

Turning Nature against Man: The Role of Pandemics, Vaccines and Genetics in the UN's Plan to Halt Population Growth

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Abstract

Faced with resistance from civil society, pressured by an increasingly volatile world, handicapped by the loss of the cover of secrecy, disarmed of plausible deniability, and driven by the sustainability agenda, the UN and national governments have become desperate and isolated and have been forced to adopt a new strategy of population control that no longer relies on their lost ability to turn man against man but on a newly gained ability to turn nature against man. Population control via chemically-induced sterility and morbidity over the course of a lifetime through the adulteration of the basic elements of life with endocrine disruptors is being phased out as more ambitious depopulation targets via vaccine-induced apoptosis through mandatory immunization programmes are being phased in. This new methodology of subverting fertility and increasing mortality, the two means of stable populations, implemented under the guise of societal interventions for public health outcomes with the help of a new global instrument of coercion called 'public health emergency of international concern (PHEIC) requires far fewer financial and human resources but entails far greater risks for mankind and for all life on earth. This methodology allows for the concomitant pursuit of peak population and peak life expectancy by genetically programming sterility and morbidity early in life through childhood vaccines so the engineered demographic transition is accomplished worldwide by 2050 in the most economical fashion and with the furthest timeframe of responsibility, but also with little or no regard to the integrity of human life, fully outside the law and in defiance of constitutional guarantees.

Keywords Microcephaly; Apoptosis; Endocrine disruptors; Genetic programming; Demographic transition; Vestergaard

Introduction

The strategy used to halt population growth until recently has been to turn man against man by rewarding industry for adulterating the basic elements of life with endocrine disruptors. Genetic breakthroughs are now allowing governments to accomplish demographic objectives and advance economic interests by turning nature against man.

Above and beyond the obvious, namely that genocide is now enabled by the ability of scientists to reprogrammed genes, this indicates three other important developments. First, national administrations and the UN system have become isolated and can no longer extort money from parliaments under false pretenses to fund existing and covert chemical and biological depopulation methods.

Secondly, the public is becoming increasingly aware of the well-guarded methodology of sterility, morbidity and death employed until now and people everywhere are taking action to protect themselves, thus making these methods less and less effective.

And thirdly, civil society and professional groups, especially in the medical community, have begun to openly speak up against the existing methods and means of depopulation and to actively influence lawmakers to remove hundreds of endocrine disruptors from the food system and environment as they are no longer willing to be manipulated by duplicitous state institutions to unknowingly act as foot soldiers for genocidal governments.

The struggle to regain control of medicine and to free it of secret international security prerogatives that cause collateral damage to the genetic and intellectual endowment of humanity and have the potential of irrevocably disrupting the natural balance has begun. What is at stake is public health and social stability. What we stand to lose is the perpetuation of our species and the continuation of our civilization.

Method

This is an analysis of the contradictions, absurdities and inconsistencies used by national and international health authorities and their reliance on fabricated data, false research and misleading public statements in the current geopolitical context shaped by their diminished permission to harm health through chemical means and the increased urgency to accomplish the UN's Sustainable Development Goals.

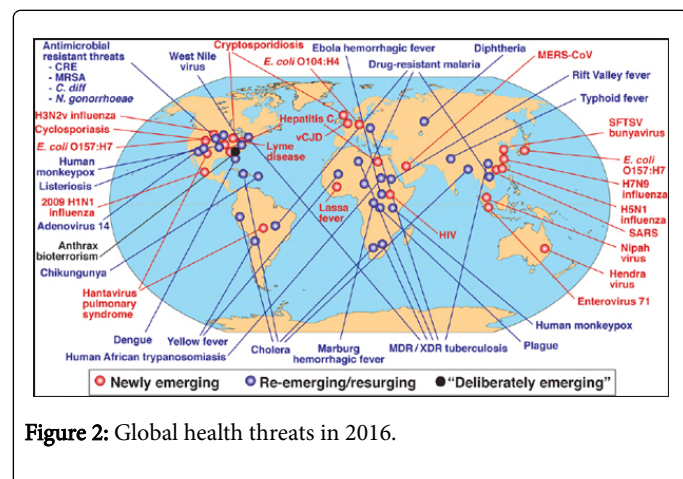
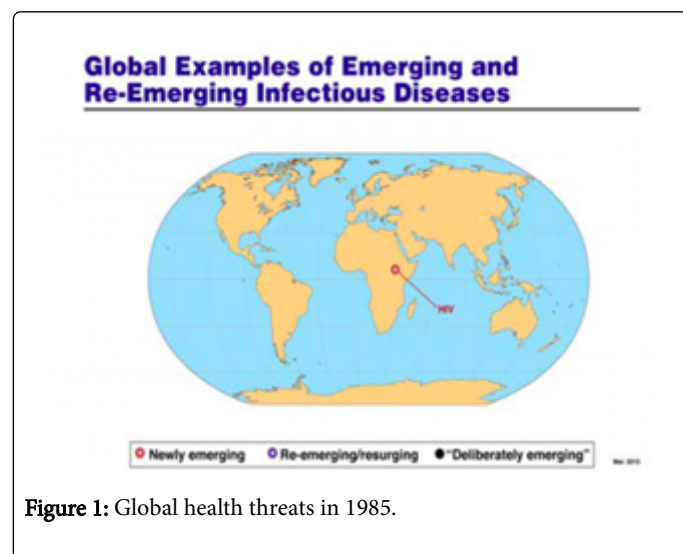
Discussion

Three decades ago, the infectious disease landscape was sparse and HIV/AIDS was the only global threat to human health posed by a communicable disease (Figure 1) according to the Centers for Disease Control and Prevention (CDC) [1].

Today, countless new pathogens threaten the wellbeing of people in every corner of the world (Figure 2).

This is what we are led to believe by an international system that relies on health threats to manufacture fear that is then capitalized on to manufacture pesticides, drugs and vaccines that have a dual purpose: heal or protect against a particular infectious disease while at

the same time induce sterility and/or increase morbidity, as the need may be [2].



If the incidence of infectious diseases had exploded as their reporting has exploded in the past 30 years than the number of victims would have also exploded. But the statistical data shows otherwise, namely that chronic diseases have replaced infectious diseases as primary killers and as the main burden of disease even in the developing world [3].

This epidemiologic transition, which precedes prosperity in the developing world, is now fully explained by the misuse of endocrine disruptors as covert chemical destroyers of human fertility and along with it also of human health, and by the abuse of immune-depressants delivered through an increasing and forced regime of vaccinations in order to subvert longevity [4].

A look at the recent map of global incidence of infectious diseases (Figure 2) reveals at a glance that the distribution of these manufactured pandemics is suspiciously and impossibly high in the U.S. and that three other parts of the world-Africa, South-East Asia, and South America-follow suit but lag behind the U.S. The U.S., which boasts the most expensive and sophisticated health care system in the world, registers by far the highest incidents of infectious disease epidemics. This paradox can only be explained if these health threats are conceived by the U.S. military-industrial complex and tested on the

American people before national governments in the developing world allow their application at home. These manufactured epidemics and pandemics are then let loose on the regions of the world with the highest total fertility rates, which are Africa, South-East Asia, and South America, in that order.

A comparison of the 1985 with the 2016 map of global epidemics suggests that the explosion of infectious threats around the world in the past three decades cannot possibly be the result of nature gone haywire-for if that were the case the pandemics would be uniformly distributed around the world, or at the very least there would be parity between developed nations-or of better monitoring-in which case Africa's derelict public health services would have missed any and all outbreaks-and can only be attributed to a change in policy to allow governments and the UN system to pursue vital demographic objectives.

This modus operandi is the result of a decision made by religious authorities in 1953 to allow secular authorities to defuse the population bomb by damaging human fertility only if in the process of healing man from a disease; a decision enshrined in the 1968 encyclical letter *Humanae Vitae: On the Regulation of Birth* [5].

Such ethical contortion by spiritual leaders cleared the way for governments to commit genocide without any moral impediments and to bypass democracy and violate the rule of law by hiding the use of covert chemical and biological methods of population control behind plausible deniability and the open use of psychosocial, legal and economic methods of family subversion behind false pretenses of promoting gender equality and child protection. As long as secular authorities do more good than bad their religious counterparts maintain the code of silence because the world cannot survive a doubling of the population from 7 to 14 billion, which would occur in 30 years absent population control. This geopolitical imperative therefore trumps all other considerations, even basic morality and the fundamental right to life.

Six decades later, we find ourselves dying, both literally and figuratively, in a dystopian and alienating society anchored in totalitarian and dehumanizing institutions that are empowered to commit Orwellian abuses and free to ignore Kafkaesque absurdities birthed by giant and global bureaucracies that are fiercely protected by the tacit support of the world's spiritual leaders, the implicit collusion of nearly every government on the planet, and the active involvement of an ever-growing and ever-more intrusive military-industrial complex to be able to continue to pursue desirable and constructive social outcomes through undesirable and destructive acts of structural violence.

In this environment every scientific discovery and medical breakthrough is a double-edged sword used openly for the short-term good of mankind and the long-term detriment of nature by civil society and misused secretly for the short-term ill of mankind and the long-term benefit of nature by uncivil society, the latter of which is allowed and helped to be a step ahead of the former. This political accommodation wields good and evil to create an artificial balance in profane society that equals the natural balance of divine nature so as to prevent our civilization from unhinging itself. This balancing act of global proportions is blessed by religious authorities, administered by the United Nations, facilitated by national governments, and carried out by the military-industrial complex.

It is man's first attempt to mimic God by assuming command and control of our entire civilization so that humanity is never again a

victim of history and at the mercy of Nature and can instead cast its own destiny.

For better or worse this system has preserved us from nuclear annihilation, mass starvation and environmental devastation.

It has also drawn the world closer and has created economic and cultural common denominators that have allowed the last two generations to be largely free of war, experience a stable state of prosperity, and live twice as long and thrice as well as our distant forefathers.

But the methodology of balancing life and death by artificial means for the sake of international peace, social stability and lasting prosperity-and more recently also for environmental preservation-has come to a dead and deadly end, because the cumulative side effects of covert chemical poisoning and abusive biological interference with the immune system over multiple generations have done extensive and perhaps irreparable damage to our genetic and intellectual endowment; damage that will in short time render humanity completely incapable of reproduction and in even shorter time condemn us all through chronic illness to dysfunctional minds and disabled bodies.

Over the past four years, author have succeeded in convincing those at the helm of the world that they cannot save let alone improve society by involuntarily sterilizing, relentlessly enfeebling, and prematurely killing man, no more than they can save the planet by damaging and destroying mankind.

Only healthy individuals with healthy habits living in a healthy society can save the planet and perpetuate the species.

That this is the only way forward appears to have sunk in since great effort is now being expended on removing hundreds of endocrine disruptors deliberately inserted over the past seven decades in our food system and environment to primarily subvert fertility and occasionally increase morbidity so that births and deaths could be brought in perfect balance at the desirable rate of 10 each annually per 1,000 people, which, if sustained, would complete the engineered demographic transition from a natural state of many births and deaths and universally short lives to a managed state of few births and deaths and universally long lives.

That policy makers have begun to understand the world can only be saved by healthy individuals with healthy habits living in a healthy society is also apparent from the extraordinary efforts currently underway to shift reticent and conservative regions of the world from socially undesirable to socially desirable reproductive habits.

But while the struggle against tobacco and alcohol consumption and for low fat diets and active lifestyles is open and honest, the struggle against high fertility rates for people in their reproductive years living in the developing world and the parallel struggle for short lifespans for people in retirement, poverty and disability living in the developed world is hidden, perverse and dishonest.

Furthermore, the health agenda is distorted not only by hidden demographic but also by ambitious environmental objectives.

Let me illustrate

In its 68-year history, the World Health Organization (WHO) has declared a 'public health emergency of international concern' (PHEIC) only four times, all of them in the past seven years and under the same Director-General, Dr. Margaret Chan, who is still at the helm of the

organization: in April 2009 over the H1N1 flu virus (Swine Flu) pandemic that started in Mexico [6]; in May 2014 over a supposedly resurgent Polio in Pakistan, Cameroon and Syria that was deemed an "extraordinary event" [7]; in August 2014 over the Ebola outbreak in West Africa [8], and most recently in February 2016 over Zika in Brazil [9].

Each of these manufactured crises has pursued multiple objectives, some legitimate and others illegitimate. What they have in common is that they are all based on no evidence about the clinical features, epidemiology and virology of reported but unconfirmed cases. In other words they are based on nothing.

What they also have in common is that they have created opportunities for interventions of a classified nature by allowing authorities to have physical contact with people year after year, which is particularly valuable for countries without cohesive and well-developed infrastructure and where people, as a result, cannot be poisoned into sterility from afar by the state, as the West has done through water, salt, milk or dental fluoridation and through the adulteration of food and beverages with hundreds of endocrine disruptors.

Physical proximity to individuals allows the state to get close enough to its citizens for long enough to involuntarily sterilize and/or prematurely and slowly kill them selectively, as the need may be.

First Public Health Emergency of International Concern (PHEIC)

The H1N1 influenza virus that gave rise to the first public health emergency of international concern (PHEIC) was a test run for future man-made pandemics; the trigger for annual flu vaccinations that contain sterilizants or immune-depressants; the beginning of large-scale immunization programmes to reach all corners of the world; the chosen alternative to minimize antibiotic use and thus prevent antibiotic resistance; a way to get to pregnant women in countries that are new to population control so as to inject them with sterilizing tetanus toxoid vaccines laced with human chorionic gonadotropin (HCG) [10]; a way to get to the elderly in developed nations that have reached the 4th or 5th stage of the demographic transition (and have therefore unsustainable dependency burdens) so as to weaken their immune system and cause their premature death; a way to get to the chronically ill and to indigenous people that pose a burden on national budgets or sit on desirable land that nations and corporations covet for their natural resources; a means to obtain funding through collaborative action as a humanitarian imperative; and an effective way to convince or coerce donor countries to mobilize resources to support meeting the urgent needs of the 'Least Resourced Countries' (LRSs) identified through the 'Urgent Needs Identification and Prioritization (UNIP) process, in other words fund population control programs in least-developed nations and GAVI-eligible developing nations that cannot be otherwise funded.

All of these goals are couched in diplomatic language in official national and international documents that say one thing and mean another or that leave more unsaid than is being stated.

On the issue of targeting pregnant women, one such document, and a WHO position paper from 2010 [11], states: for countries considering the initiation or expansion of programmes for seasonal influenza vaccination, WHO recommends that pregnant women should have the highest priority.

Pregnant women should be vaccinated with TIV (trivalent influenza vaccine) at any stage of pregnancy. This recommendation is based on evidence of a substantial risk of severe disease in this group and evidence that seasonal influenza vaccine is safe throughout pregnancy and effective in preventing influenza in the women as well as in their young infants, in whom the disease burden is also high.

Additional considerations for targeting pregnant women include the operational feasibility, given existing mechanisms for delivering tetanus toxoid vaccine to pregnant women in low- and middle-income countries and the opportunity to strengthen maternal immunization programmers.

On the issue of targeting the elderly, the sick and indigenous people, the same document states:

Elderly persons (≥ 65 years of age) have the highest risk of mortality from influenza, and vaccination of the elderly has traditionally been the main focus of influenza vaccine policy. Elderly people continue to be an important target for vaccination. Although increasing evidence demonstrates that available influenza vaccines are less effective in this population compared to younger adults, vaccination is still the most efficacious public health tool currently available to protect elderly individuals against influenza.

Persons with specific chronic diseases are at high risk for severe influenza and continue to be an appropriate target group for vaccination. However, identification of these individuals and delivering vaccination are often challenging and require considerable effort and investment. In some settings, indigenous populations may be considered a priority for influenza vaccination due to increased risk of infection and higher than average rates of predisposing chronic conditions.

The ineffectiveness of flu vaccines on the elderly is willfully ignored despite conclusive research [12]. It is ignored because the UN and its national collaborators in genocide cannot afford to lose their best and often only way of tweaking with life expectancy to complete the engineered demographic transition.

As of 2012, the WHO recommends seasonal influenza vaccination to all people in all countries, giving the highest priority to pregnant women [13], the incubators of life; life that an overcrowded world can no longer welcome and must instead restrict by any and all means. Pregnant women have the highest priority not because the UN and its member states care about women but because they need to limit women to two children only, thus to replacement level fertility.

The enormous amounts of money generated by the pharmaceutical industry from this steady and global stream of income serves the WHO and national health authorities as an indirect source of funding for depopulation schemes, as this allows Big Pharma to offer drugs, equipment and manpower at discounted prices to countries that desperately need to increase the capacity of their health care systems to be able to subvert fertility under the guise of child and maternal health.

In this fashion, the ill caused by covertly damaging the human reproductive system and collaterally damaging human health in general, triggering an epidemiologic transition from infectious to chronic diseases throughout the developing world that will soon match and eventually surpass that of the developed world, is hopefully offset by the good done in alleviating the current burden of infectious disease in countries that struggle to lift themselves out of poverty, as the Papal encyclical letter *Humanae Vitae* demands. But in this fashion, the UN system and Big Pharma have also created a scheme to extort taxpayers'

money and fund a program of global genocide while handsomely profiting from it.

In this system those who cause illness and death, and who have a license to kill, are financially rewarded and glorified, while those who find effective ways to heal are vilified, thus self-reinforcing the culture of death that the UN system has come to represent. In this system those who have a license to heal cannot possibly stand against those who have a license to kill. The sooner doctors and people around the world come to realize this, the sooner we can rescue ourselves and regain control of the world and of our own bodies.

The need for funding is spelled out in a document entitled "Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic" [14].

From the outset of the pandemic it was feared that the people in the least resourced countries would be most affected because of the higher prevalence of risk factors, including limited capacities of their health systems and their relative difficulty to access recommended vaccines and antiviral medicines.

In light of these concerns, in July 2009, the United Nations System and partners sought to identify and highlight the priority needs of developing countries to support their response to the A (H1N1) influenza pandemic.

An "Urgent Needs Identification and Prioritization" (UNIP) process was undertaken and 64 Least Developed Countries and other "GAVI-eligible" developing countries referred to as the Least Resourced Countries (LRC's) in this paper elected to participate in the process. The conclusions of the UNIP process were presented in a September 2009 report entitled "Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic1".

This report highlighted USD 1.48 billion in priority needs for medicines, vaccine and supplies, laboratory and surveillance services, communications capacity, investing in pandemic readiness, and needs of entities responsible for supporting regional and international cooperation.

To achieve the desired outcome in each population group and region of the world different formulas of the flu vaccine (TIV, QIV, LAIV) are manufactured and administered by unsuspecting medical personnel acting in good faith but with utter ignorance as to what they are injecting into people's bloodstreams.

The military and American origin of the H1N1 influenza is suggested by the 1976 Swine Flu outbreak in the U.S., which was traced back to just five recruits at Fort Dix in New Jersey and that the American government used as an excuse to mass vaccinate 46 million or 24% of its citizens despite being fully aware that the vaccine could and would cause neurological damage and that no further confirmed cases of Swine Flu infection had been or would be reported anywhere in the world since the outbreak was a fiction [15].

It is also suggested by the close relation of the current H1N1 strain to that of 1918 Spanish Flu, whose origin and virulence to this day remain a mystery but which killed 50 to 100 million able-bodied men and women worldwide and was undoubtedly a man-made biological bomb that ended the First World War as brutally as the Hiroshima and Nagasaki nuclear bombs ended the Second World War.

All indications are that the Spanish Flu virus was the creation of scientists working in the employ of the Catholic Church, whose

experience in covert methods of population control is unparalleled and goes back 1000 years [16].

More importantly, it is suggested by the immune system damage done to vaccine recipients, damage that in rare cases unintended results in the crippling of the nervous system or in changes in the function of the autonomic nervous system, thus to Guillain-Barre syndrome (GBS), an autoimmune disease where the body's immune system attacks the peripheral nerves and damages their myelin insulation.

Those who become ill with this rare syndrome are the tip of the iceberg while the rest of the vaccine recipients suffer imperceptible changes that over time result in cardiovascular disease and blood pressure across populations and thus to diminished life expectancy.

Last but not least, and in hindsight, it is suggested by the false advertising, the blatant political promotion and the barefaced propaganda used to sell the influenza vaccine to an unknowing and gullible population. The 1976 Swine Flu charade pioneered the use of fear as a vehicle to mass inoculation against an illness that does not exist to introduce immune-depressants in the bloodstream of tens of millions. But to what end? (Figure 3).



Figure 3: Giving *influenza vaccine* to a patient.

The American military-industrial complex took a page from the Vatican's encyclopedia of death and made the H1N1 strain that was used in 1918 less virulent and infected a very small number of people on a military base to kick-start a false pandemic.

Seen in this light, the 1976 Swine Flu outbreak represents the beginning of biological warfare directed at a civilian population in peace time, but it was only a test run for the human immunodeficiency virus (HIV), which was unleashed on the African people in 1978, as soon as the HIV virus was conceived.

Thanks to the work and sacrifices of Dr. Boyd Graves, we have known since 1999 that the human immunodeficiency virus is a man-made biological agent born in the labs of the American military-industrial complex with assistance from Soviet scientists as the progeny of the U.S. Special Virus Program (1962-1978):

A formerly secret federal virus development initiative to develop a contagious cancer that selectively kills based on genetic ethnic markers of the host. The U.S. Special Virus Program published 15 annual progress reports detailing the progression of manipulating animal viruses to infect human hosts. Each progress report details the progress of 'special virus' scientists including Dr. Robert Gallo and Dr. Duesberg

as they work towards their contracted goal to create the 'special virus' [17].

The annual progress reports of the U.S. Special Virus Program show conclusively that the HIV enzyme was designed to have an affinity to people of color by seeking out the receptor site CCR5 Delta 32 + (positive) that is common to all people of color but renders immune to HIV infection some 15% of the Caucasian population that is endowed with the CCR5 Delta 32- (negative) gene common to people of northern European descent [18].

And thanks to my work and sacrifices, the world knows since 2012 that HIV was conceived to control population growth in Africa, by increasing morbidity and mortality in an area of the world where decreasing fertility was not possible, and that the virus was delivered into the bloodstreams of millions of unsuspecting Africans by the UN and the WHO through a small-pox immunization program that took place in the late 1970s and early 1980s [19].

The primary purpose of the 1976 Swine Flu vaccine – and one that is borne out by statistical data – was to undermine the immune system of a large proportion of the population and thus slow down the rapid increase in the lifespan of Americans so that by the time the US reaches the fourth stage of the demographic transition its dependency burden would be lighter.

In the 25 years from 1950 to 1976, the U.S. life expectancy grew from 68.2 to 72.9 years, thus by 4.7 years or 7% [20]. After the forced vaccination program carried out in 1976 the gains in life expectancy slowed down considerably and the next 25 years saw only an increase in life expectancy from 72.9 to 75.5 years, thus just a modest 2.6 years or 3.5%.

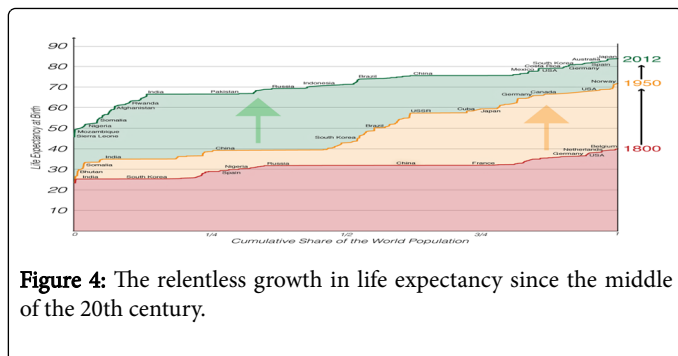
The vaccination regime introduced by the American government in 1976 therefore accomplished a 50% reduction in the pace of life expectancy growth over a 25 year period.

What the American government is attempting to do through vaccines is to engineer peak life expectancy just as it is engineering peak population through endocrine disruptors so that both transitions are completed at the same time by 2050. Vaccines are used to limit longevity and thus control death while endocrine disruptors are used to limit fertility and thus control life.

The numbers it originally aimed at was a life expectancy of 80 years and a total population of 350,000 million.

This appears to have been the plan back in the 1970s. The environmental imperative we are now facing has moved the bar lower for both life expectancy and maximum population. The sustainability agenda dictates an optimal population level for the U.S. of only 170 million according to the Overshoot Index and an equally drastic reduction in population and consumption worldwide is suggested by the fact that globally "the level of consumption is approximately 50% higher than the renewable production level" [21] (Figure 4).

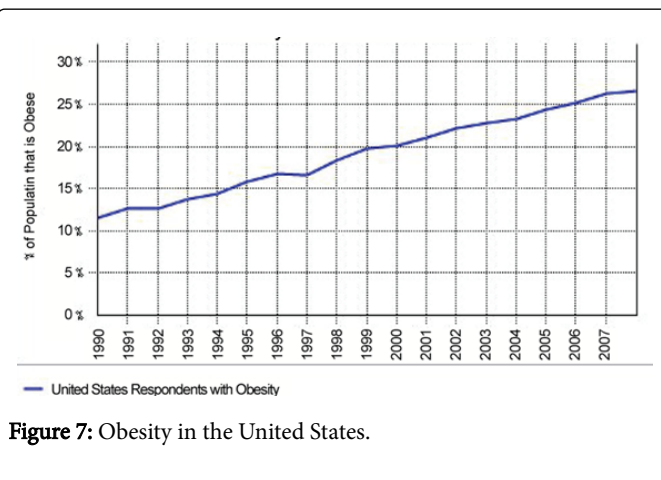
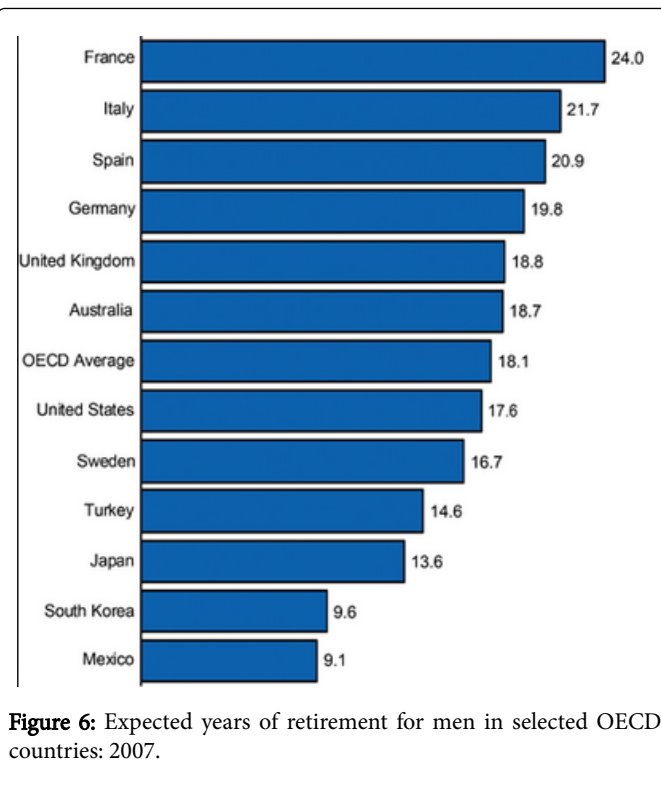
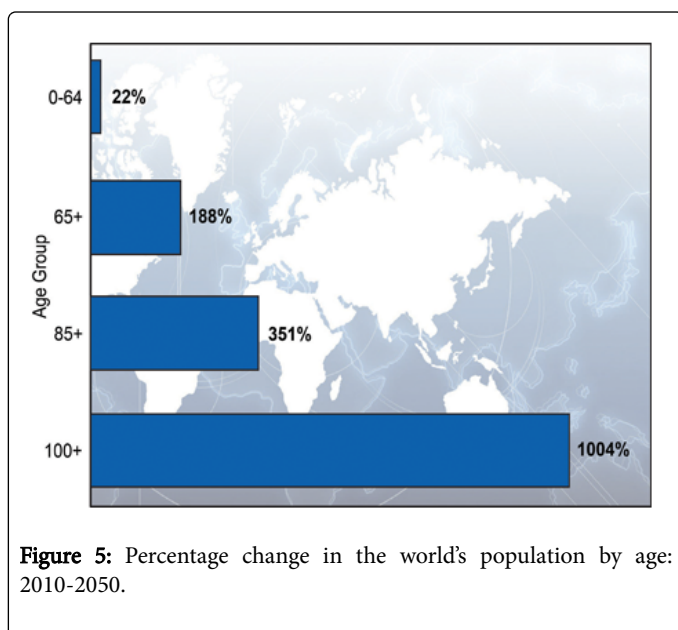
The relentless growth in life expectancy since the middle of the 20th century, from a global average of c. 45 years to 71 years today, has set governments in panic as it faces them with the frightening prospect of a world full of centenarians that would have to be cared for by the state for as many as or more decades than they would have contributed to society as productive members.



Even more frightening for governments is the growing number and proportion of elderly who reach a very advanced age that imposes on governments the responsibility to care for such individuals for decades after retirement, which is not only a prohibitively expensive prospect but also a poor investment because it diverts scarce money from the young to the old and thus from those who will soon be productive to those who will never again be productive at a time along the engineered demographic transition when governments can least afford such luxury (Figure 5 and 6).

Given the material limitations we face and in light of the worldwide effort to introduce mandatory immunization programmes despite an increasingly loud public outcry and scientific evidence of their ineffectiveness, it may well be that policy makers and technocrats have decided to limit life in the U.S. and elsewhere to 70 years, which is the current global average, and the planet's population to 4.5 billion, which is the estimated sustainable population (Figure 7 and 8).

Judging by the poor state of health of the generations following the baby boomers in the U.S. and elsewhere in the developed world it will be a miracle if the average lifespan will reach 70.



The high and growing incidence of cardiovascular disease, diabetes, obesity and cancer suggest that those born from 1960 to today will have shorter lives than those born in the three decades prior to 1960.

By artificially limiting life expectancy and the total fertility rate governments do not only stabilize the global population but also reduce the ecological footprint of every individual and of humanity as a whole, as well as ease the crushing dependency burdens expected in the fourth and especially fifth stages of the engineered demographic transition.

While the rationale is flawless the reality is disastrous because the desirable socio-economic advantages gained by these interventions during stage two and three of the demographic transition are short-lived and are followed by an avalanche of undesirable consequences in stages four and five: rapidly ageing populations, inverted population

pyramids, shrinking workforce and revenues, declining productivity, crushing healthcare costs and dependency burdens, collapsing health, degraded DNA, enfeebled minds and bodies, mass dysfunction, counterfeit societies, genocidal governments, non-existent rights and liberties, dystopian institutions, a global police state.

All human and financial resources are now used to survive the last stage of the demographic transition.

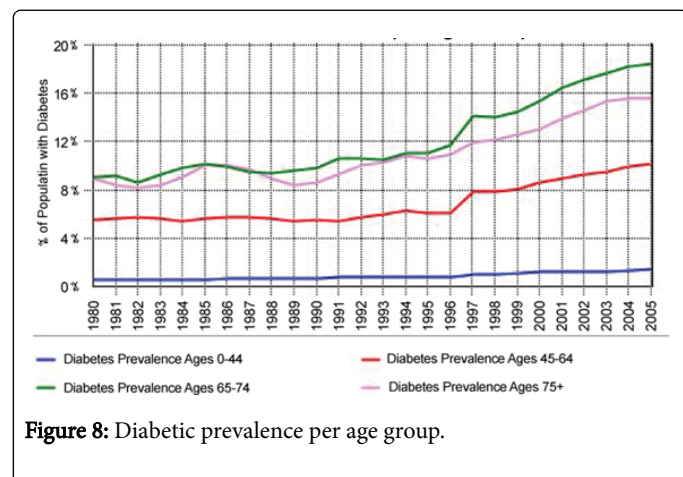


Figure 8: Diabetic prevalence per age group.

Second Public Health Emergency of International Concern (PHEIC)

Despite the near-cessation of international spread of wild poliovirus by 2013, the WHO deemed it necessary to declare on 5 May 2014 a 'public health emergency of international concern' (PHEIC), the second only in its 68-year history, in which it stated:

After discussion and deliberation on the information provided, and in the context of the global polio eradication initiative, the Committee advised that the international spread of polio to date in 2014 constitutes an 'extraordinary event' and a public health risk to other States for which a coordinated international response is essential. The current situation stands in stark contrast to the near-cessation of international spread of wild poliovirus from January 2012 through the 2013 low transmission season for this disease (i.e. January to April).

If unchecked, this situation could result in failure to eradicate globally one of the world's most serious vaccine preventable diseases. It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met [22].

The paradox did not go unnoticed and an explanation had to be provided:

For some, this declaration seemed a paradox. Polio is nearly eradicated. The virus that once paralysed over 1000 children a day in more than 125 countries paralysed just over one child a day in eight countries in 2013.

Two of the three countries that have never stopped polio-Afghanistan and Nigeria-overcame tremendous difficulties to achieve a greater than 50% reduction in cases in 2013 and have kept their case counts in the single digits so far in 2014.

On 27 March 2014, India and the entire WHO South East Asia Region were certified polio-free, bringing to 80% the proportion of the

world's population that now lives in regions entirely free of indigenous wild polioviruses.

It is also increasingly likely that two of the three strains of wild poliovirus have been wiped out. Type 2 virus was last detected in India in 1999 and the type 3 virus has not been detected anywhere in the world since a child in Nigeria was paralysed by the virus in November 2012.

Overall, the world remains largely on track to achieve all four of the ambitious objectives set out in the Polio eradication and endgame strategic plan-the Global Polio Eradication Initiative's strategy to end all polio, everywhere, by 2018 [23].

The true purpose of the polio "emergency" is hidden in goal two of the Global Polio Eradication Initiative mentioned above:

Objective 2 seeks to hasten the interruption of all poliovirus transmission and, where possible, contribute to strengthening immunization services for the delivery of other lifesaving vaccines [24].

Under the pretext of curbing the spread of the polio virus from one country to another the WHO gave itself a plausible reason to intensify eradication activities, in other words to mass vaccinate entire populations in places where the total fertility rate is not under control.

The countries targeted are all high fertility nations and hotspots of poverty, conflict or environmental degradation: Afghanistan (TFR 5), Cameroon (TFR 4.7), Equatorial Guinea (TFR 5), Ethiopia (4.6), Israel (3.1), Nigeria (5.7), Pakistan (3.7), Somalia (6.6) and the Syrian Arab Republic (3) [25].

Israel made the list because its TFR had slipped once it decided to phase out water fluoridation as the sterilization method of choice and because it's environmental, water and land pressures are among the worse in the world Figure 9-16.

We can expect drastic falls in the total fertility rates of these nations to appear in the statistics for 2015 and 2016.

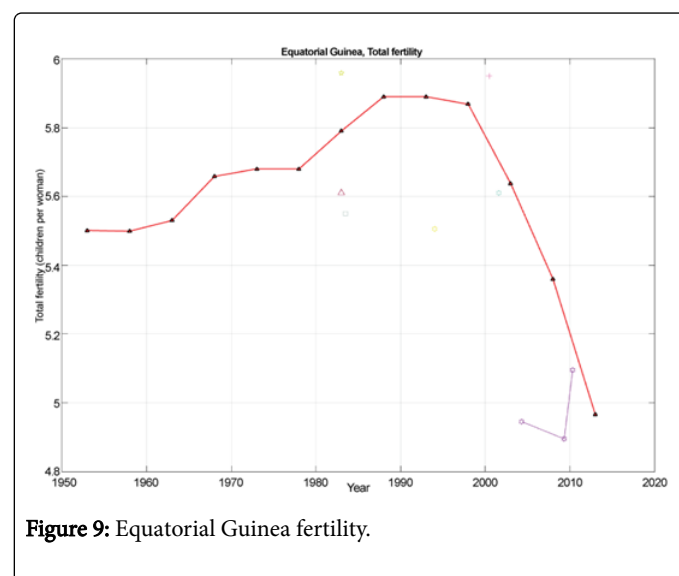


Figure 9: Equatorial Guinea fertility.

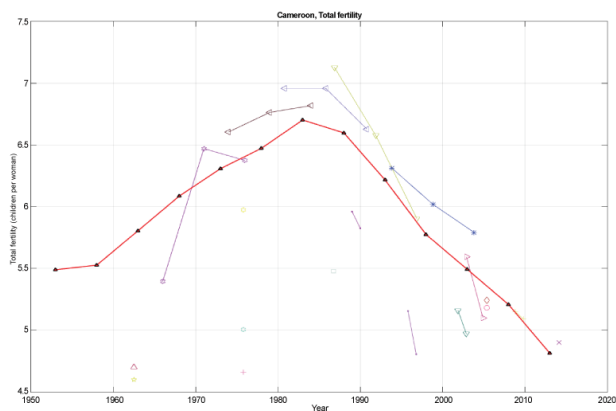


Figure 10: Cameroon total fertility.

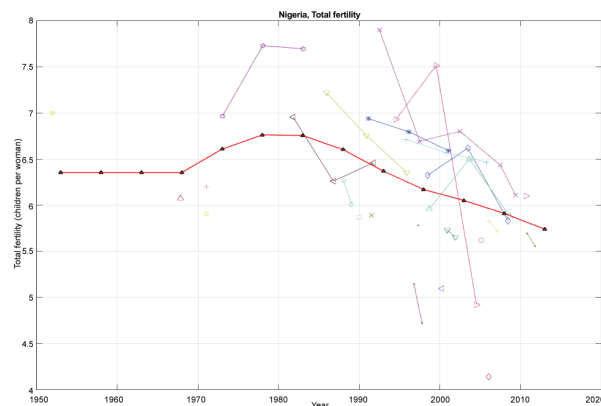


Figure 13: Nigeria total fertility.

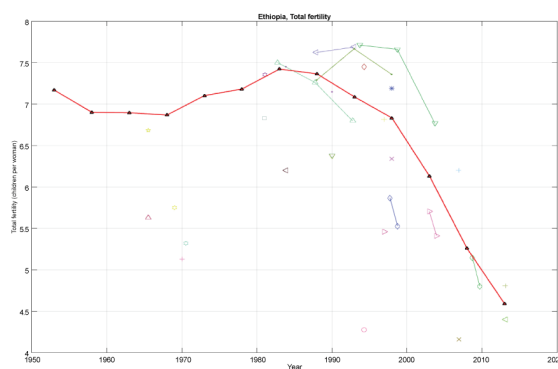


Figure 11: Ethiopia total fertility.

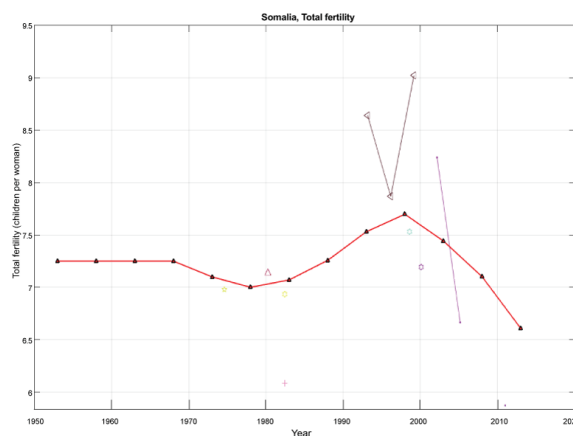


Figure 14: Somalia total fertility.

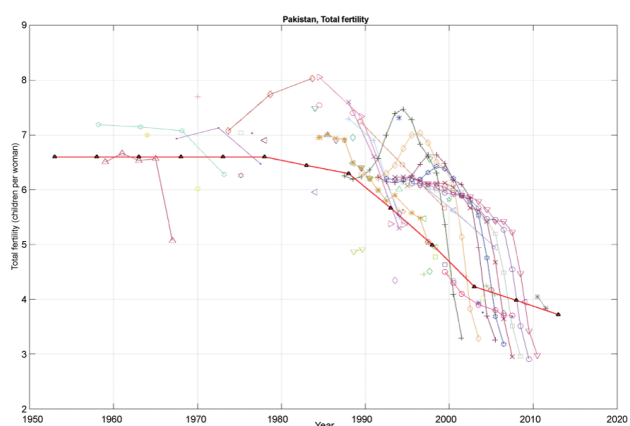


Figure 12: Pakistan total fertility.

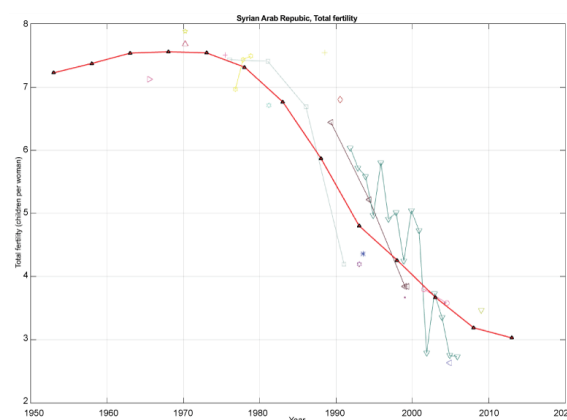


Figure 15: Syrian Arab Republic total fertility.

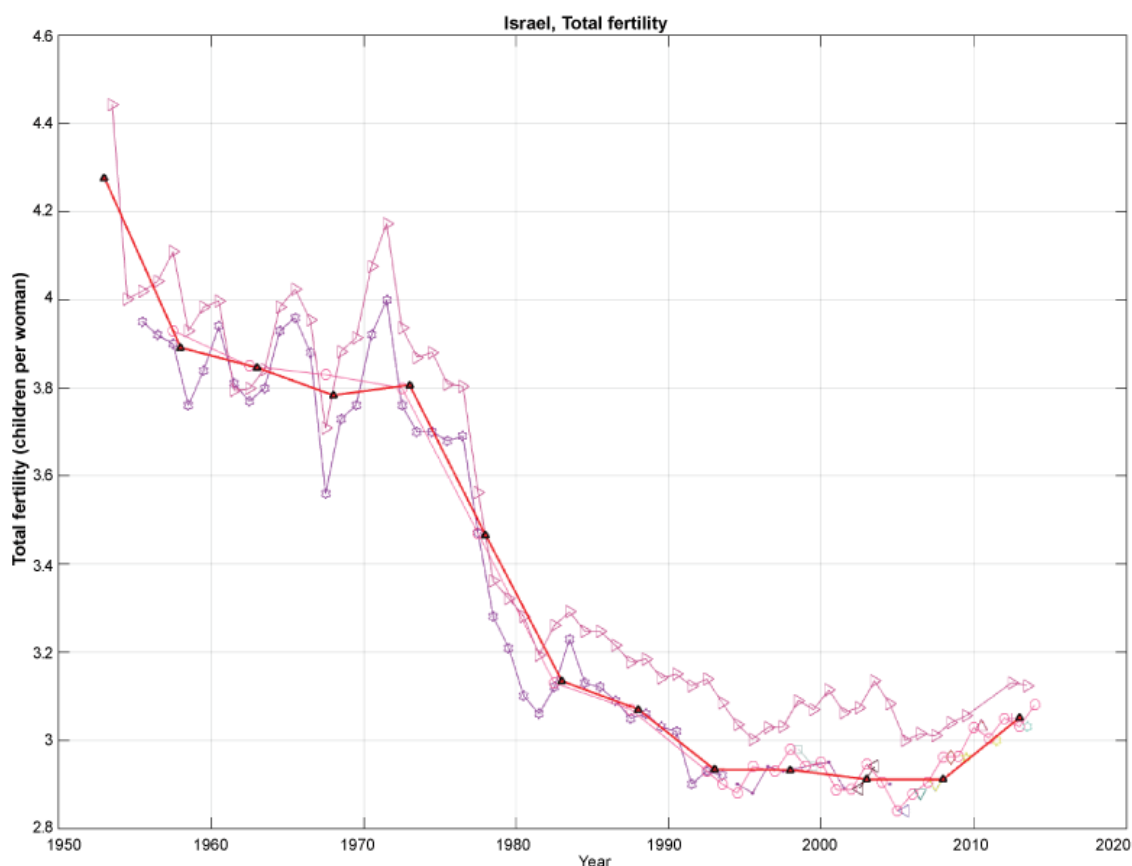


Figure 16: Israel total fertility.

Author contend that the WHO made this desperate and dubious move in the absence of alternatives, which have been greatly curtailed once author gave final notice to the every head of state and government throughout 2014 to cease covert methods of population control and published my appeals and evidence of genocide in “Peace Without Poison”, which caught the UN system off-guard and forced national leaders to disengage from the depopulation program. In that document author stated:

You were elected to lead not to poison us. The path of least resistance with respect to checks on population growth is no longer acceptable, if it ever was.

You have inherited this system and are therefore not responsible for the crimes committed in the past to prevent war, but you are responsible for the crimes that are being committed in the present to preserve peace [26].

Devoid of choices and abandoned by its partners in genocide, the WHO reactivated the existing channels of mass immunization provided by the Global Polio Eradication Initiative and saddled them with the task of administering sterilizing vaccines under the cover of polio.

That the WHO acted out of desperation is confirmed by the quick succession of the third ‘public health emergency of international concern’ (PHEIC), which followed within three months of its precursor.

Third Public Health Emergency of International Concern (PHEIC)

The Ebola outbreak in West Africa has the hallmarks of an engineered pandemic tailor-made for a region of the world with the highest population growth rate (3%).

Upon issuing the third PHEIC in its history on 4 August 2014 the WHO stated:

The current EVD (Ebola Virus Disease) outbreak began in Guinea in December 2013. This outbreak now involves transmission in Guinea, Liberia, Nigeria, and Sierra Leone. As of 4 August 2014, countries have reported 1,711 cases (1,070 confirmed, 436 probable, 205 suspect), including 932 deaths.

This is currently the largest EVD outbreak ever recorded. In response to the outbreak, a number of unaffected countries have made a range of travel related advice or recommendations.

Three of the nations singled out by the WHO not only have among the highest fertility rates in the world and the lowest per capita income – Guinea (TFR 5.2, GDP \$492), Liberia (TFR 4.8, GDP \$484) and Sierra Leone (TFR 4.8, GDP \$613) – but have also fallen into the poverty trap and as such their health care systems and social order

have collapsed. The fourth nation, Nigeria, is Africa's demographic giant with a total fertility rate of 5.7 children per woman, 182 million people (making it the most populous nation in Africa and the 7th most populous in the world), and the highest population density, at 188.9/km², among large African nations (Figure 17).

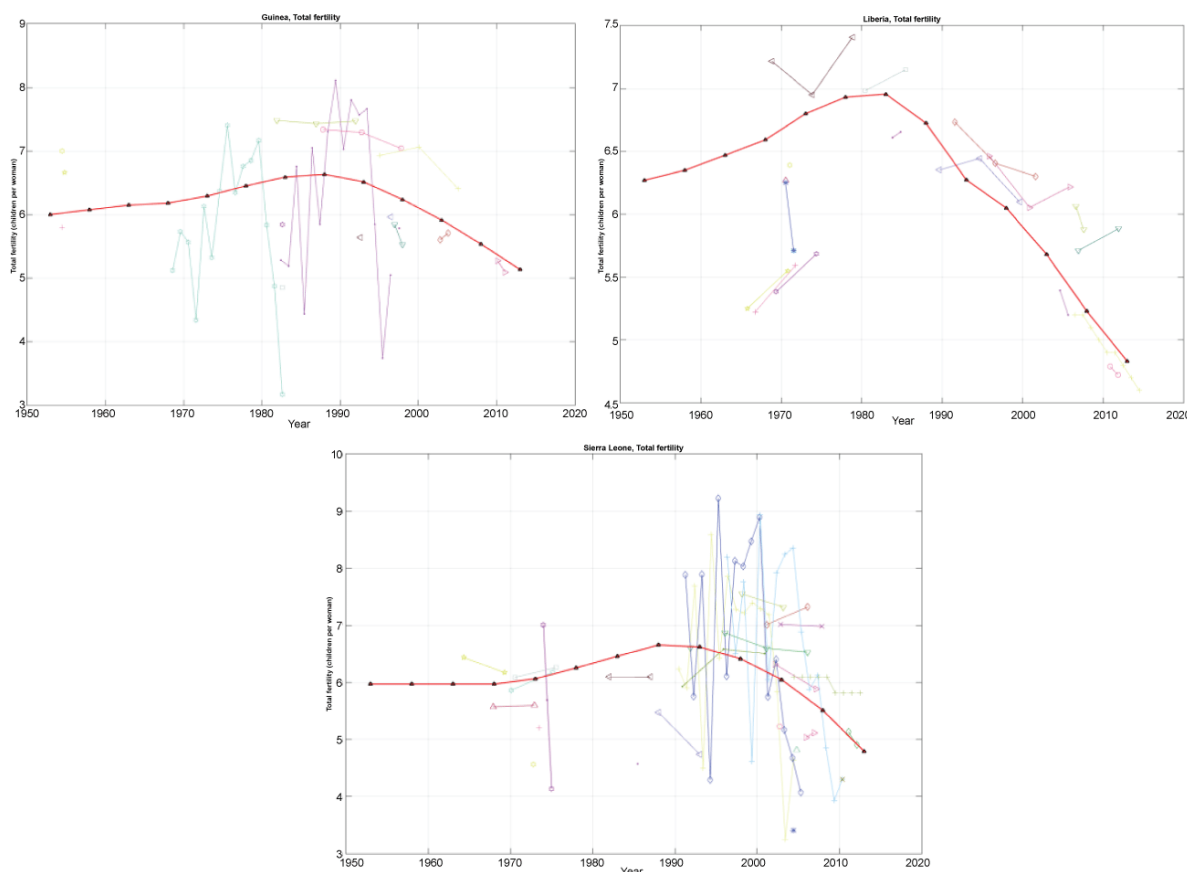


Figure 17: Total fertility in Guinea, Liberia, and Sierra Leone.

The international community engineered the Ebola pandemic in order to address this region's dire demographic and economic problems and force wealthy nations to donate enough emergency funds to rebuild the region's health care capacity to a basic level so it can begin to implement reproductive health services, both legal and illegal, and climb out of poverty.

Initially, a small number of Guineans and Liberians were deliberately infected and containment efforts were delayed long enough to allow the outbreak to spread. The WHO then capitalized on the situation by declaring a 'public health emergency of international concern' (PHEIC), after which resources were still held back to cause enough panic in the local population and a sufficient threat to international travel to motivate wealthy nations to donate sufficient emergency funds and to force mandatory vaccines on the local population; vaccines that were undoubtedly laced with a sterilizing agent.

Nigeria is the primary target of the WHO. Because the nation's political establishment did not collaborate with the Global Polio Eradication Initiative (GPEI) launched by the WHO in 1988 or with

the "Kick Polio Out of Africa" campaign and the population could not be sterilized with estradiol or other estrogens while being immunized for polio [27], Nigeria's fertility rate has remained constant at c. 6 children per woman Figure 18.

At this point it is appropriate to mention the mechanism by which infertility is induced through vaccines.

The latest generation of vaccines tamper with the genetic modulation of apoptosis ("the ability of cells to kill themselves by activating an intrinsic cell suicide programme when they are no longer needed or become seriously damaged") thus disrupting or deleting genes crucial to spermatogenesis by depriving them of gonadotrophin and testosterone, hormones that are crucial to normal sexual development and reproductive function. Scarcity of these hormones results in infertility through accelerated germ cell apoptosis [28].

For instance, by targeting the Hsp70-2 gene, which plays a crucial role in meiosis, a dramatic increase in spermatocyte apoptosis is achieved, which results in male infertility but does not disrupt female fertility [29].

The childhood vaccines administered in Africa compromise the normal development of the male reproductive system but spare females. This method of mass sterilization was designed to punish Africa for its refusal to address the promiscuous habits of its male population by preventing males from fathering children with multiple women.

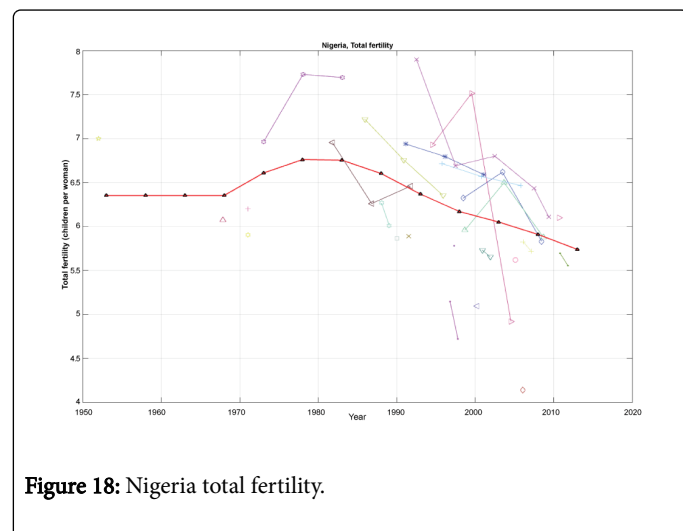


Figure 18: Nigeria total fertility.

Germ cell apoptosis can also be triggered through non-hormonal regulatory stimuli, such as testicular toxins (of which Bisphenol A is the primary example along with hundreds of other endocrine disruptors used by the depopulation lobby in the adulteration of the food system), heat stress and chemotherapeutic agents. These extrinsic pathways for initiating apoptosis are being increasingly recognized in the pathogenesis of many non-communicable diseases including cancer, acquired immune deficiency syndrome, neurodegenerative disorders, atherosclerosis and cardiomyopathy [28].

The mechanism of apoptosis was not understood or described until 1972 [30] and this knowledge was immediately put to use by the military-industrial complex, which is why the Swine Flu outbreak was triggered in 1976 to mass sterilize the American people and the HIV/AIDS epidemic was unleashed on the African people starting in 1978.

By inhibiting apoptosis through vaccines (intrinsic pathways) and endocrine disruptors (extrinsic pathways), the depopulation lobby has succeeded not only in causing sterility through gene disruption but also in increasing morbidity through cancers, autoimmune diseases, inflammatory diseases and viral infections, thus creating a self-reinforcing cycle for more vaccines and other medical interventions so the medical system could be used in perpetuity for population control purposes.

This explains why despite astronomical increases in health services from 1990 onward both morbidity and mortality have increased worldwide faster than the population. Between 1990 and 2013, for instance, the number of deaths went from 47.5 million to 54.9 million, a 16% increase [2].

Unless scientific breakthroughs and medical services are no longer misused for depopulation purposes these patterns and trends will continue and mankind will be destroyed by a system of international peace that commands more victims than any conventional or even nuclear war ever has or could.

Fourth Public Health Emergency of International Concern (PHEIC)

The fourth and latest 'public health emergency of international concern' (PHEIC), declared by the WHO on 1 February 2016, is one of a kind, as it was not planned. Its primary and desperate objective is to prevent the world from discovering the true culprit for the increase in microcephaly in Brazil, namely the larvicide Pyriproxyfen, which is a chemical of extraordinary importance to the UN system because it is a vital component of covert sterilization to the WHO's Global Technical Strategy (GTS) for Malaria 2016-2030 (Figure 19).

The Global Technical Strategy (GTS) for Malaria is a masterplan not only for Malaria eradication but also, and more importantly, for bringing and keeping the entire developing world down to replacement level fertility. It is indispensable to the depopulation lobby as it provides them with a plausible cover for sterilizing hard-to-reach people in remote places and in the flower of their reproductive lives all around the world and on a continuous basis; places and people that have so far escaped the tentacles of the UN system.

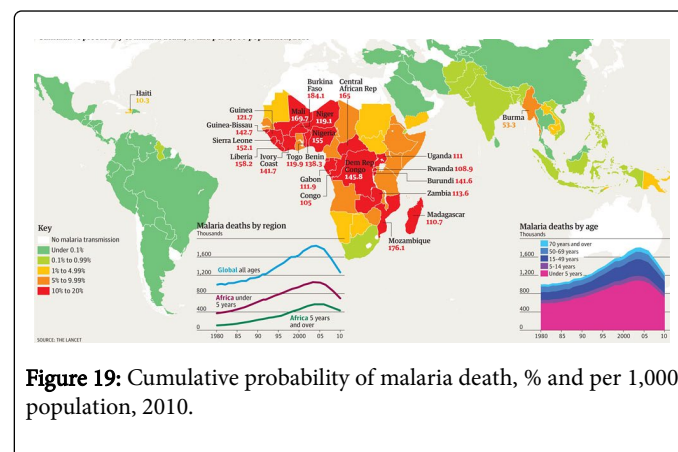


Figure 19: Cumulative probability of malaria death, % and per 1,000 population, 2010.

The Zika virus and the *Aedes aegypti* mosquito serve as scapegoats for microcephaly and allow governments in the region and the UN to capitalize on the fear and confusion generated by this unintended crisis to accomplish much-needed environmental, demographic and legislative objectives. That Zika cannot possibly be the cause of microcephaly is clarified by the total absence of microcephaly in neighboring Colombia, which registered thousands of Zika infections but no cases of microcephaly. Furthermore, the likely cause of microcephaly, Pyriproxyfen, has already been identified by ABRASCO, an organization of Brazilian doctors, who have demanded urgent epidemiological studies but whose demands have so far fallen on deaf ears [31].

So the question is not whether Zika causes microcephaly, but rather why the Brazilian Ministry of Health, acting on the recommendation of the WHO, has been applying Pyriproxyfen to the drinking-water reservoirs of the people of northeast Brazil, the region where the incidence of microcephaly shot up?

The official answer is that the Brazilian Ministry of Health puts Pyriproxyfen into the drinking-water reservoirs of its citizens since the middle of 2014 on the recommendation of PAHO and the WHO to inhibit the growth of mosquito larvae and thus provide vector control for the spread of Dengue and Malaria.

The Ministry of Health and the WHO know that Pyroproxyfen is teratogenic and causes malformations in young mosquitoes that prevent the development of adult insect characteristics and of reproductive organs to stop the proliferation of the *Aedes aegypti* mosquito. But neither the Ministry of Health nor the UN is about to recognize that the damage done to mosquito development from larva to pupa to adult by Pyroproxyfen is also done to humans in their development from zygote to embryo to foetus. They are not about to admit it because Pyroproxyfen, a known sterilizant [32], is crucial to the population control agenda and 300,000 Pyroproxyfen-coated bed nets hang in every hut and over every bed of the UN Millennium Villages Project [33]. They are not about to admit it because this chemical and the bed nets coated with it are manufactured by Sumimoto Chemicals, a strategic partner of Monsanto, the death company par excellence and the corporate pivot of the depopulation lobby, and because it is known that the longevity and survival rates of organisms treated with Pyroproxyfen are shorter and have significantly fewer progeny [34] just as it is known that male flies sterilized with Pyroproxyfen can transfer their sterility to females by sexual intercourse, according to Sumimoto Laboratory's own research [35] and the same effect can be inferred for humans. They will not admit it because a billion bed nets manufactured by Vestergaard and subsidized with UN funds are coated with a similar poison, Deltamethrin [36], which is a known neurotoxin and endocrine disruptor and listed as such by the EPA, as well as a known suppresser of spermatogenesis [37], but that nevertheless cover the beds of just as many families throughout the developing world. They will not admit it because the WHO mandates the use of these sterilizing, mutagenic and carcinogenic pyrethroid-based LLINs (long-lasting insecticidal nets) in its 2012 Global Plan for Insecticide Resistance Management in Malaria Vectors [38].

It is a lot more convenient to blame Zika than to assume responsibility for causing congenital malformations to an entire generation of children in the process of sterilizing them and their parents on the sly, especially when this poor excuse can be milked for all its worth to accomplish other hidden goals. Well, let's just see what these goals are.

Protect the Amazon?

Brazil and Colombia are purportedly the most affected nations by the Zika virus for a reason, namely they surround the Amazon Basin, which needs to be protected from human intrusion because it represents the right lung of the planet and its most prolific incubator of life.

Whether the rate of infection is as large as it has been reported and whether it is spreading as rapidly as medical authorities maintain it is irrelevant since the fear generated by a real or invented pandemic is the same so long as the mainstream media does its part to whip up mass hysteria.

The existing cattle ranchers and farmers, who are responsible for deforesting the Amazon at a rate of 15,757 square kilometers a year since 1977, an abuse so large as to represent c. 18% of the world's total annual deforestation, will be driven out by fear of infection and the sterilizing chemicals used to presumably combat the carriers of disease.

If women are kept away or sent out of the Amazon for fear of infection, then the regional population will not grow and the Amazon will be protected.

Furthermore, potentially new human intruders will think twice before venturing into the world's most mosquito-infested region to slash and burn so as to live off cattle rearing or subsistence farming. The fear of infection and microcephaly, amplified by rumors, that may just prove right, about the release of genetically modified Oxitec mosquitoes capable of spreading an embryo-death gene that leads to human sterility [39], will unburden governments in the region from the politically difficult and financially prohibitive task of safeguarding the territorial integrity and rich biodiversity of the Amazon, the world's most crucial natural habitat.

All conservation efforts have failed. This, it is hoped, will succeed and will allow Brazilian President Dilma Rousseff to keep a promise that she made in 2015 at the UN, namely to eliminate illegal deforestation and restore 120,000 square kilometers of lost Amazonian rainforest by 2030 [40].

Considering that more than half of the world's rainforest's have been lost to deforestation in the past half-century, that Brazil has the world's second-highest rates of deforestation (after Indonesia), that the country's leadership has made a firm commitment to stop and reverse the trend, that Sustainable Development Goal 15 adopted by 193 countries pledges to "protect terrestrial ecosystems" by halting deforestation and restoring degraded forests, that deforestation accounts for nearly 15% of global greenhouse gas emissions, and that Norwegian Prime Minister (from 2005 to 2013).

Jens Stoltenberg – a stalwart of the depopulation lobby and the current Secretary General of NATO (which coordinates the ultra-secret and global geoengineering program that sprays millions of tons of metal oxides in the upper atmosphere to prevent global warming) – pledged in 2008 to donate 1 billion US dollars to the then newly established Amazon Fund on the condition that this money would go to projects aimed at slowing down the deforestation of the Amazon rainforest, one can safely conclude that this crisis has been engineered at the highest global governance level to accomplish geopolitically important goals, and none other is more important than the preservation of the planet's vital ecosystems.

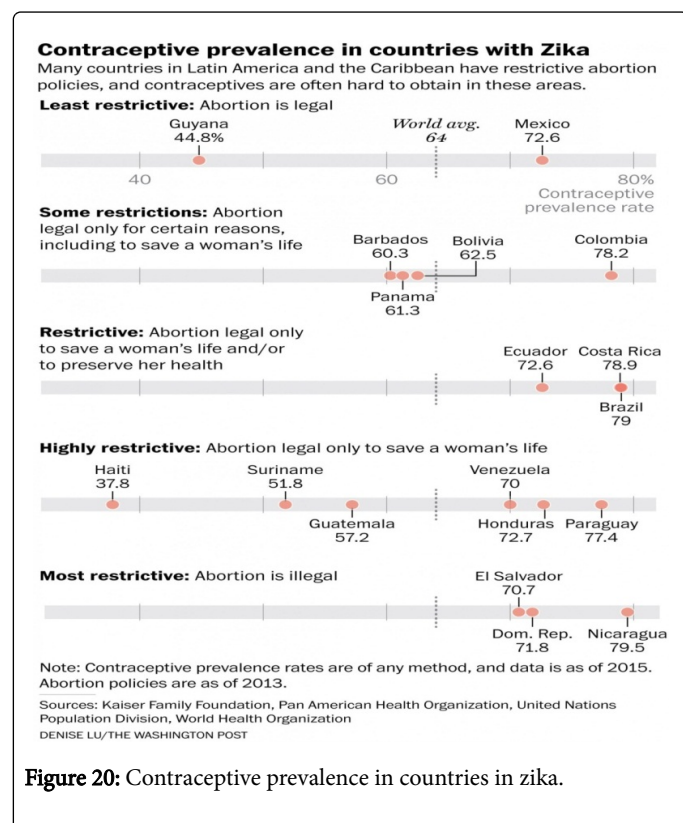
To strengthen the case for protecting the Amazon a perceived rise in infectious diseases and Zika are being blamed on deforestation and other environmental factors [41].

Change abortion laws and sexual behavior and mandate sexual education

No sooner was the Zika outbreak announced that calls for legislative changes to abortion laws throughout Latin America began appearing in newspapers around the region and throughout the world and are being echoed with increasing frequency by NGOs and politicians despite the fact that Brazil's and Columbia's total fertility rates have been below replacement level for the past decade. This begs the question why?

With chemical methods of population control via endocrine disruptors inserted in water, food and beverages being phased out, and in the absence of legal restrictions on fertility, governments need permissive abortion laws and high contraceptive prevalence rates if they are to eventually abandon covert methods of population control for overt legislation that will allow them to keep the total fertility rate at or below replacement level legally and honorably until such time as optimal population levels are reached (Figure 20).

Latin America being primarily Roman Catholic a strong pro-life stance has prevented changes to the legal code and most countries in the region have restrictive abortion laws that either prohibit abortion in any and all circumstances (El Salvador, Nicaragua, and the Dominican Republic) or allow it only in medical emergencies to save the mother's life (Venezuela, Brazil, Guatemala).



In this restrictive legal environment, contraceptives are not always available or affordable and the contraceptive prevalence rates are insufficient to reach and maintain replacement level fertility.

The numbers in the table above are deceptively high as they include modern and traditional methods of birth control and the latter are not very reliable.

To force much-needed legislation through, the authorities are building momentum in favor of legalizing abortion by frightening people with Zika, mosquitoes and microcephaly, on the one hand, and angering them with futile health directives that advise women to delay pregnancy, on the other hand; knowing very well that couples cannot delay or prevent pregnancy since contraceptives are neither readily available nor affordable to most people in this Catholic and poor region.

Even before the WHO declared Zika an international health emergency, national governments began warning their people to delay pregnancy.

To date, Brazil, Ecuador, Colombia, Jamaica and El Salvador have all asked their citizens to delay pregnancy, the latter for two years [42].

Leaving all pretenses aside, Columbia's health minister stated "that a confirmation of Zika infection and possible microcephaly may allow women to qualify for abortions, which might otherwise be illegal" [43].

To soften public opinion to the idea of abortion the media flashes images of babies with severe microcephaly at every opportunity and it could very well be that the apparent increase in congenital malformations is greatly exaggerated to create a state of tension and panic.

The prospect of having to raise a child with microcephaly is unappealing to most people and this makes abortion that much more palatable. If enough parents demand abortion the political establishment will duly abide and even religious objections will be overlooked.

Indeed medical authorities have started to backtrack on the true number of Zika infections that until recently have been grossly over-reported.

At the end of January, the Brazilian Ministry of Health reported 3,760 suspected cases of microcephaly under investigation of which 709 have been rejected for being inaccurately diagnosed and only 404 were confirmed, 98% of which are concentrated in the north-east of Brazil [44].

To weaken religious objections the UN system has also fashioned three cases of Zika transmission through sexual contact and the CDC, not to be outdone, has declared that it is investigating fourteen such cases [45].

In all probability none of these cases is valid but the threat of sexual transmission is needed to create a moral dilemma for conservative Catholics and force the Church to change or at the very least soften its teachings on birth control. To this end, Pope Francis was asked the following on February 18 by a reporter on his flight back to Rome from South America.

Paloma García Ovejero, Cadena COPE (Spain): Holy Father, for several weeks there's been a lot of concern in many Latin American countries but also in Europe regarding the Zika virus. The greatest risk would be for pregnant women. There is anguish. Some authorities have proposed abortion, or else to avoiding pregnancy.

As regards avoiding pregnancy, on this issue, can the Church take into consideration the concept of "the lesser of two evils?"

Pope Francis: Abortion is not the lesser of two evils. It is a crime. It is to throw someone out in order to save another. That's what the Mafia does. It is a crime, an absolute evil. On the 'lesser evil,' avoiding pregnancy, we are speaking in terms of the conflict between the fifth and sixth commandment. Paul VI, a great man, in a difficult situation in Africa, permitted nuns to use contraceptives in cases of rape.

Don't confuse the evil of avoiding pregnancy by itself, with abortion. Abortion is not a theological problem, it is a human problem, and it is a medical problem. You kill one person to save another, in the best case scenario.

Or to live comfortably, no? It's against the Hippocratic oaths doctors must take. It is an evil in and of itself, but it is not a religious evil in the beginning, no, it's a human evil. Then obviously, as with every human evil, each killing is condemned.

On the other hand, avoiding pregnancy is not an absolute evil. In certain cases, as in this one, or in the oneauthormentioned of Blessed Paul VI, it was clear.authorwould also urge doctors to do their utmost to find vaccines against these two mosquitoes that carry this disease. This needs to be worked on [46].

Pope Francis stood his ground on abortion but wisely softened his position on contraceptives thus paving the way for at least facilitating contraceptive use throughout the region, which is indeed the only way forward both for the region and for the world.

Beyond Latin America and the realm of Catholicism calls for sexual education in schools have become louder and more aggressive. In a coordinated fashion, the mainstream media in the Arab world features stories of insufficient sexual education in the United States to implant the idea at home without offending Muslims in the Middle East where the struggle against high fertility lags behind UN targets [47].

Fear and not just sexual education is promoted to alter mating habits and encourage the use of contraceptives. Despite any evidence, health authorities throughout the world maintain that the virus can be spread through sexual intercourse for three months after infection.

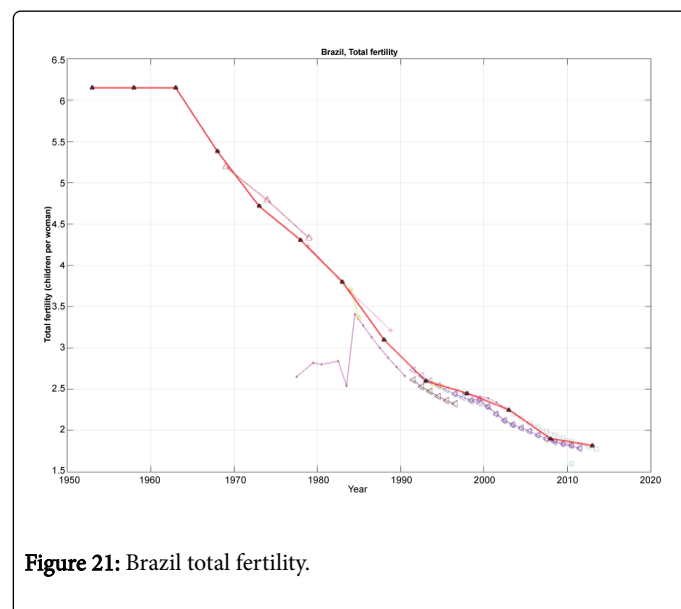
This misconception is disseminated for one and one reason only, namely to get people to use protection during sexual activity in order to prevent unwanted pregnancies and thus halt population growth.

Suppress fertility rates and eliminate regional disparities

That health authority's use fear of Zika to combat population growth is fairly obvious despite great efforts to conceal this objective.

Equally obvious is why Brazil singled out the northeast of the country to launch a chemical attack on human fertility.

The national total fertility rate of Brazil (Figure 21) is safely below replacement level but national statistics fail to reveal regional differences.



And Brazil's regional differences are significant. The northeast, which has the poorest and the brownest (62.5%) people in the country, also has significantly higher fertility rates than the rest of the country, approximately 2.4 children per woman compared to only 1.6 in the south where the population is 75% white.

It is also the primary source of migrants for the Amazon region and the Brazilian government has pledged to stop and reverse the deforestation of the Amazon Basin.

The fear of Zika and the use of sterilizing chemicals in water (larvicide Pyroproxyfen) and air (fumigant Malathion [48]) to presumably act as vector control for the Zika-carrying *Aedes aegypti* mosquito allow the Brazilian government to level the fertility scale between the south and the north.

Secure funding

Knowledge of covert depopulation methods is increasing rapidly due to the inability of state actors to censor the Internet and control the means of mass communication.

Although the mainstream media is fully controlled and the alternative media is largely controlled the social media allows people across the world to share and exchange information that is otherwise restricted and privileged.

This has diminished the ability of governments to obtain funding for covert depopulation programmes from parliaments and legislatures and has forced administrations and the UN-system to rely on billionaires and corporations, who have duly filled in the void.

It also impairs the ability of the UN system to close the gap in per capita spending for health services to reduce maternal and child mortality as well as child undernutrition between the developed and the developing world, which is a strategic priority for the sustainability agenda, and indeed a worthy one.

Europe for instance spends c. \$1,400 per person for health care while Africa barely manages \$140 dollars [49].

The transfer of funding responsibilities from state to private actors also has the advantage of protecting the newest strategies of depopulation by limiting their knowledge to a smaller number of individuals who are outside public office and scrutiny and therefore not handicapped by oversight and transparency rules.

Last, the political establishment is distancing itself from the core of the depopulation lobby perhaps in advance of disclosure so as to limit ultimate responsibility for genocide to a very small number of individuals and thus restore the credibility of the state.

The largest single donor to the WHO, surpassing all governments, is the Bill & Melinda Gates Foundation, which is also the largest funding source to the GAVI alliance.

While Bill Gates can donate billions at a time and boast the largest single charitable donation in history [50] President Obama has to take advantage of opportunities created by manufactured pandemics to beg for far more modest sums [51].

To fill the gap in population control funds left by retreating governments, the depopulation lobby, led by Bill Gates and Warren Buffet, started in 2010 under the Giving Pledge campaign to pool the wealth of other billionaires who agreed to donate a good proportion of their fortunes to charity.

As of April 2012, 81 billionaires have "committed to giving at least half of their fortunes to charity" [52] and more have joined them since.

Unfortunately, the charity envisioned by these individuals has more in common with genocide and less with concern for the welfare of individuals, which is why their billions are used to lower the population and fertility bars two rungs lower by the end of the 21st century (Figure 22), as planned by UN and national technocrats and revealed by their latest projections.

The best intentions do not justify genocide and crimes against humanity, especially since these crimes committed as social interventions are now directed primarily at the most vulnerable members of society, children and the elderly, so the self-appointed guardians of life and death can balance their economic and demographic books.

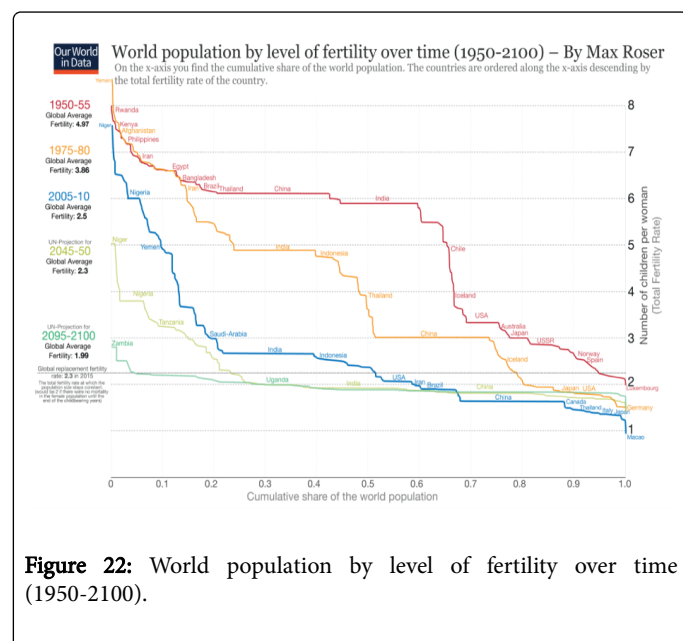


Figure 22: World population by level of fertility over time (1950-2100).

Conclusion

The clash between health care and public health priorities and prerogatives, the former being dictated by the individual and the latter by the state, can no longer be hidden. This clash has shattered the public's trust in the healthcare system and in government itself and has created an explosive animosity between the 1% and the 99%.

All epidemics and pandemics of the past 30 years are fabrications of the UN system and its partners in crime at the national level for the purpose of lowering births below the magic line of replacement level fertility and, more recently, also for limiting life to an economically acceptable and environmentally sustainable age.

Instead of resolving the conflict between individual and international prerogatives by bringing the no longer secret depopulation program out into the open and legislating replacement level fertility, the 1% has decided to deny the world's 7.3 billion people their fundamental rights for one more generation and to get away with mass murder for just as long it has devised a new method of preventing birth and controlling death that is more sophisticated and harder to detect because it uses genetics and gene programming in addition to chemistry and endocrine disruptors to damage human fertility and longevity through intrinsic and extrinsic pathways at the same time.

The strategy of depopulation has evolved and has been accelerated and amplified. Having exposed the covert chemical, biological, psychosocial and economic methods of population control, and having destroyed our governments' cover of secrecy, we have shut down their ability to commit genocide by turning man against man through the misuse of the institutions of state, concealment of vital information, abuse of the rule of law, perversion of science, falsification of facts,

misappropriation of public funds, and the debasement of executive powers.

Instead of changing tack and empowering us so that we assume responsibility over restrictions on fertility, which would have brought the program of population control back to legality, our governments have once again done the unthinkable and have taken the last possible step towards illegality.

No longer able to turn man against man, thus to turn us against each other, because they have lost the ability to manipulate us into poisoning, impoverishing and imprisoning one another, our genocidal governments have decided to turn nature against man, so as to make nature our mortal enemy.

Vaccines now represent the newest battle line between the 1% and the 99% and between international and individual prerogatives. In the 21st century it is the needle not the bomb that causes death and disease at an unimaginable scale and at an unpredictable cost to the genetic endowment of mankind.

But although the weapon has changed the goal remains the same, to stop and reverse our numbers so that by the end of the 21st century everybody will live just as long, just as sterile, and just as sick.

The planet will be saved but mankind destroyed.

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