

## ***Addendum to “HCG Found in Tetanus Vaccine”: Examination of Alleged “Ethical Concerns” Based on False Claims by Certain of Our Critics***

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### **ABSTRACT**

This updated 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 an unnamed person (or persons) going by the pseudonym “The Original Skeptical Raptor” (hereafter, “Raptor”). Our paper (Oller et al., 2017), hereinafter referred to as the “hCG-paper”, judging from the Web of Science and PubMed databases, was 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 examined 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” (National Security Council, 1975, 2014). (2) It documented the stream of published research in that program directly or indirectly sponsored by the WHO. (3) It compared 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 analyzed and documented the sources of laboratory data from accredited laboratories in Nairobi finding  $\beta$ hCG in at least one-third of the samples of vaccine actually collected at the 2014 administration sites. (5) It revealed the convergence of all the foregoing sources of information supporting the charge of the Kenya Catholic Doctors Association leveled against the WHO (Kenya Catholic Doctors Association, 2014). In emails to

*OALibJ*, Broughall claimed “ethical concerns” about the hCG-paper urging the publisher to retract it. Raptor said, “*Open Access Library Journal* . . . is a predatory journal” and the hCG-paper is a “pseudoscientific . . . outright lie” (The Original Skeptical Raptor, 2017).

**Keywords:** *anti-fertility vaccine,  $\beta$ hCG, commercialization of medicines, enzyme linked immunosorbent assay (ELISA), hCG, high pressure liquid chromatography (HPLC), human chorionic gonadotropin, maternal neonatal tetanus, Open Source Journals (OJS), Open Source Publishing, population control, Planned Parenthood, predatory practices, pregnancy testing, tetanus toxoid conjugated with  $\beta$ hCG, WHO birth control vaccine*

## Open Source Publishing: A Threat to the Academic World?

Raptor (2017; 2018; 2020) compared the fledgling *OALibJ*, the publisher of our hCG-paper, established in 2013 to address “science, technology, and medicine” (Office, 2013), against *Nature*. The latter science journal was created by the British aristocrats, Daniel and Alexander MacMillan, in 1869 (Springer Nature, 2018a). Raptor pointed to the impact factor of *OALibJ* at 0.20 (at the time of our publication in 2017; later up to .41 according to Raptor, 2020) was very small by comparison to *Nature*’s. Raptor said, “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” (Raptor, 2017, repeated by Raptor, 2020). 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 (Springer Nature, 2018b). That claim has been widely accepted, but for an in depth review of the history of “peer-reviews” see Panda (2019). According to *Journal Citation Reports*, in 2010 *Nature* was the most cited science journal in the world with a score of 40.137 (“*Journal Citation Reports*,” 2017) annual citations in journals indexed formerly by the Web of Science and now by Clarivate Analytics (“Clarivate Analytics,” 2018; “David Thomson, 3rd Baron Thomson of Fleet,” 2018).

So, why, we ask, are spokespersons such as Raptor and Broughall defending the colossal giants of the medical/pharmaceutical industry (MPI) from a tiny neophyte publisher such as *OALibJ*? Only after our hCG-paper passed muster with *OALibJ* peer-reviewers were we called upon to pay a \$90 handling fee — one disclosed to all potential authors in advance on the *OALibJ* website (Office, 2013). Is *OALibJ*, and are other open access publishers, a threat to the multi-billion dollar world-wide MPI 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 offered an on-line option varied 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* (*Publication Fees - OpenWetWare*, 2016). The per page fee for MPI journals was reported at \$200 with an average total cost of about \$800 to the *European Molecular Biology Organization (EMBO) Journal* owned by Nature Publishing Group (Nature Publishing Group, 2018; *Publication Fees - OpenWetWare*, 2016; “*The EMBO Journal*,” 2017). Sometimes, such costs are shared by the medical schools and universities submitting MPI work for publication.

To compare *OALibJ* with *Nature*, Raptor used 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 (*About Us*, n.d.; “David Thomson, 3rd

Baron Thomson of Fleet,” 2018; “Thomson Reuters,” 2018). The journal *Nature*, also appealed to by Raptor, owned by Springer Nature Group, in 2015 had “13,000 staff in over 50 countries” and annual turnover at 1.5 billion Euros (*SPRINGER NATURE Created Following Merger Completion*, 2015). Of course, *Nature’s* impact factor eclipses that of *OALibJ*. But, why would an upstart company such as *OALibJ*, or our 31 page hCG-paper costing less than a hundred dollars, attract the attention of Raptor and of Broughall who are defending the giant MPI publishers and the multi-billion dollar vaccine industry?

Raptor says at his website that 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” (*About the Skeptical Raptor*, 2018). Taking Raptor at his word, why would anyone steeped in mainstream MPI publishing, bother to address a few independent researchers whom Raptor characterized as having no relevant “expertise and knowledge in epidemiology, immunology, virology, microbiology, public health, or anything related to vaccines” (The Original Skeptical Raptor, 2017)? Similarly, why would “retired microbiologist” Broughall be writing emails to *OALibJ* trying to force the retraction of what Raptor described as “nonsense” that “David Gorski, MD, debunked . . . way back in 2014” (Gorski, 2014)? Evidently, they and other proponents of the vaccination goals sponsored and promoted by the WHO and its collaborators are genuinely fearful that more and more individuals even in the less developed regions of the world, the so-called LMIC (low to middle income countries), or what have been called the LDCs (“less developed countries”) will stop volunteering to receive injections (Otieno et al., 2020).

## Raptor Stalked 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, came out in the 2017 apology in *Nature* by editor-in-chief, Philip Campbell. An editorial appeared in that journal, on his watch, 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 (Centers for Disease Control and Prevention, 2020). We referred to that study in our 2017 hCG-paper and we noted that the WHO research for the development of “birth-control” vaccines began in the same year that the infamous Tuskegee experiments were officially halted. 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 as the doctors watched many of them die. Participants were led to believe they were receiving the best medical care of the time, but many were intentionally deceived that sugar pills (placebos) were curative, all this taking place after the advent of the antibiotic penicillin which could have saved many of them who were dying of syphilis infection.

In the same editorial, by Philip Campbell, in his apology for authorizing what was interpreted by some as a defense of the Tuskegee experiment, Campbell also seemed to condone, or at least not to condemn, 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 believed that the skulls of babies born with neonatal tetanus (*trismus nascentium*) (Ojanuga, 1993; Brinker, 2000; Washington,

2007; Spigner, 2007; Perper & Cina, 2010) 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”(Kenya Catholic Doctors Association, 2014) — Campbell’s apology is topically and thematically relevant. In his assessment of Sims, Campbell referred 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 (Campbell, 2017a, 2017b).

Coincidentally, our team was started by the first author and a couple of Ronald E. McNair Research Scholars who were interested in the infamous Tuskegee syphilis experiment (see “Authors Contributions”, p. 23 in Oller et al., 2017). We were interested to note that the Tuskegee experiment coincidentally ended at the time the “population control” policy of the UN/WHO/UNESCO was being clearly formulated. Moreover, just as the perpetrators of the deceptions involved in the Tuskegee “medical” study, targeted relatively uneducated Black share-croppers of the deep south in the USA, the population control policies espoused by the World Health Organization and its sponsors, were being accused of targeting unsuspecting women in “lesser developed regions” of the world, as candidates for the WHO “birth-control” vaccines.

Contrary to the claims of Raptor and Broughall, the hCG-team included people with relevant expertise. As detailed below, over the nearly three years the project was under development, it was expanded to include a PhD professor in a long-established school of medicine with a distinguished publishing record (Christopher A. Shaw), a relatively recent PhD in biochemistry with at least two post-doctorates (Lucija Tomljenovic), both of them widely published and often cited, and, finally, two MDs with firsthand knowledge of what was actually going on in Kenya during the WHO 2013-2015 vaccination campaign (Dr. Stephen Karanja and Dr. Wahome Ngare). The MDs were directly involved in the “cold chain of custody” of vaccine vials obtained *during the WHO campaign*, as detailed in our hCG-paper. Those vials, as described by us in our 2017 paper were delivered to several laboratories for enzyme linked immunosorbent assay (ELISA) tests on the vaccine samples. All of those laboratories were accredited by Kenya Accreditation Service (KENAS) established in 2009. In 2019 KENAS became the “sole national accreditation body for Kenya” (see <https://kenas.go.ke/about-us/> last visited June 20, 2020). That organization is recognized by the “International Laboratory Accreditation Cooperation (ILAC)” which, according to their own current website “means that test reports or certificates issued by KENAS accredited laboratories, inspection bodies and certification bodies are now accepted worldwide”. KENAS is an ILAC “Mutual Recognition Agreement signatory” with authority for “Calibration: ISO/IEC 17025; Testing: ISO/IEC 17025; Medical testing: ISO 15189; [and] Inspection: ISO/IEC 17020” (<https://kenas.go.ke/about-us/>). The sworn affidavit of Dr. Karanja and Dr. Ngare, concerning the

handling of those vaccine samples and their all important “cold chain of custody” is attached as Appendix 1 to this Addendum.<sup>1</sup>

In November 2014, the Catholic Church asserted that such a program [one using WHO “birth control vaccine presented as a tetanus prophylactic] was underway in Kenya. Three independent Nairobi accredited biochemistry laboratories tested samples from vials of the WHO tetanus vaccine being used in March 2014 and found hCG where none should be present. In October 2014, 6 additional vials were obtained by Catholic doctors and were tested in 6 accredited laboratories. Again, hCG was found in half the samples. Subsequently, Nairobi’s agriQ Quest laboratory, in two sets of analyses, again found hCG in the same vaccine vials that tested positive earlier but found no hCG in 52 samples alleged by the WHO to be vials of the vaccine used in the Kenya campaign 40 with the same identifying batch numbers as the vials that tested positive for hCG. Given that hCG was found in at least half the WHO vaccine samples known by the doctors involved in administering the vaccines to have been used in Kenya, our opinion is that the Kenya “anti-tetanus” campaign was reasonably called into question by the Kenya Catholic Doctors Association as a front for population growth reduction.

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 proponents and beneficiaries of the trillions of dollars being spent currently in the US and world-wide on medicine. Given that proponents of world “population control” defend live-birth abortions, or killing an infant who has survived a failed attempt to prevent its viable birth (see Giubilini & Minerva, 2013, Räsänen, 2016). Proponents of “after-birth abortion” have said:

Abortion is largely accepted even for reasons that do not have anything to do with the fetus’ *health*. By showing that (1) both fetuses and newborns do not have the same moral status as actual persons, (2) the fact that both are potential persons is morally irrelevant and (3) adoption is not always in the best interest of actual people, the authors argue that what we call ‘after-birth abortion’ (killing a newborn) should be permissible in all the cases where abortion is, including cases where the newborn is not disabled (Giubilini & Minerva, 2013, p. 261).

Should we be surprised that publishers who defend, or condone, torturers claiming to practice medicine — like J. Marion Sims (see verification by Ojanuga, 1993; Brinker, 2000; Washington, 2007; Perper & Cina, 2010 that he inflicted pain on his victims mercilessly) or the Surgeon General, Thomas Parran, who looked the other way while the Tuskegee syphilis experiment was underway — would come to the defense of the WHO and its program to develop so-called “birth-control” vaccines, when WHO documents show the intent to reduce population growth in resource rich “lesser developed countries”? Meanwhile the evidence from many different reliable sources mounts up showing that the MPI publishers and editors are very well paid to promote the drugs, vaccines, and procedures that they claim to be investigating without bias. They constitute an almost impenetrable monopoly controlling the publication of academic medical and pharmaceutical journals, thus ensuring that unbiased and high quality independent research is unlikely ever to appear in any of them. Although they claim that rejections are based on expert unbiased judgments of quality, the facts suggest an incestuous dependence on biases bought and paid for by the multi-trillion dollar MPI.

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<sup>1</sup> A pre-publication version of this Addendum was published first on ResearchGate. It has been updated and peer-reviewed prior to its appearance here in the first issue of the *International Journal of Vaccine Theory, Practice, and Research*.



## 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 (Liu et al., 2017; Wong et al., 2017; Dal-Ré et al., 2019; Niforatos et al., 2020) 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 (“Holtzbrinck Publishing Group,” 2018). 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 (also co-founder of MacMillan Publishers Limited), but was also a titled member of the Royal Society, the 1st Earl of Stockton, OM, PC, FRS, and British Prime Minister from 1957 to 1963. He continued his life-long involvement in the MacMillan Publishing Company as its chairman until he died (“Macmillan Publishers,” 2017). 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 (Springer Nature, 2018b) 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 the products of which — especially CDC and WHO sponsored vaccines — they almost universally promote and defend. According to a 2017 study 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” (Liu et al., 2017). 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 said 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.<sup>2</sup> 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*,

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<sup>2</sup> 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 pales to insignificance when compared against those typically charged by MPI publishers.

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 (Campbell, 2017a) — about unethical studies by J. Marion Sims and the Surgeon General, Thomas Parran exploiting non-consenting African Americans — in a subsequent editorial for which he claims authorship (Campbell, 2017b), at a 1992 UNESCO meeting on “fertility regulating vaccines”, the WHO in effect accused itself of abuses in “family planning [fertility regulation] programs” (WHO Special Programme of Research, 1993). 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 (Purswani & Talwar, 2011; Talwar et al., 2014; Nand et al., 2015).
- Broughall asserted that the hCG-paper is about “a disproven conspiracy theory” but he did not take account of the official policy statements adopted by US government and by the UN/WHO/UNESCO entities cited in our paper showing their purpose of reducing population growth in the very regions targeted for the “eliminate maternal and neonatal tetanus” campaigns. There was nothing “theoretical” about our claims. The agencies in question published their intentions.<sup>3</sup>
- Also, in one of his own published studies (Broughall et al., 1984), Broughall said that neonatal deaths by tetanus in Kenya, about 1,400 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 (Buddeberg & Aveling, 2015; Camacho-Gonzalez et al., 2013; Dugani & Kissoon, 2017; Jaiswal et al., 2016) — and that nearly all such deaths could be prevented, according to experienced clinicians, such as Richard Moskowitz, MD, by better hygiene (Moskowitz, 2015). However, vaccination prior

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<sup>3</sup> Moreover, according to some sources, it is evidently the case that the WHO and collaborators are achieving their goal of reducing world-wide fertility (Puliyel, 2018). At any rate, it appears to be falling (Cheadle, 2016; William, 2019).

to the birthing process would be ineffective in preventing any death occurring because of unsanitary conditions.

- Statistics from Kyu et al. (2017), 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, if they were genuine, 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 defended 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 is 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 explained why that “special” schedule should exist nor why it just happened to exactly coincide with the dosage schedule for the TT/hCG “birth-control” vaccine.
- Most importantly, Broughall had 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. However, he did explicitly dismiss 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 (National Security Council, 1975, 2014) 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 Charged “Ad hominem” Attacks and Alleged “Conflict of Interest”<sup>4</sup>

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*

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<sup>4</sup> Raptor (2020) said, “Oller is not an immunologist, epidemiologist, virologist, microbiologist, or anything else that has to do with real vaccine science. Obviously, just another false authority. . . . Hysterically, his background is in linguistics.” As a matter of fact, linguistic theory is foundationally relevant to the study of biological signaling systems and to genetics. Since the discovery of the so-called “genetic code” the language metaphor has been the only game in town. Raptor opened his 2020 repeat of his earlier blog with “here comes another anti-vaccine lie”, but the agreement of multiple sources on the WHO statements of purpose, their published research agenda, and the laboratory results we reported in our 2017 paper shows that our conclusions are not merely plausible. Agreement from so many different sources cannot be achieved for any lie, as has been proved mathematically in the journal of *Entropy* (Oller, 2014).



*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 mineral 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 follows throughout this quote] 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 reported 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 was also not an issue because that entity is not “anti-vaccine” as Dr. Broughall alleged. There was no conflict of interest to disclose.

Raptor and Broughall both suggested 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 (nine of them as noted above from a different journal prior to the reviews at *OALibJ*). 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 ( $\beta$ 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* (Berg et al., 1974; Yi, 2015) — 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 (Chakrabarti et al., 1989; Mukhopadhyay et al., 1994; Srinivasan et al., 1995; Purswani & Talwar,

2011; Talwar, 2013; Talwar et al., 2014; Nand et al., 2015), 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 (*Christina England Archives* ★ *VacTruth.Com*, 2018), 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 Dr. 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:

Moreover, we discovered published works by the WHO and its collaborators aiming to find ways to generate antibodies to  $\beta$ 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” (Talwar, 2013). 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 (Chakrabarti et al., 1989; Purswani & Talwar, 2011; Nand et al., 2015), and WHO’s lead researcher has already claimed success in producing a vaccine against  $\beta$ hCG enhanced with recombinant DNA (Purswani & Talwar, 2011; Talwar, 2013; Talwar et al., 2014; Nand et al., 2015).

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* (and ones that were evidently undisclosed to recipients who were in all probability, in about 1/3 of the persons exposed to the vaccines we sampled, deceived into believing they were being immunized against neonatal tetanus).<sup>5</sup>

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<sup>5</sup> Raptor claims that Oller “pushes . . . germ theory denial” — but Raptor is mistaken (see Oller, 2020). The concepts of hygiene, sanitation, and the long-standing research of Semmelweis (*Semmelweis’ Germ Theory - The Introduction of Hand Washing*, 2018.; Semmelweis, 1861/2018), not to mention Broughall’s own research about doctor-handwashing (Broughall et al., 1984), 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,

## 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. (Chakrabarti et al., 1989), and the one followed in the Kenya campaign 2013-2015, grossly different from the standard dosage for TT alone (Galazka, 1993) — 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 group multiple challenges six months apart repeatedly injecting foreign 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 N. Z. Miller & Blaylock, 2017, pp. 79–86, 91–110, 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) 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” (Moskowitz, 2015). Hygiene not only can prevent exposure to tetanus spores, but can also head off countless other infections that occur because of unsanitary conditions during and after child-birth (Camacho-Gonzalez et al., 2013; Buddeberg & Aveling, 2015; Moskowitz, 2015; Jaiswal et al., 2016; Dugani & Kissoon, 2017). Vaccines cannot do either of these things.

## The Laboratory Tests in the hCG-Paper Stand Scrutiny

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

1. ELISA tests are powerless to detect  $\beta$ 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  $\beta$ hCG as is detailed in the hCG-paper, and no  $\beta$ hCG whatsoever should be present in any vials of the WHO tetanus 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

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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 (*Semmelweis’ Germ Theory - The Introduction of Hand Washing*, 1861/2018.), 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.

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  $\beta$ 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  $\beta$ hCG (agriQ Quest, 2015a; agriQ Quest, 2015b). Empirically, ELISA kits can detect  $\beta$ hCG and Broughall's theory about  $\beta$ hCG conjugated with 'TT' is mistaken.

He also argued 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 as we also 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  $\beta$ 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 *indifferent to whether the liquid aliquots are water, urine, blood serum, or vaccine*. The only question is how much  $\beta$ 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 as needing one or more of 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.

Dr. 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, agriQ 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. Dr. 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 N. Z. Miller & Blaylock, 2017) 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 them for continued employment. If a person’s livelihood, or a lifetime career, 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 (E. P. I. C. Magazine, 2017), can that individual deny a conflict of interest? Bias?

## 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 (Campbell, 2017a, 2017b; Gamble, 1997; Leiter & Herman, 2015; Thomas & Quinn, 1991). Add to that the fact that the UN and its subsidiaries (WHO/UNICEF, etc.) have been funded largely by US taxes from their beginning in 1945 and that the UN is funded now at an estimated \$10 billion per year of US money (Schaefer, 2010, 2015; Associated Press, 2017; Colum Lynch, 2017). With all that in mind, we underscore by repetition what we said in the hCG-paper:

*The Kissinger Report* (National Security Council, 1975, 2014), 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 National Security Council, 1975, 2014). 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 (Talwar et al., 1976), 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 Dr. Ngare and Dr. Karanja know and affirm, the KMA statement dismissing the evidence of  $\beta$ 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 (see Appendix 1).

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  $\beta$ 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  $\beta$ hCG. We addressed this fact intensively in our analysis in the hCG-paper which, again, bears repeating:

... a manufacturing error accidentally getting  $\beta$ 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  $\beta$ hCG with the same label associated with 40 vials not containing  $\beta$ 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  $\beta$ 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  $\beta$ 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  $\beta$ hCG they found in those 3 vials as “chemically linked” (on slide 11 of agriQ Quest, 2015b). Such linking is consistent with the patented process for TT/hCG conjugation as described by Talwar (Talwar, 1988; Talwar et al., 1976, 2014), but could not be achieved by simply mixing  $\beta$ hCG into a vial of TT vaccine.

Broughall said, “the agriQ Quest laboratory had its licence withdrawn earlier this year when it failed an international audit for inadequate procedures and control”. But Broughall was mistaken. As reported by Business Daily (2017), the CEO, Frederik Muthuri, of agriQ Quest confirmed that the

laboratory's accreditation was indeed suspended temporarily by the Kenya Accreditation Service (KENAS) but was restored after agriQ Quest appealed on the ground that the suspension was malicious and unjustified. Their accreditation was re-instated and remains in place at the time of this writing. When agriQ Quest performed the HPLC tests of WHO vaccines for our 2017 study, the laboratory was, according to Dr. Ngare in conversation with Muthuri, accredited not only by KENAS but also by the global Accreditation Service for Certifying Bodies (ASCB, <http://www.ascb.co.uk/>). Muthuri told Dr. Ngare that the ASCB accreditation was never suspended. Also, he reported that although the laboratory never closed during the appeal, they lost most of their government contracts. It is important to note that the agriQ Quest laboratory, of the several asked to do the anionic exchange high performance liquid chromatography (HPLC) testing of WHO vaccine samples obtained by the Kenya Catholic Doctors Association (KCDA), was the only one that agreed to run the tests on behalf of the KCDA. Later, the Joint Committee of Experts on Tetanus Toxoid Vaccine Testing, a committee with membership from KCDA and from the Kenya Ministry of Health representing the interests and policies of the World Health Organization (WHO), also relied on testing by that same laboratory, agriQ Quest. Their charge was to analyze "the vials sampled for the presence of beta human chorionic gonadotropin hormone ( $\beta$ hCG)" and to "quantify the levels of ( $\beta$ hCG) for each of the samples where present" (agriQ Quest, 2015a; agriQ Quest, 2015b).

Dr. Ngare further asserts that he believes it was because of fear of WHO reprisal that the director of the Lancet Laboratory in Nairobi was quick to give a statement countering the results of hCG in WHO vaccines that were obtained from that laboratory as reported in our 2017 paper. However, that individual, Dr. Ngare and Dr. Karanja know, never had access to the data in question because of their diligent maintenance of the "cold chain of custody" of the samples in question (see their Affidavit, Appendix 1).

## 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 (National Security Council, 1975, 2014), 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 (WHO Special Programme of Research, 1993) and in external news sources and independent research reports (J. A. Miller, 1995a, 1995b) 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 infeasible 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 *OALib* represent the inevitable future just as the MPI giants represent the receding 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 (Peirce, 1865). 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.

## References

*About the Skeptical Raptor.* (2018). Skeptical Raptor.

<https://www.skepticalraptor.com/skepticalraptorblog.php/about/>

*About us.* (n.d.). Retrieved January 19, 2018, from <https://www.thomsonreuters.com/en/about-us.html>

agriQ Quest. (2014). *Laboratory Analysis Report for the Health Commission, Kenya Conference of Catholic Bishops* (pp. 1–20).

agriQ Quest. (2015a). *Laboratory Analysis [Full Written] Report for the Joint Committee of Experts on Tetanus Toxoid Vaccine Testing: The Ministry of Health and Kenya Catholic Health Commission* (pp. 1–27).

agriQ Quest. (2015b). *Presentation [PowerPoint] to Joint Committee of Experts on Tetanus Toxoid Vaccine Testing* (pp. 1–14).

Associated Press. (2017, December 27). *UN operating budget cut by \$285M; US claims credit for it.* AP News.

<https://www.apnews.com/6558eea166404e769df6a93ccdb10240>

Berg, P., Baltimore, D., Boyer, H. W., Cohen, S. N., Davis, R. W., Hogness, D. S., Nathans, D., Roblin, R., Watson, J. D., Weissman, S., & Zinder, N. D. (1974). Potential biohazards of recombinant DNA molecules. *Science*, 185(4148), 303–303. <https://doi.org/10.1126/science.185.4148.303>

- Brinker, W. (2000). *J. Marion Sims: One Among Many Monumental Mistakes*.  
[http://www.english.illinois.edu/maps/poets/m\\_r/moss/sims.htm](http://www.english.illinois.edu/maps/poets/m_r/moss/sims.htm)
- Broughall, J. M., Marshman, C., Jackson, B., & Bird, P. (1984). An automatic monitoring-system for measuring handwashing frequency in hospital wards. *Journal of Hospital Infection*, 5(4), 447–453.  
[https://doi.org/10.1016/0195-6701\(84\)90016-1](https://doi.org/10.1016/0195-6701(84)90016-1)
- Buddeberg, B. S., & Aveling, W. (2015). Puerperal sepsis in the 21st century: Progress, new challenges and the situation worldwide. *Postgraduate Medical Journal*, 91(1080), 572–578.  
<https://doi.org/10.1136/postgradmedj-2015-133475>
- Business Daily. (2017, January 12). *Licence of industrial lab agriQ-Quest suspended*. Business Daily.  
<https://www.businessdailyafrica.com/corporate/Licence-of-industrial-lab-Agriq-Quest-suspended/539550-3515280-of4xpt/index.html>
- Camacho-Gonzalez, A., Spearman, P. W., & Stoll, B. J. (2013). Neonatal infectious diseases evaluation of neonatal sepsis. *Pediatric Clinics of North America*, 60(2), 367–+.  
<https://doi.org/10.1016/j.pcl.2012.12.003>
- Campbell, P. (2017a). Science must acknowledge its past mistakes and crimes. *Nature News*, 549(7670), 5.  
<https://doi.org/10.1038/549005b>
- Campbell, P. (2017b, September 18). *Statues: An editorial response* [Comments and Opinion]. *Nature*.  
<https://doi.org/10.1038/549334c>
- Centers for Disease Control and Prevention. (2020). *Tuskegee Study—Timeline—CDC - NCHHSTP*. U.S. Public Health Service Syphilis Study at Tuskegee. <https://www.cdc.gov/tuskegee/timeline.htm>
- Chakrabarti, S., Srinivasan, J., Lall, L., Rao, L. V., & Talwar, G. P. (1989). Expression of biologically active human chorionic gonadotropin and its subunits by recombinant vaccinia virus. *Gene*, 77(1), 87–93.  
[https://doi.org/10.1016/0378-1119\(89\)90362-4](https://doi.org/10.1016/0378-1119(89)90362-4)
- Cheadle, C. (2016, November 28). *Dropping fertility rates are a threat to the global economy*. Business Insider.  
<https://www.businessinsider.com/dropping-fertility-rates-will-affect-the-economy-2016-11>
- Christina England Archives* ★ *VacTruth.com*. (2018). VacTruth.Com. <https://vactruth.com/tag/christina-england/>
- Clarivate Analytics. (2018). In *Wikipedia*.  
[https://en.wikipedia.org/w/index.php?title=Clarivate\\_Analytics&oldid=820829672](https://en.wikipedia.org/w/index.php?title=Clarivate_Analytics&oldid=820829672)
- Colum Lynch. (2017, March 13). White House Seeks to Cut Billions in Funding for United Nations. *FP News*.  
<https://foreignpolicy.com/2017/03/13/white-house-seeks-to-cut-billions-in-funding-for-united-nations/>
- Dal-Ré, R., Caplan, A. L., & Marusic, A. (2019). Editors' and authors' individual conflicts of interest disclosure and journal transparency. A cross-sectional study of high-impact medical specialty journals. *BMJ Open*, 9(7), e029796. <https://doi.org/10.1136/bmjopen-2019-029796>
- David Thomson, 3rd Baron Thomson of Fleet. (2018). In *Wikipedia*.  
[https://en.wikipedia.org/w/index.php?title=David\\_Thomson,\\_3rd\\_Baron\\_Thomson\\_of\\_Fleet&oldid=820966166](https://en.wikipedia.org/w/index.php?title=David_Thomson,_3rd_Baron_Thomson_of_Fleet&oldid=820966166)

- Dugani, S., & Kissoon, N. (2017). Global advocacy needed for sepsis in children. *Journal of Infection*, 74, S61–S65. [https://doi.org/10.1016/S0163-4453\(17\)30193-7](https://doi.org/10.1016/S0163-4453(17)30193-7)
- E. P. I. C. Magazine. (2017, December 2). Vaccines are big business. Pharma is a trillion-dollar industry with vaccines accounting for \$25 billion in annual sales. The Center for Disease Control's decision to add a vaccine to the schedule can guarantee its manufacturer millions of customers and billions in revenue with minimal advertising or marketing costs and complete immunity from lawsuits. *E.P.I.C. Empowering People, Inspiring Community*. <http://epicmag.org/vaccines-big-business/>
- Galazka, A. M. (1993). *The Immunological Basis for Immunization Series, Module 3: Tetanus*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/275340/9789241513616-eng.pdf>
- Gamble, V. N. (1997). Under the shadow of Tuskegee: African Americans and health care. *American Journal of Public Health*, 87(11), 1773–1778. <https://doi.org/10.2105/AJPH.87.11.1773>
- Giubilini, A., & Minerva, F. (2013). After-birth abortion: Why should the baby live? *Journal of Medical Ethics*, 39(5), 261–263. <https://doi.org/10.1136/medethics-2011-100411>
- Gorski, D. H. (2014, November 15). *Fear mongering about vaccines as “racist population control” in Kenya – Science-Based Medicine*. <https://sciencebasedmedicine.org/fear-mongering-about-vaccines-as-racist-population-control-in-kenya/>
- Holtzbrinck Publishing Group. (2018). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=Holtzbrinck\\_Publishing\\_Group&oldid=818778595](https://en.wikipedia.org/w/index.php?title=Holtzbrinck_Publishing_Group&oldid=818778595)
- Jaiswal, N., Singh, M., Kondel, R., Kaur, N., Thumburu, K. K., Kumar, A., Kaur, H., Chadha, N., Gupta, N., Agarwal, A., Malhotra, S., & Shafiq, N. (2016). Feasibility and efficacy of gentamicin for treating neonatal sepsis in community-based settings: A systematic review. *World Journal of Pediatrics*, 12(4), 408–414. <https://doi.org/10.1007/s12519-016-0005-2>
- Journal Citation Reports*. (2017). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=Journal\\_Citation\\_Reports&oldid=816635135](https://en.wikipedia.org/w/index.php?title=Journal_Citation_Reports&oldid=816635135)
- Kenya Catholic Doctors Association. (2014, November 4). CATHOLIC church WARNING: Neonatal tetanus Vaccine by WHO is DEADLY and bad for women reproductivity. *Kenya Today: News and Analysis*. <https://www.kenya-today.com/news/catholic-warning-neonatal-tetanus-vaccine-wto-deadly-bad-women-reproductivity>
- Kyu, H. H., Mumford, J. E., Stanaway, J. D., Barber, R. M., Hancock, J. R., Vos, T., Murray, C. J. L., & Naghavi, M. (2017). Mortality from tetanus between 1990 and 2015: Findings from the global burden of disease study 2015. *BMC Public Health*, 17. <https://doi.org/10.1186/s12889-017-4111-4>
- Leiter, V., & Herman, S. (2015). Guinea Pig Kids: Myths or Modern Tuskegees? *Sociological Spectrum*, 35(1), 26–45. <https://doi.org/10.1080/02732173.2014.978429>
- Liu, J. J., Bell, C. M., Matelski, J. J., Detsky, A. S., & Cram, P. (2017). Payments by US pharmaceutical and medical device manufacturers to US medical journal editors: Retrospective observational study. *BMJ*, 359, j4619. <https://doi.org/10.1136/bmj.j4619>
- Macmillan Publishers. (2017). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=Macmillan\\_Publishers&oldid=816938306](https://en.wikipedia.org/w/index.php?title=Macmillan_Publishers&oldid=816938306)



- Miller, J. A. (1995a, July). Are new vaccines laced with birth-control drugs. *HLL Reports*. <http://educate-yourself.org/vcd/vcdvaccineslacedwithbirthcontrol.shtml>
- Miller, James A. (1995b, July). Were tetanus vaccines laced with birth-control drugs? *Human Life International*, 13(8). <http://www.thinktwice.com/birthcon.htm>
- Miller, N. Z., & Blaylock, R. (2017). *Vaccine Safety Manual for Concerned Families and Health Practitioners: Guide to Immunization Risks and Protection* (2nd edition). New Atlantean Press. [here](#)
- Moskowitz, R. (2015, February 27). *The case against immunizations*. Health Impact News. <https://healthimpactnews.com/2015/richard-moskowitz-m-d-the-case-against-immunizations/>
- Mukhopadhyay, A., Mukhopadhyay, S. N., & Talwar, G. P. (1994). Physiological factors of growth and susceptibility to virus regulating Vero cells for optimum yield of vaccinia and cloned gene product (beta-hCG). *Journal of Biotechnology*, 36(2), 177–182. [https://doi.org/10.1016/0168-1656\(94\)90053-1](https://doi.org/10.1016/0168-1656(94)90053-1)
- Nand, K. N., Gupta, J. C., Panda, A. K., Jain, S. K., & Talwar, G. P. (2015). Priming with DNA enhances considerably the immunogenicity of hCG  $\beta$ -LTB vaccine. *American Journal of Reproductive Immunology*, 74(4), 302–308. <https://doi.org/10.1111/aji.12388>
- National Security Council. (1975). *National Security Study Memorandum 200: The Kissinger Report* (Memorandum (NSSM) 314, p. 123). [https://en.wikipedia.org/w/index.php?title=National\\_Security\\_Study\\_Memorandum\\_200&oldid=651294288](https://en.wikipedia.org/w/index.php?title=National_Security_Study_Memorandum_200&oldid=651294288)
- National Security Council. (2014). *NSSM 200 The Kissinger Report: Implications of Worldwide Population Growth for U.S. Security and Overseas Interests; The 1974 National Security Study Memorandum* (Declassified December 31, 1980, released to public 1989). Suzeteo Enterprises. [https://en.wikipedia.org/wiki/National\\_Security\\_Study\\_Memorandum\\_200](https://en.wikipedia.org/wiki/National_Security_Study_Memorandum_200)
- Nature Publishing Group. (2018). *The EMBO Journal*. <http://emboj.embopress.org/>
- Niforatos, J. D., Narang, J., & Trueger, N. S. (2020). Financial Conflicts of Interest Among Emergency Medicine Journals' Editorial Boards. *Annals of Emergency Medicine*, 75(3), 418–422. <https://doi.org/10.1016/j.annemergmed.2019.02.020>
- Office, E. (2013). OALib: A New Open Access Journal. *Open Access Library Journal*, 01(01), 1. <http://www.scirp.org/journal/PaperInformation.aspx?PaperID=39121&#abstract>
- Ojanuga, D. (1993, March). *The medical ethics of the "Father of Gynaecology," Dr. J. Marion Sims*. BRL:KIE/39329. <http://dx.doi.org/10.1136/jme.19.1.28>
- Oller, J. W. (2020). *Human Anatomy and Physiology: An Introduction for Undergraduate Students of Speech-Language Pathology and Audiology* (3rd ed.). Sentia. <https://www.sentiapublishing.com/health-sciences/human-anatomy-and-physiology-for-speech-language-pathologists-and-audiologists-3rd-edition-oller-online-textbook/>
- Oller, J. W. (2014). Biosemiotic entropy: Concluding the series. *Entropy*, 16(7), 4060–4087. <https://doi.org/10.3390/e16074060>

- Oller, J. W., Shaw, C. A., Tomljenovic, L., Karanja, S. K., Ngare, W., Clement, F. M., & Pillette, J. R. (2017). HCG found in WHO tetanus vaccine in Kenya raises concern in the developing world. *OALib*, 04(10), 1–30. <https://doi.org/10.4236/oalib.1103937>
- Otieno, N. A., Otiato, F., Nyawanda, B., Adero, M., Wairimu, W. N., Ouma, D., Atito, R., Wilson, A., Gonzalez-Casanova, I., Malik, F. A., Widdowson, M.-A., Omer, S. B., Chaves, S. S., & Verani, J. R. (2020). Drivers and barriers of vaccine acceptance among pregnant women in Kenya. *Human Vaccines & Immunotherapeutics*, 1–9. <https://doi.org/10.1080/21645515.2020.1723364>
- Panda, S. (2019). The peer review process: Yesterday, today and tomorrow. *Indian Journal of Dermatology, Venereology, and Leprology*, 85(3), 239. [https://doi.org/10.4103/ijdv.IJDVL\\_296\\_19](https://doi.org/10.4103/ijdv.IJDVL_296_19)
- Peirce, C. S. (1865). Lecture VIII: Forms of Induction and Hypothesis. Ms 105. In M. Fisch, C. J. W. Kloesel, C. E. Moore, D. D. Roberts, L. A. Ziegler, & N. P. Atkinson (Eds.), *Writings of Charles S. Peirce: A Chronological Edition* (1857th-1866/1982 ed., Vol. 1, pp. 256–271). Indiana University Press. <http://stderr.org/pipermail/inquiry/2004-December/002226.html>
- Perper, J. A., & Cina, S. J. (2010). *When Doctors Kill: Who, Why, and How*. Springer Science & Business Media. <https://link.springer.com/book/10.1007/978-1-4419-1369-2>
- Publication fees—OpenWetWare. (2016, May 10). [https://openwetware.org/wiki/Publication\\_fees](https://openwetware.org/wiki/Publication_fees)
- Puliyel, J. M. (2018, May 26). Ethical questions surround vaccine to reduce fertility. *The Sunday Guardian Live*. <https://www.sundayguardianlive.com/news/ethical-questions-surround-vaccine-reduce-fertility>
- Purswani, S., & Talwar, G. P. (2011). Development of a highly immunogenic recombinant candidate vaccine against human chorionic gonadotropin. *Vaccine*, 29(12), 2341–2348. <https://doi.org/10.1016/j.vaccine.2010.11.069>
- Raptor, T. O. S. (2017, October 22). *UBC responded to retraction of Shaw and Tomljenovic anti-vaccine paper*. Skeptical Raptor. <https://www.skepticalraptor.com/skepticalraptorblog.php/ubc-responded-retraction-anti-vaccine-paper/>
- Raptor, T. O. S. (2020, January 26). *Tetanus vaccine did not cause mass sterilization in Kenya – anti-vax lies*. Skeptical Raptor. <https://www.skepticalraptor.com/skepticalraptorblog.php/tetanus-vaccine-cause-mass-sterilization-kenya-lies/>
- Räsänen, J. (2016). Pro-life arguments against infanticide and why they are not convincing: Pro-life arguments against infanticide and why they are not convincing. *Bioethics*, 30(9), 656–662. <https://doi.org/10.1111/bioe.12281>
- Schaefer, B. D. (2010, August 13). *U.S. Funding of the United Nations Reaches All-Time High*. The Heritage Foundation. <https://www.heritage.org/global-politics/report/us-funding-the-united-nations-reaches-all-time-high>
- Schaefer, B. D. (2015, June 16). *America, we pay way too much for the United Nations* [Text.Article]. Fox News. <http://www.foxnews.com/opinion/2015/06/16/america-pay-way-too-much-for-united-nations.html>
- Semmelweis' Germ Theory—The Introduction of Hand Washing*. (1861/2018). Retrieved January 23, 2018, from <https://explorable.com/semmelweis-germ-theory>

- Semmelweis, I. (1861). *The Etiology, Concept, and Prophylaxis of Childbed Fever [Die Aetiologie, der Begriff und die Prophylaxis des Kindbettfiebers]*. Hartenblen. [here](#)
- Spigner, C. (2007). Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. *Journal of the National Medical Association*, 99(9), 1074–1075. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2575876/>
- Springer Nature. (2018a). *Company information: About Nature Publishing Group (NPG)*. [http://www.nature.com/ngp\\_/company\\_info/timeline1.html](http://www.nature.com/ngp_/company_info/timeline1.html)
- Springer Nature. (2018b). *Publishing Partnerships: Nature.com*. Nature.Com Publishing Partnerships. <https://www.nature.com/info/partners.html>
- SPRINGER NATURE created following merger completion. (2015, May 6). WwW.Springer.Com. <https://www.springer.com/gp/about-springer/media/press-releases/corporate/springer-nature-created-following-merger-completion/256626>
- Srinivasan, J., Singh, O., Chakrabarti, S., & Talwar, G. P. (1995). Targeting vaccinia virus-expressed secretory beta subunit of human chorionic gonadotropin to the cell surface induces antibodies. *Infection and Immunity*, 63(12), 4907–4911. <https://doi.org/10.1128/iai.63.12.4907-4911.1>
- Talwar, G. P. (1988). *Birth control vaccine* (Patent No. US4780312 A). <http://www.google.com/patents/US4780312>
- Talwar, G. P. (2013). Making of a vaccine preventing pregnancy without impairment of ovulation and derangement of menstrual regularity and bleeding profiles. *Contraception*, 87(3), 280–287. <https://doi.org/10.1016/j.contraception.2012.08.033>
- Talwar, G. P., B. Rulli, S., Vyas, H., Purswani, S., Kabeer, R. S., Chopra, P., Singh, P., Atrey, N., Nand, K., & Gupta, J. C. (2014). Making of a unique birth control vaccine against hCG with additional potential of therapy of advanced stage cancers and prevention of obesity and insulin resistance. *Journal of Cell Science & Therapy*, 05(02). <https://doi.org/10.4172/2157-7013.1000159>
- Talwar, G. P., Sharma, N. C., Dubey, S. K., Salahuddin, M., Das, C., Ramakrishnan, S., Kumar, S., & Hingorani, V. (1976). Isoimmunization against human chorionic gonadotropin with conjugates of processed beta-subunit of the hormone and tetanus toxoid. *Proceedings of the National Academy of Sciences*, 73(1), 218–222. <https://doi.org/10.1073/pnas.73.1.218>
- The EMBO Journal. (2017). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=The\\_EMBO\\_Journal&oldid=803778204](https://en.wikipedia.org/w/index.php?title=The_EMBO_Journal&oldid=803778204)
- The Original Skeptical Raptor. (2017, November 14). *Anti-vaccine pseudoscience – Shaw and Tomljenovic debunked tropes*. Skeptical Raptor. <https://www.skepticalraptor.com/skepticalraptorblog.php/anti-vaccine-pseudoscience-shaw-tomljenovic-debunked-tropes/>
- Thomas, S. B., & Quinn, S. C. (1991). The Tuskegee Syphilis Study, 1932 to 1972: Implications for HIV education and AIDS risk education programs in the black community. *American Journal of Public Health*, 81(11), 1498–1505. <https://doi.org/10.2105/AJPH.81.11.1498>
- Thomson Reuters. (2018). In *Wikipedia*. [https://en.wikipedia.org/w/index.php?title=Thomson\\_Reuters&oldid=820493331](https://en.wikipedia.org/w/index.php?title=Thomson_Reuters&oldid=820493331)

- Washington, H. A. (2007). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Knopf Doubleday Publishing Group.  
<https://www.mahoganybooks.com/9780767915472>
- WHO Special Programme of Research. (1993). *Fertility Regulating Vaccines: Report of a Meeting Between Women's Health Advocates and Scientists to Review the Current Status of the Development of Fertility Regulating Vaccines, Geneva, 17-18 August 1992* (No. 49117). World Health Organization.  
<http://www.who.int/iris/handle/10665/61301>
- William, K. (2019, March 10). Vaccines & Infertility – The Other Side of Vaccines. *The Other Side of Vaccines*.  
<http://theothersideofvaccines.com/2019/03/vaccines-infertility/>
- Wong, V. S. S., Avalos, L. N., & Callaham, M. L. (2017). *Industry payments to physician journal editors* (e3359v1). PeerJ Inc. <https://doi.org/10.7287/peerj.preprints.3359v1>
- Yi, D. (2015). *The Recombinant University: Genetic Engineering and the Emergence of Stanford Biotechnology*. University of Chicago Press. <https://www.degruyter.com/document/doi/10.7208/9780226216119/html>

Appendix 1: Affidavit Concerning Cold Chain of Custody of Vaccine Samples.

**REPUBLIC OF KENYA**  
**IN THE MATTER OF THE OATHS AND STATUTORY DECLARATIONS ACT**  
**CHAPTER 15 LAWS OF KENYA**  
**AND**  
**IN THE MATTER OF MATERNAL TETANUS TOXOID IMMUNIZATION**  
**STATUTORY DECLARATION**

We **Dr. Karanja Stephen Kimotho** holder of Passport No. **A1825531** of P. O. BOX 19938 – 00202 **NAIROBI** and **Dr. Wahome Ngare** holder of Passport No. **A2070912** of P.O. BOX 72071-00200 **NAIROBI** do hereby make oath and solemnly states as follows;

1. **THAT**, we are adults of sound mind and holders of the Passports indicated hereinabove.
2. **THAT**, we do hereby confirm that the various Tetanus Toxoid vials obtained by us and used in the maternal Tetanus Toxoid immunization campaign in Kenya in 2014 remained under our control until delivered for analysis to several Laboratories.
3. **THAT**, the Laboratories herein above mentioned were published in the paper titled "HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World". OALib 04, 1-30. doi:10.4236/oalib.1103937.
4. **THAT**, we do confirm that we did not alter the vials in any way prior to delivery to the Laboratories where the investigations were carried out.
5. **THAT**, we make this statutory declaration conscientiously believing the same to be true and accordance with the Oath and Statutory Declaration Act.

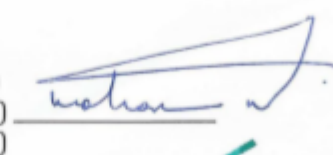
S W O R N at Nairobi by the said )  
**Dr. Karanja Stephen Kimotho** )  
this... day of... Dec... 2017 )



IN PRESENCE OF

NOTARY PUBLIC

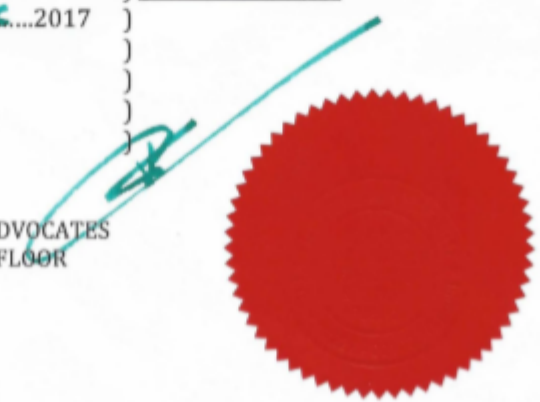
S W O R N at Nairobi by the said )  
**Dr. Wahome Ngare** )  
this... day of... Dec... 2017 )



IN PRESENCE OF

NOTARY PUBLIC

**DRAWN BY:**  
KABIRU & COMPANY ADVOCATES  
REHEMA HOUSE, 3RD FLOOR  
STANDARD STREET  
P.O. BOX 1222-00100  
**NAIROBI**





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