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Written by **Dr. Kimberly Biss** on June 4, 2024

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The War on Fertility

For you formed my inward parts; you knitted me together in my mother's womb. — Psalm 139:13

Marina Demidiuk/Adobe Stock

Regardless of personal beliefs, one must agree that birth is truly a miracle. A sperm cell, one of 200-300 million, reaches the egg in the fallopian tube, and fertilization occurs. Genetic material from two cells is combined into one cell, which, through a series of carefully choreographed duplications, eventually implants itself into the prepared uterine lining and becomes a new human.

"Dr. Biss, have you seen the number of miscarriages we have had this month?"

This question was asked of me in November 2021 by my practice biller. My small practice, which delivers between 20-25 patients a month, had eight patients experience an early pregnancy loss. The normal first-trimester miscarriage rate is five to six percent. Something out of the norm was occurring.

In October 2022, I attended the inaugural Front Line COVID-19 Critical Care Alliance (FLCCC) conference in Orlando, Florida. I approached Dr. Steve Kirsch and introduced myself. Being a numbers guy, he immediately asked for statistics — which I gave him — and he made a video, saying, "This will go viral." It did, I got reprimanded by my employer, and the deep dive to provide sound data began.

I delved into my electronic health records going back to January 2020. I collected data on newly registering, first-trimester pregnant patients; the number of patients who had miscarriages; and the total deliveries. Data was collected up to mid-November 2022.

In 2020, the first year of the SARS-CoV-2 "pandemic," we had the most deliveries (most likely due to the lockdowns), the most newly registering pregnant patients, and a normal amount of pregnancy losses. In 2021, the miscarriage-rate increase of 50 percent that I had quoted to Dr. Kirsch was not correct, as the miscarriage rate in my practice had increased by 100 percent, having peaked that November when my biller asked the above question. I had also noted a decrease in the total birth numbers — to date we have yet to reach the numbers we had had in 2020. The number of newly registering pregnant patients decreased — a reflection of an increase in both early losses and a decrease in fertility. I sent my HIPAA-compliant data to renowned biostatistician Dr. Jessica Rose, Ph.D.

I was honored to present this data alongside Dr. Robert Malone and attorney Thomas Renz on November 13, 2023, in Washington, D.C., at an informal hearing at the Rayburn House Office Building. The hearing was held by Representative Marjorie Taylor Greene (R-Ga.); Representatives Thomas Massie (R-Ky.), Warren Davidson (R-Ohio), Matt Gaetz (R-Fla.), Chip Roy (R-Texas), Clay Higgins (R-La.), and Greg Steube (R-Fla.) were present, as well as Senator Ron Johnson (R-Wis.).

In the early part of 2021, our governing body, the American College of Obstetricians and Gynecologists (ACOG), began to market mRNA injections to their constituents as a "vaccine" for Covid. The approved standard was to "vaccinate" all women thinking of getting pregnant, already pregnant, or lactating. The

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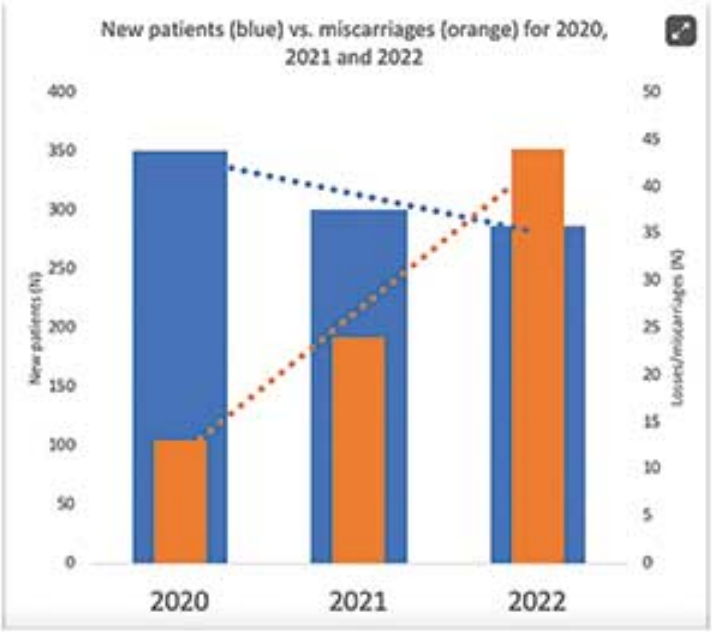
"safe and effective" claim was echoed by federal health agencies. To this day, these injections continue to be recommended by ACOG, the American Board of Obstetrics and Gynecology, the Society for Maternal-Fetal Medicine, and the U.S. Centers for Disease Control and Prevention (CDC).

As an OB-GYN, I had never given a pregnant or nursing patient any new drugs for the obvious reason that there are two patients to consider. The recommendations by ACOG were provided to their constituents and patients four months after completion of the Pfizer trials. Our field of medicine had been stained in the past with the use of two drugs, diethystilbestrol (DES) and thalidomide. DES was a synthetic estrogen provided to pregnant women from 1940 to 1971 to prevent miscarriage and preterm labor. The drug was discontinued in the 1970s when it became evident that female offspring of treated women were at higher risk for malignancies, specifically cervical cancer. These patients are known to us as "DES daughters," and will need Pap smears for life. Thalidomide was first marketed in 1957 in Germany to physicians to give to their pregnant patients for morning sickness. Most babies died at birth in treated women, and those who lived had severe birth defects. The most common system affected was the skeletal system, and those babies were known as "the flipper babies." We should know better more than a half a century later than to give pregnant women relatively untested drugs.

How did ACOG know the mRNA "vaccines" were safe? Pregnant women were excluded from the Pfizer clinical trials. Male participants were advised to abstain from intercourse; should they have sex, they were advised, use two condoms. Despite these recommendations, pregnancies did occur. Pfizer's trial data, which was to be kept locked up for 75 years and was only obtained through FOIA requests and lawsuits, showed 270 pregnant women experienced adverse events. Only 38 women were followed up with, and 32 of those experienced a pregnancy loss. That's 84 percent!

The U.S. government's Vaccine Adverse Event Reporting System (VAERS) database also demonstrated a rise in miscarriages in 2021-2022. The information below was collected up until March 29, 2024.



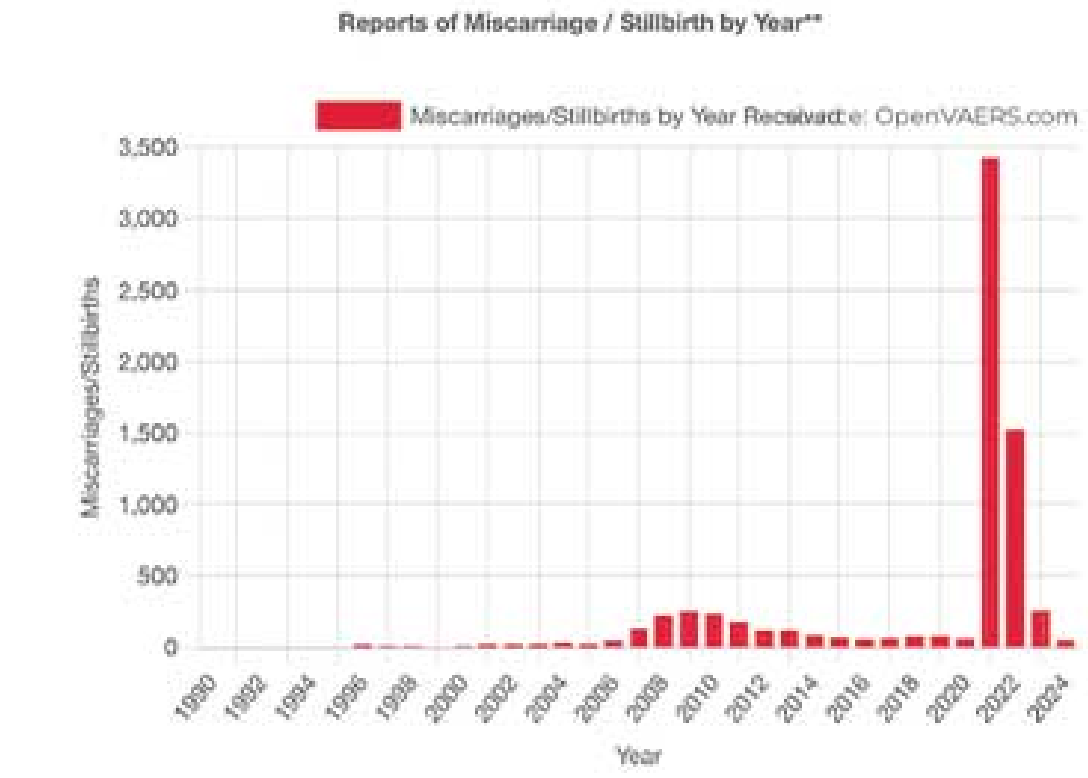
(J. Rose/Substack)

Despite the rise in miscarriages, the CDC's Tom Shimabukuro downplayed the mRNA risks in a paper, stating that a 13-percent miscarriage rate was normal. As I have stated above, the normal rate is five to six percent, and even that is higher than what I have seen in my 30 years of practice. Shimabukuro's

paper was published in the *New England Journal of Medicine* in June 2021 and used V-safe self-reported participants' data. Concerns were addressed regarding his math, as critical readers calculated a miscarriage rate of more than 80 percent. A letter to the editor expressing concern was sent to the *Journal* in September 2021, and was answered with more creative math.

For decades, OB-GYNs have been told respiratory illnesses would be much worse, with higher risk of hospitalization and mortality, in pregnant women due to anatomical changes during pregnancy. I think those concerns have been invented in order to increase uptake of annual influenza vaccines by pregnant women. I personally have taken care of around 8,000 pregnant women since my residency training. In this diverse population of women, I have never had a pregnant woman die of the seasonal flu, and can probably count on two hands how many of my patients were ever hospitalized for the flu. Beth Pineles, assistant professor of obstetrics and gynecology at the Hospital of the University of Pennsylvania, published an article in April 2022 showing that the mortality of women admitted with Covid-19 was statistically higher in *non-pregnant women*. Had Dr. Pineles' paper been published in April 2021 — when she actually completed her study — instead of the following April, perhaps our patients would not have chosen to take an experimental medication.

Regarding infertility, we have literature showing that menstrual abnormalities increased dramatically after the mRNA injections were introduced. Dr. James Thorp, a maternal-fetal medicine specialist, is one of the authors of a paper discussing women in Tiffany Parotto's MyCycleStory organization. These women showed a huge increase in decidual cast shedding — shedding of the entire uterine lining all at once during menses. Prior to 2021, there were 40 case reports of such shedding in the literature; in this study, there were almost 300 cases. Clearly, if the menstrual period is abnormal, then conception is less likely. We have literature out of Israel showing a decrease in both sperm count and the number of motile sperm in men who received either the Pfizer or Moderna mRNA vaccines.



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Further Complications

Other pregnancy complications increased during the mRNA "vaccine" rollout:

• Hypertensive disorders such as pre-eclampsia and gestational hypertension (both during pregnancy and in the post-partum period). This can result in preterm delivery of the fetus, which could result in an admission to the neonatal intensive care unit. The conditions also prolong the mother's hospitalization.

• Oligohydramnios, which is low amniotic fluid around the fetus. This could also result in delivery of the fetus before term.

• Premature labor and ruptured membranes. This did not increase in 2020, as women were told.

• A very concerning increase in postpartum hemorrhages (PPH). This is defined as a loss of one liter or four units of blood within 24 hours of delivering a baby. For the average woman, this would be 20 percent of her blood volume. What is unusual about these events is that the standard medications and procedures we use to stop such bleeding are not working, and hysterectomies are occurring. For perspective, there are OB-GYNs who practice their entire careers without having to do a hysterectomy for this indication. A study out of Israel showed an increase in PPHs after the third mRNA injection of either Pfizer or Moderna. This study also showed an increase in gestational diabetes, which can lead to the hypertensive disorders discussed above.

The first three conditions above are a reflection of a poorly or abnormally functioning placenta. We have known for some time now that these mRNA injections do not "stay in the arm." Japanese scientists obtained via FOIA requests the Pfizer rat-trial data demonstrating that the lipid nanoparticles (LNPs), which make up the fatty envelope around the mRNA, very quickly move to many organs, especially endocrine glands. The ovaries in particular showed very high levels. Dr. Ryan Cole has several slides demonstrating spike protein in placentas. Our "Gray Journal," the *American Journal of Obstetrics and Gynecology*, recently published an article demonstrating fully intact mRNA in placentas and umbilical cords. This means LNPs, spike protein, and mRNA are transferred to the fetus. We also have an article showing fully intact mRNA in human breast milk. The postpartum hemorrhaging is occurring due to the inability of the lower uterine segment to contract appropriately after delivery of the placenta. Since the spike protein and LNPs get into the myocardial cells and cause myocarditis, a similar phenomenon could be occurring in the uterine muscle cells; this remains to be seen.

What could happen to a developing fetus exposed to LNPs, spike proteins, and modified RNA?

First, a little embryology lesson is in order: At seven weeks of gestation, the ovaries are formed in the developing female. By 22 weeks of gestation, she will have all of the oocytes, or eggs, she will ever have (approximately seven million). Eggs, unlike sperm, do not regenerate. At birth, this number will have decreased to one or two million, and at puberty will have decreased another 75 percent to roughly 300,000. Menopause is the point in a woman's life at which she no longer has any eggs. I am not alone in my concern that the mRNA shots may cause multi-generational issues, as the LNPs more than likely enter the fetal ovaries. Worse, as Kevin McKernan found, the presence of plasmid DNA in vaccine vials indicates that DNA could incorporate into both male and female gametes, which would be catastrophic. Have we not learned from our DES daughters? We might not become aware of any issues until these girls either do not experience normal puberty or cannot achieve pregnancy later on in life. Another concern I share with my colleagues regards fetal brain development. LNPs were developed initially to

get therapeutics into the brain, as they were able to cross the blood-brain barrier.

Dr. Thorp also published an article comparing the VAERS reports of female issues with influenza vaccines (given since the development of the VAERS system) with female issues with the Covid mRNA injections.

Pfizer quietly released the results of a mandatory mRNA "vaccine" study on pregnant women, which showed they were four times more likely to have a significant adverse event such as a birth defect in their liveborn child.

Other issues I have seen in my gynecology patients with increased incidence are abnormal Pap smears and breast cancers. In the summer of 2021, I became concerned that the number of cervical cancers would start to increase. The VAERS reports showed a large number of people breaking out in shingles after receiving any of the mRNA injections. Shingles is a reactivation of the varicella virus we contract when we get chicken pox. My concern is that the human papilloma virus (HPV) could become reactivated. HPV is associated with cervical and oral cancers. I raised these concerns with the chief medical officer of the company that employs me. Given that she had not seen any concerns raised by ACOG regarding this issue, she didn't see the need to return to annual Pap-smear screening. (A large Kaiser study completed in 2011 led to recommendations to perform Pap smears every three to five years in women aged 21-65.) Nonetheless, I decided to return to performing a Pap smear on all of my returning annual exam patients. I had our lab run analytics comparing the abnormal results of 2021 to 2020 — the abnormal rate had increased by 15 percent.

I do not have statistics on the numbers of breast-cancer patients I have seen over the last three years. To obtain such data would be a difficult undertaking, as I am employed by a large OB-GYN group. Our patients go to many radiology centers for mammograms and biopsies, and to many different surgeons and oncologists or cancer centers, and we are not all housed under one building. I can safely say, however, that the numbers have definitely increased — not only new diagnoses, but recurrences. Bilateral breast cancers are also occurring, which is very rare. A longtime patient of mine who owns a wig store in my city told me two years ago she could not believe how many more women were coming into her store for wigs due to alopecia from chemotherapy for breast cancer. There are many articles addressing how the spike protein and the pseudouridine in the modified mRNA in these injections allows for cancer to occur, either by affecting our immune system directly (our immune system fights cancers all day, every day) or by not allowing our cancer-preventing genes to function normally. Breast cancer type 1 and 2 susceptibility proteins (BRCA 1 and 2) have been shown to be affected by the dysregulation of type-I interferons (small proteins that help fight inflammation and cancer). BRCA genes prevent breast and ovary cancer. I have many patients who, during their annual exams, have told me of their spouses or other family members having cancers of other organ systems as well.

Overall, my pregnant patients who contracted SARS-Cov-2 did very well in 2020. We had no severely sick patients, nor any mortalities. The birthing ward in my hospital delivers 3,600-3,900 babies annually, and registered no maternal mortalities from Covid-19 infection in the last four years. The problems in both my obstetric and gynecology patients began in 2021 and continued after the widespread release of the mRNA "vaccines."

The oldest recorded version of the Hippocratic oath states, "I will abstain from all intentional wrong-doing and harm." While the oath was originally sworn to Greek gods by new physicians, I pledged this

oath upon graduation from medical school in 1993 to one omnipotent, omniscient, and omnipresent God, and I have honored that pledge ever since. I have never recommended these experimental genetic therapies to any of my patients. The data continue to show there is a negative benefit-to-risk ratio for the mRNA "vaccination" of our patients. To continue to recommend these therapies is criminal.

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