Kenya, AriQ Quest . . . agreed to do the testing. Since then, we have been reliably informed that its international partners now want to pull out of the relationship with them. Ngare said, “We are grateful that there are still a few God-fearing people who would not compromise on ethics. If it were not for them, this investigation would have come to an end and any consequences to Kenya’s women would have continued without challenge or scholarly examination.”

It is true that our findings were challenged by WHO spokespersons even before as well as after they were obtained. But what else could be expected? The KCDA and the authors of the hCG-paper were critically questioning and examining the ethics associated with published WHO policies, and suspected undisclosed experiments in population control. If those experiments have actually occurred, they violate moral law and, just as Neil Z. Miller asserted in both editions of his *Vaccine Safety Manual*, “the 1947 Nuremberg Code” (see page 86 of [50]) requiring disclosure and consent for medical experiments. The hCG-paper discussed these issues, we believe, for the first time in the professional academic arena with publication in a reputable peer-reviewed academic journal. It is expected that persons such as Broughall and Raptor who have already told us that their lifetime careers have been supported by the MPI industry would tend to support their vested interest. According to the published statements of the MPI giants themselves, many thousands of persons depend on the MPI giants for continued employment. Their livelihood largely depends on conformity with the claims made by the UN/WHO/UNESCO and associated government and MPI publishers that make billions of dollars annually by promoting pharmaceutical products, medical devices, and, especially, vaccines [54].

Why We Undertook the Study Leading to the hCG-paper

By contrast with persons whose careers depend on conformity with the MPI publishing giants, the team of authors on the hCG-paper are, in this instance, independent researchers. We did not have any pecuniary interest in the outcome of the research findings that we have faithfully reported. The Catholic doctors have more at stake in view of their being directly involved in medical practices in Kenya. However, *all of us are interested in understanding how human biosignaling systems work when human beings are in good health, how breakdowns occur with disease conditions and disorders, how such breakdowns can be prevented, or how they can be halted, slowed down, or even repaired by intelligent human intervention.*

Early in our research, we found it interesting that the “anti-fertility” measures later described to the public in phrases such as “family planning” and “planned parenthood” were established right at the time that the lethal Tuskegee syphilis experiment was concluded [24,25,55–57]. Add to that the fact that the UN and its subsidiaries (WHO/UNICEF, etc.) have been funded largely by US taxes from the beginning in 1945 and that the UN is funded now at an estimated \$10 billion per year of US money [58–61]. With all that in mind, we underscore by repetition what we said in the hCG-paper:

The Kissinger Report [2,3], also known as the US National Security Study Memorandum 200, explained the geo-political and economic reasons for reducing population growth, especially in “less developed countries” (LDCs), to near zero. That report became official US policy under President Gerald Ford in 1975 and explicitly dealt with “effective family planning programs” for the purpose of “reducing fertility” in order to protect the interests of the industrialized nations, especially the US, in imported mineral resources (see p. 50 in [2,3]). Although the whole plan was initially withheld from the public, it was declassified in stages between 1980 and 1989. In the meantime, while that document was on its way to becoming official “policy”, the WHO research program developing “birth-control” vaccines was initiated about 1972 and presented publicly in 1976 [62], just one year after the *Kissinger Report* was adopted as official policy.

False Challenges to Our Laboratory Results

Broughall appealed to statements from officials associated with the Kenya Medical Association (KMA) who, according to himself and the internet sources he consulted, refuted the empirical findings of the hCG-paper.

However, as co-authors Ngare and Karanja know and affirm, the KMA statement dismissing the evidence of β hCG conjugated with TT was made by officials who *never had access to the results that remained, at the time the quoted denials were issued, in the possession of the Kenya Conference of Catholic Bishops (KCCB)*. What is more important, those co-authors of this paper were directly involved in the “cold chain of custody” of the vials tested under the authority of the KCCB and later with authorization of the “Joint Committee” and have signed a Sworn Affidavit to that effect.

In fact, the quotes and claims to the contrary in internet sources cited by Broughall to *OALibJ* were made by people who were never directly involved with the collection or distribution of the vaccine samples. As for all the “closed samples” — 40 of them being vials with the same identifying “Batch Numbers” as vials that tested positive for β hCG by ELISA and also by HPLC, the ones that were delivered by the WHO 58 days after the “Joint Committee” was set up to supervise HPLC testing — all of those closed vials from the WHO stores tested negative for β hCG. We addressed this fact intensively in our analysis in the hCG-paper which, again, bears repeating:

. . . a manufacturing error accidentally getting β hCG in just 3 vials but missing 40 vials from the very same “batch” as judged by the Batch Number is unlikely. Similarly, labeling errors marking just 3 vials containing β hCG with the same label associated with 40 vials not containing β hCG is equally unlikely for the same reason. Batch Numbers are used to track whole lots of vaccines produced on a given run from the same vat of materials in a liquid mixture. Coordinated manufacturing and labeling errors repeated 43 times, 21 times for label 019L3001C and 22 times for 019L3001B, could not be expected to occur by chance but only by intentional design. Next, there is the possibility of unreliability of handling by laboratory personnel, faulty kits or equipment, and the like. But any explanation attributable to somewhat randomized (unintentional) errors can only account for stochastic variability, e.g., differences across samples of the same vials of vaccine as tested at different laboratories (Table 2 and Table 3) or at different times in the same laboratory (Table 4 and Table 5). However, the myriad sources of unreliability can all be definitively ruled out when the same results for the 6 vials tested repeatedly and independently on different occasions and by different laboratories with more than one procedure give the same pattern of outcomes. In the latter instance, the one at hand, in this paper, we have what measurement specialists call successful triangulation where multiple independent observations by multiple independent observers using multiple procedures of observation concur on a single outcome. In such an instance, all the possible sources of unreliability can be dismissed and we are left only with some non-chance alternatives. Among the non-chance alternatives we come to the possibility that the KCDA salted the samples of vaccine that tested positive for β hCG. Logically that possibility is inconsistent with the fact that the KCDA had the opportunity to salt the vials and samples for all the ELISA tests and for all 6 of the vials they handed over twice for testing to AgriQ Quest (Table 4 and Table 5). Also, even if the KCDA had access to β hCG so as to add it to just the vials that would test positive for it, such a deliberate mixture before handing samples over to the laboratories for testing would not produce the chemical conjugate found according to AgriQ Quest in the samples that tested positive by HPLC. In their oral report to the “Joint Committee” they described the β hCG they found in those 3 vials as “chemically linked” (on slide 11 of [53]). Such linking is consistent with the patented process for TT/hCG conjugation as described by Talwar [31,62,63], but could not be achieved by simply mixing β hCG into a vial of TT vaccine.

Broughall says, “the AgriQuest laboratory had its licence withdrawn earlier this year when it failed an international audit for inadequate procedures and control”. But again he is mistaken. Ngare points out that the AgriQuest laboratory of which Broughall is speaking is not the same as the laboratory that did our tests in Kenya. Ngare further asserts that he believes it was because of fear of WHO reprisal that the director of the Lancet Laboratory was quick to give a statement countering the results that were obtained from the Lancet Laboratory in Nairobi. However, that individual, Ngare and Karanja know, never had access to the data in question.

The Agreement of ELISA Tests with HPLC Findings

Accidental convergence of the sort observed in the hCG-paper cannot reasonably be attributed to chance. Therefore, the opinion we expressed in the hCG-paper stands scrutiny. Is it an iron-clad positive proof that Kenyan

women were deceived by the WHO? No, it is not that. But it is a severe disproof of the claim that the conclusion we reached in our hCG-paper is “stupid”, “a debunked lie”, “unscientific”, or a meaningless repetition of a “lie” falsely presented as “a new truth”.

What is new in our hCG-paper is the scholarly demonstration for the first time of convergent (agreeing) sources of information

- (1) from published official policy statements by the US government [2,3], the UN/WHO/UNESCO, and related entities (as detailed in our hCG-paper) about the need for “population control” through “anti-fertility” measures,
- (2) from WHO sponsored “anti-fertility” research papers dating from 1976 to 2015 cited in a veritable flood of research available on the Web of Science and PubMed databases (as documented in our hCG-paper),
- (3) from a kind of forensic journalism documenting the series of prior discussions internal to the WHO [29] and in external news sources and independent research reports [64,65] generated by pro-life organizations and the Catholic church about the suspected use of undisclosed “anti-fertility” vaccines in LDCs, and
- (4) from our own professional analysis and review of the data obtained by the KCDA from the recent 2013-2015 WHO vaccination campaign in Kenya directed exclusively at the millions of women of child-bearing age in that country.

The fact that such diverse sources of information converge as they do, comes very near constituting an indefeasible refutation of the criticisms by Broughall, Raptor, and whoever might agree with them. There is no doubt that the increase in knowledge that we are observing, and in a small way participating in, is accelerating in the sciences largely because of the accessibility of published research. The progress that is occurring, we believe, is not because of the self-appointed guardians of the status quo in MPI publishing, but rather because of open access to intelligent and honest reporting of theory and research. In the quest for the advancement of knowledge, open access publishers such as *OALibJ* represent the inevitable future just as the MPI giants represent the diminishing past.

For our own part, we hope that the errors exposed in this addendum will help others to avoid roadblocks, censorship, and every form of pretense that might stand in the way of open source publishing by individuals who are earnestly seeking the truth in whatever area of study. At any rate, knocking truth to the ground has often been tried by misguided “thought police” and it has never worked, and we believe it never will. C. S. Peirce presented logical and mathematical arguments for the proposition that agreement and consistency in representations — what we say, do, and think — is all the truth that scientific pursuits can ever hope to achieve or find [66]. Here we have re-iterated the convergence of various streams of information all of which agree in suggesting that the conclusions to our hCG-paper are probably valid.

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Appendix 2: Reviews and More Reviews

Above we already showed that the hCG-paper was amply peer-reviewed by competent peers before publication, and this appendix shows that it generally received positive readings from after it was published. The Age of Autism website reprinted the whole paper verbatim [67]. Here are the first 118 hits taken from the top (with no editing and no omissions) of a DuckDuckGo search for “hCG found in tetanus 2017” on January 9, 2018. A Google search on the same date using the same words turned up 658,000 hits in 0.37 seconds and the ones examined at the top of that list were comparable to the list generated by DuckDuckGo. From the entries below that we examined, the vast majority evidently concluded, as we did, that the WHO population control agenda is to be taken seriously. Predictably, the anonymous “Original Skeptical Raptor” covered by his/her own self-reported qualifications, degrees, and honors from prestigious institutions, and “Snopes” — both of these sources representing views almost always at odds with moral law as reflected in biblical writings — dismissed our argument.

1. **HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in ...**
In 1993, WHO announced a "birth-control vaccine" for "family planning". Published research shows that by 1976 WHO researchers had conjugated **tetanus** toxoid ...
oalib.com/articles/5290033
2. **HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in ...**
Published research shows that by 1976 WHO researchers had conjugated **tetanus** ... again **found hCG** in the same vaccine vials that tested ... **2017**. Open Access Library ...
<https://www.scirp.org/journal/PaperInforCitation.aspx?PaperID=7...>
3. **GangsterGovernment.com - HOME - HCG Found in WHO Tetanus ...**
HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World. Saturday, November 11, **2017** at 02:31PM. In 1993, ...
<https://gangstergovernment.squarespace.com/home/2017/11/11/hcg-found-in-who-tetanus-...>
4. **HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in ...**
HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World. Article · January **2017** ...
https://www.researchgate.net/publication/320641479_HCG_Found_in_WHO_Te...
5. **HCG found in WHO tetanus vaccine in Kenya - Nexus Newsfeed**
HCG found in WHO tetanus ... being used in March 2014 and **found hCG** where ... and Pillette, J.R. (2017) **HCG Found in WHO Tetanus Vaccine in Kenya** ...
<https://nexusnewsfeed.com/article/human-rights/hcg-found-in-who-tet...>
6. **BOMBSHELL science paper documents the depopulation chemical ...**
BOMBSHELL science paper documents the depopulation chemical covertly ... "**HCG Found in WHO Tetanus Vaccine in ...** J.R. (2017), **HCG Found in WHO Tetanus Vaccine** ...
<https://www.naturalnews.com/2017-11-10-bombshell-science-paper-docume...>
7. **Groundbreaking Science Paper Reveals Depopulation Chemical ...**
Groundbreaking Science Paper Reveals Depopulation Chemical ... "**HCG Found in WHO Tetanus Vaccine in ...** Pillette, J.R. (2017), **HCG Found in WHO Tetanus Vaccine in ...**
<https://realfarmacy.com/depopulation-vaccine/>
8. **BOMBSHELL science paper documents the depopulation chemical ...**
[//www.newstarget.com/2017-11-10-bombshell-science-paper-documents-the-depopulation-chemical ...](http://www.newstarget.com/2017-11-10-bombshell-science-paper-documents-the-depopulation-chemical...)
"**HCG Found in WHO Tetanus ... 2017**), **HCG Found in WHO Tetanus** ...
<https://newstarget.com/2017-11-10-bombshell-science-paper-docume...>
9. **TETANUS VACCINES, SPONTANEOUS ABORTIONS, & Population Control ...**
Laced with Birth-Control Drugs? ... using **hCG** with **tetanus** and other carriers have been ... why were the vaccinated women **found** to be harboring anti-**hCG** antibodies?
thinktwice.com/birthcon.htm
10. **Scientific Paper Exposes Depopulation Chemicals In Common ...**

The paper, entitled, "**HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World**," outlines the plan to forcibly sterilize black women in ...

yournewswire.com/depopulation-chemicals-vaccines/

11. **Tetanus Vaccine Spiked with Sterilization Chemicals?**

Sign up for the Snopes.com newsletter and ... antibodies against **tetanus** and **HCG** so that if a ... of **hCG**-like activity were **found in** some ...

<https://www.snopes.com/medical/disease/tetanus.asp>

12. **'A mass sterilization exercise': Kenyan doctors find anti ...**

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
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