

**COALITION AGAINST MANDATORY
VACCINATION IN NIGERIA**

#NoMandatoryVaxNaija

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**MANDATORY VACCINATION MUST BE EXPUNGED FROM THE CONTROL OF
INFECTIOUS DISEASES BILL**

(JOINT PRESS STATEMENT RELEASED BY THE COALITION AGAINST MANDATORY VACCINATION IN NIGERIA (a.k.a. NOMANDATORYVAXNAIJA MOVEMENT), AND THE ADVOCATES FOR FREEDOM AND DEMOCRACY, ON FRIDAY 15TH MAY, 2020)

PREAMBLE

Fellow Free Citizens of the Federal Republic of Nigeria, Gentlemen of the Press: greetings from the Coalition against Mandatory Vaccination in Nigeria (#NoMandatoryVaxNaija) a popular Movement that sprouted spontaneously in response to the presentation of the Control of Infectious Diseases at the House of Representatives on Tuesday 28th April, 2020; and from the Advocates for Freedom and Democracy, a long-established Coalition of over sixty Groups of professionals committed to nation-building efforts in Nigeria inspired by the Christian faith.

While recognizing the need for such a document as the proposed Control of Infectious Diseases Act 2020 to update the nation's laws appropriately, and safeguard the lives and well-being of all of us resident therein, we strongly believe that there are a number of areas in the Bill that are totally unacceptable to millions of Nigerians and therefore need to be modified. Not only do these aspects of the Bill violently infringe on the clear provisions of the Nigerian constitution in the areas of human rights and civil liberties, they portend grave dangers to our physical, mental, and spiritual health. In this Statement, we highlight these areas together with our suggestions for improving the Bill.

Although there are several editorial lapses in the Bill, (for instance, coronavirus disease is included in the list of "dangerous infectious diseases" in the Second Schedule, but is missing in the First Schedule where "infectious diseases" are listed); we will leave these minor points and focus on the two major issues of serious concerns to us. These are 1) several instances of summary abrogation of human rights, dignity and civil liberties; and 2) the issue of mandatory vaccination with the possibility of chip-implants being employed in the areas of vaccine delivery, certification, and surveillance.

1. SUMMARY ABROGATION OF HUMAN RIGHTS, DIGNITY, AND CIVIL LIBERTIES

We quickly summarize some of the unbelievable instances of basic human rights and civil liberties being thrashed by the upcoming Bill. The Bill requires anyone suspected of having been “in contact of an infectious disease,” to unceremoniously submit to medical examination or treatment, including x-rays and taking of blood samples (section 6(1) and (2)). The person may be taken away for isolation in “any place” and “for any length of period” (section 13(1)), where he must comply “with any condition to which he is subject” (section 13(4)). All of these are at the whims of one man, the Director General of the Nigerian Centre for Disease Control and Prevention (NCDC) who cannot be personally held liable for any wrong judgements, as long as he had acted in “good faith.”(Section 70).

As for private properties and assemblies, the Bill empowers the DG of the NCDC to summarily declare “any premises” an isolation area (section 15(1)) and in relation to such premises, may require anybody “to report at specified times and places” as well as “submit to such medical examinations” and “medical treatment” “as the DG thinks fit” (section 15 (3d)). If “in the opinion of the DG” any building (for example a Church) is deemed overcrowded, “so as to expose the occupants to” any of 35 listed infectious diseases (including malaria), they could be asked to disperse with immediate effect (section 16(1)). A police officer can thereafter come “without warrant” and use “such force as may be necessary” to close the building, and the owner/occupier will be required to settle the expenses incurred in the exercise (section 16(4)). Appeals can be made to the “Minister whose decision shall be final” (section 16(6)). The only situation a Court order is required is when a building “in which a case of infectious disease has occurred” is to be pulled down (section 24(1)).

Even healthcare professionals are not spared. They are required to transmit whatever information the DG requires of them “notwithstanding any restriction on the disclosure of information imposed by any written law, rule of law, rule of professional conduct or contract;” (Section 8(4)). It is incredible that the DG’s opinion can override “any written law” which obviously includes the nation’s constitution and fundamental professional ethics.

Without a shade of doubt, all these provisions which are meant to become the new normal in the country are unnecessarily draconian and open to abuse. Not only are several provisions of the Nigerian Constitution (Chapter 4 of the 1999 Constitution as amended) grossly flouted, requirements and protocols stated in the NCDC’s own charter (Sections 9, 21, and 22 of the NCDC Act 2018) and in the International Health Regulations (Section 9.1, IHR, 2005) to which Nigeria is a signatory are also violated with impunity.

Most of the abuses that could occur in operating the Infectious Diseases Act 2020 can actually be drastically mitigated if the DG does not have to bear the burden of adjudicating in every issue all alone in his office. The NCDC Act 2018 does indeed anticipate these dicey issues and has made some provisions to resolve them. The Act requires two major bodies – The Governing Board (section 9) and the National Advisory Council (section 21) to provide leadership and guidance to the DG NCDC.

The Governing Board is required to “ensure that adequate technical systems are in place for the Centre to perform its functions” (section 9f); as well as “establish committees as may be expedient to be charged with specific functions delegated by the Board” (Section 9g). The National Advisory Council in turn is, among other functions, required to “provide high quality scientific and technical advice and guidance to the Centre and assist in its mentoring;” (Section 22(a)); and “advise of community engagement as it relates to the activities of the Centre.” (Section 22(b)).

The new Bill must recognize these two bodies and give them leave to set up the various technical systems and statutory committees needed to guide the NCDC in her operations and minimize abuses. Such committees will be able to look at each case that comes up comprehensively and professionally and advise the DG appropriately. We wish to strongly suggest here that such statutory Committees, must include members external to the NCDC representing such relevant professional bodies as the Nigerian Medical Association (NMA), Pharmaceutical Society of Nigeria (PSN), Environmental-Health Scientists Association of Nigeria (EHSAN), and where appropriate (as in confiscation of properties), representatives of the Nigeria Inter-Religious Council (NIREC) and civil liberties organizations (CLOs). In the same vein, the weighty issue of summarily declaring a private property as an “Isolated Area” (section 15(1)) should be based on well-defined objective criteria.

2. CONCERNS ABOUT CHIP-DELIVERED AND CHIP-CERTIFIED MANDATORY VACCINATION

In our assessment, based on widely available information, there are a number of avenues where chip implants can be smuggled in under the guise of controlling of infectious diseases in Nigeria, if this Bill passes as presented. A chip implant, as it is very well established both in scholarly and popular literature, can quickly lead to the absolute abrogation of human rights as the implantee is literally turned into a cybernetic-organism (a.k.a. cyborg); which is a fanciful name for a zombie. True, several physical and physiological capabilities are enhanced, but the mind of the implantee is now totally controlled by the owner of the technology. The enslavement is total and infinitely more effective than what obtains in hypnotism or drug-dependence. Sadly, we perceive that this is the ultimate aim of this Bill, which is evidently being pushed by foreign elements under the cover of the COVID-19 pandemic. Health, however, is way beyond just having a body free of COVID-19 virus! It is a state of complete physical, mental and emotional well-being.

We are demanding amendments in four related key areas of the draft Act, to block loopholes that can facilitate the introduction of chip-implants into the bodies of Nigerians. These are the areas of Vaccine delivery, Certification of vaccination, and Surveillance which are all associated with Mandatory vaccination.

I. Mandatory Vaccination Neither Justifiable Nor Acceptable

Section 46(1) of the Bill makes it mandatory for “every child in Nigeria” to be vaccinated against the diseases set out in the Fourth Schedule; while Section 47 extends this requirement to virtually everybody in the country. Section 47(1) empowers the DG to order “any person or class of persons” to undergo vaccination in “a suspected outbreak of any infectious disease in any area in Nigeria.” Mandatory vaccination is further indirectly pushed in Section 30(1) where “Every person on an international voyage whether leaving or arriving in Nigeria” is now required to produce valid international certificates of vaccination or other prophylaxis to a Port Health Officer (1b).

Our strong objection to these provisions are predicated on well-known issues of Safety and Efficacy of vaccines especially when administered to the general population indiscriminately, not taking individual genetic and physiological constitutions into consideration.

a. Safety

Whereas medical practitioners are required to diligently ascertain whether a particular drug would be safe for their patients on an individual case-by-case basis before prescribing it, no such requirement applies, in general, to vaccines. It is therefore not surprising that vaccines should have well-documented safety issues. The safety record of mass-deployed vaccine is so appalling that vaccine manufacturers bluntly insist they cannot be liable for adverse outcomes resulting from their use! Known adverse health issues that have been associated with vaccines include autism, neurodevelopmental disabilities, learning and behavioural problems, immunological disorders including autoimmune disease, allergies, asthma and ectopic conditions, gastrointestinal and reproductive disorders, among others.

While people who perceive themselves to be at significant risk to a disease should be free to weigh their options and take the appropriate vaccine if available, others also should be free to decline and try other non-vaccine prophylaxis should they so wish. In any case, in our opinion, it is only fair that any Bill that would contemplate mandatory vaccination must also, at the very least, address some inextricably interwoven issues including the following:

1. **Compensation for adverse health impacts:** If the vaccine-manufacturers will still insist on not accepting liability for health damages arising from their product, and the coerced government would continue to require that the product must be made mandatory for all Nigerians, then at the minimum, government must create a special fund with clearly-defined access protocols to compensate people who are bound to become vaccine-damaged by government’s intransigence. Such a situation obtains, for instance in the United States where the National Vaccine Injury Compensation Program continues to pay humongous compensation to people adversely affected by vaccines, which government generally encourages, but not force, people to receive.
2. **Discriminatory dumping of hazardous vaccines in developing countries:** If vaccination would at all be considered as mandatory for all Nigerians, then it should not be vaccines which are proscribed in the countries of origin or in the home countries of the “philanthropic” donors! We can cite two very urgent examples with far-reaching health implications in this regard:

i. The [mRNA/DNA](#) (nucleic acid) vaccine is an emerging product that has never been approved for use on humans before. Unlike a conventional vaccine in which a weakened virus is administered to a subject, and antibodies are produced as a result; in mRNA/DNA vaccines, it is the genetic materials of a virus that are directly administered and forced into the nucleus of the human cell. The cell is thus thereby [instructed](#) to produce the antigen that would stimulate the production of antibodies. In its essence, this is genetic engineering and could result in genetically-modified human beings with vast implications both for human health and ethics. Their trial use in veterinary studies has proven to be disastrous and a moratorium has been placed on their use in humans. Yet, of the 83 vaccines listed by the WHO as candidate vaccines in the pipeline for COVID-19 (as at as at 23rd April, 2020), twenty (including two of the leading candidates – Moderna and Inovio) are nucleic acid vaccines. The increasingly desperate investors believe a dire pandemic situation, if hyped enough, would provide the perfect justification to relegate safety issues to the background, and the direly needed human “guinea pigs” can be recruited to test and improve the product. We don’t need any prophets to discern without an iota of doubts, that Nigeria is an attractive destination to use as a field laboratory for this product. It is instructive to note that the WHO, which had feigned outrage when some French doctors suggested trialing their vaccines on human subjects in Africa, are now at the vanguard of organizing these same trials in Nigeria just a few weeks later.

ii. The second relevant example is the continued use of thimerosal-containing vaccines (TCVs) in Nigeria, whereas the product has been proscribed in the western nations for over 20 years. Up till today, vaccine manufacturers produce two different types of vaccines, ostensibly the same product but with wide and far-reaching safety implications. Products meant for the developed world are packaged one dose in a vial, while those for the developing countries (read Nigeria) come with multiple doses in a vial, and therefore requiring some preservative, usually the chemical thimerosal. The problem is that thimerosal is 49.6% ethyl mercury. The same toxic mercury for which cause we are [reluctant](#) to freely exploit our vast deposit of coal, for instance, we now load directly into the brain of our children. It is a serious indictment, which makes us the laughing stock of the whole world that we make such a product mandatory for our children ostensibly to protect them from some infectious disease – many of which could be prevented, to start with.

b. Efficacy: The well-documented poor efficacy of vaccines administered indiscriminately *en masse*, is another reason we believe the product should not be made mandatory. The result of the recently published landmark study from Guinea-Bissau is very instructive in this regard. The paper by Peter Aaby and colleagues [reported](#) incontrovertible evidence that DPT and oral polio vaccines administered to children aged 6 – 35 months over the years 1981 to 2015 only led to increased

mortality among the children. This was despite the fact that most of the unvaccinated children were exempted from the vaccine because they were deemed too sickly! Children's Health Defense has compiled [over 50 studies](#) clearly demonstrating much poorer health indices and increased mortality in vaccinated subjects compared with unvaccinated controls. In short, as far as actual scientific data is concerned, there is absolutely no justification making vaccines mandatory in any country.

Viral vaccines (such as ones being developed for COVID-19) are particularly riddled with efficacy issues, due to ever-changing strains of the viruses. With new formulations required every now and then, these become veritable cash-cows for the producers while delivering questionable benefits to the users. Incidentally, the patent holders on these vaccines often also happen to be the very same people taking decisions on mass vaccination at important institutions like the US CDC and the WHO.

We would like then to seize this opportunity to request the Nigerian government to encourage the NCDC rise up to its statutory role in charting a course towards local production of vaccines as clearly spelt out in its 2018 Acts (section 3(1)). Efforts should be directed at vaccines needed for our peculiar health challenges, such as Lassa fever, and cholera. Vaccines produced in Nigeria under the watch of Nigerians will forestall unpleasant issues such as the “batch-to-batch contaminations” that was [claimed](#) in 2004 when polio vaccines being administered by the WHO in northern Nigeria were found to contain considerable levels of the contraceptive oestrogen.

II. Mandatory Certification of Vaccination via Implanted Chip not acceptable.

The requirement that vaccines be mandatory automatically brings in the issue of certification.

This is directly addressed in Section 30(1) of the Bill where “(e)very person on an international voyage whether leaving or arriving in Nigeria” is now required to produce valid international certificates of vaccination or other prophylaxis to a Port Health Officer (sub section 1b). The subtle push towards digital implanted chip-based certification is seen in Subsection (2) which provides that even when a would-be traveller has produced a “valid international certificate of vaccination” “a Port Health Officer may [still] require such person to undergo vaccination or other prophylaxis. In fact, if the Port Health Officer so deems it fit, a would-be traveller despite having a valid international certificate of the required vaccination, may still be subjected to “isolation or surveillance for such period as the Port Health Officer thinks fit.” It is not difficult to imagine a scenario where travellers with implanted chip-based digital certification zoom through a designated electronically-manned fast lane, while holders of paper certificates are required to pass through human Port health Officers who might think it fit to isolate them, regardless of the valid international certificates of vaccination they “purport” to carry! (section 30(2)).

In September 2019, a new technology for certifying vaccines was unveiled, and announced as ready for deployment in the year 2020, hence the name [ID2020](#). Described as a “program to leverage immunization as an opportunity to establish digital identity,” the chip-based product

leaves a “fake-proof” digital certification under the skin of anyone who has obtained some vaccination. Again, there is little doubt that this product is headed straight for Nigeria and there might be little that can be done to stop it; but if vaccines are not mandatory in the first instance, the question of certification becomes secondary.

III. Delivery of Vaccines via implanted chips NOT Acceptable

In Section 47(3) of the Bill, further to subsections (1) and (2) conferring on the DG power to require any person or class of persons in Nigeria to “undergo vaccination”, he may also specifically specify “the person by whom and **the way** the vaccination or other prophylaxis is to be carried out.” (emphasis added),

It has been adequately established in open scholarly literature that the way to “modern vaccine delivery systems” is via [nanochip implants](#). And as described above, the ID2020 project in particular offers to combine the chip implants seamlessly with “fake-proof” digital certification. To forestall the impending mass implantation of enslaving nanochips in Nigerians under the cover of vaccination therefore, it is necessary that the provision empowering the DG NCDC to specify “the way” the vaccination is to be administered must also specifically exclude chip-implants as a mandatory or favoured mode of vaccine delivery in Nigeria.

IV. Surveillance through implanted chip not acceptable

In Section 80 of the Bill, “surveillance” is defined as “subjecting a person or persons to medical examinations or observations carried out over a period of time (whether or not continuously) and includes carrying out any measures to facilitate those medical examinations or observations.” Likewise, “medical examination” is defined to include situations where the examiner may not be “present with the person being examined”. The two definitions raise the possibility of electronic tagging via implanted chips for remote examination and monitoring. This would be totally unacceptable, and Nigerians will find it more comforting if this technique is expressly proscribed in the Act.

CONCLUSIONS

In conclusion, we believe as do millions of Nigerians, that the COVID-19 pandemic is being cashed upon by some globalist new world order advocates to usher in another season of colonization and enslavement of Africa, with Nigeria being a prime target. With the clear understanding of what this portends for us, our children, and generations yet unborn, we vehemently oppose this move, and demand that the proposed Bill which is to mid-wife this momentous event must be critically reviewed, at the least, in the ways we have proposed in this submission. For emphasis, for the Bill to be acceptable to us, it must specifically proscribe implants into the body either for administering a vaccine (section 47(3)), providing

certification that a vaccine had been administered (section 30 (1), (2)), or for surveillance purposes (Section 80).

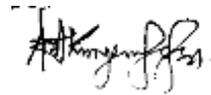
We call on all patriotic citizens of Nigeria irrespective of religious or ethnic differences to join us in this effort to prevail on our representatives in government to do the right thing; and give Nigeria a chance to fulfill her God-given destiny.

Thank you.

Signatures

For NOMANDATORYVAXNAIJA MOVEMENT (NMVN):

Rev Tony Akinyemi
Chairman NMVN, and Director RAPHA Institute of Healthy Living, Lagos



Dr Niyi Oginni
Co-Chairman NMVN, and President Christian Initiative for Nation Building,
Osogbo



Prof Joshua Ojo
Co-Chairman NMVN, and President LivingScience Foundation, Ile-Ife



Mr Osazee Isonarae
Secretary, NMVN and Executive Director Initiative for Youths Resource Center,
Osogbo

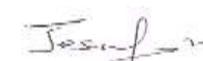


FOR ADVOCATES FOR FREEDOM AND DEMOCRACY (AFD):

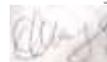
Pastor Bosun Emmanuel



Dr Olalekan Jesuleye



Pastor (Mrs) Obele Ibanga



Alphabetical Listing of Groups affiliated with AFD and the NMVN

ADVOCATES FOR FREEDOM AND DEMOCRACY (AFD)

- African Association for Ecclesiastical Affairs (AAEA)
- All Women Intercessors for Nigeria (AWIN)
- Alpha Group
- Ambassadors of God to Middle East
- Association of Christian Media Broadcasters

Association of Christian Schools in Nigeria (ACSIN);
 Association of Christian Traditional Rulers
 Believers in Politics (BIP)
 CAPRO
 Caucus of Conservative Nigerians in the Diaspora, USA (COCNID)
 Changemakers Africa
 Chaplain Crusaders International Army
 Christian Fellowship of Nigeria (FCS)
 Christian Lawyers Fellowship of Nigeria (CLASFON);
 Christian Media Practitioners of Nigeria (CMPN)
 Christian Ministers Universal Forum (CMUF)
 Christian Professionals Forum (CPF);
 Christian Rights Nigeria
 Christian Unity Project
 Christian Women Intercessors for all Nations (CWIFAN)
 Church Arise! LivingWater Ministries
 Coalition of Christian Groups (CCG)
 CWEENS
 Emerging Leaders Forum
 Fulbe (Fulani) Christians Association of Nigeria
 Full Gospel Businessmen Fellowship;
 Global Christian Communications
 Hausa Christians Foundation (HAFCO) Voice of Hausa Christians in Nigeria
 Healing for the Nation
 Initiative for Development of Future Accountable Leaders (IDFAL)
 Intercessors for Nigeria (IFN)
 Intercessors Without Walls (IWW);
 International Christian Embassy Jerusalem (ICEJ);
 International Federation of Evangelical Students (IFES)
 International Foundation for Christian Unity (IFCU)
 International Prophetic Ministerial Association (IPMA) (Inc. Worldwide College of Bishops & Ministers, Africa, UK & USA);
 Joshua and Caleb Group
 LiftUpNow – (USA)
 Lunch Hour Fellowship
 Ministers Breakfast Meeting
 Ministers Prayer Network (MPN);
 National Christian Elders Forum (NCEF);
 Nigeria Evangelical Missions Association (NEMA);
 Nigeria Police Christian Fellowship
 Nigerian Christian Corpers Fellowship (NCCF);
 Nigerian Christian Graduate Fellowship (NCGF);
 Nigerian Faith Based Community Organization, New Jersey, USA
 Nigerian Fellowship of Christian Students (NIFES);
 Nigerian Christians in Diaspora
 Salt and Light Ministry

Scripture Union
Soaring Eagles Generation
Southern Kaduna Peoples Union (SOKAPU)
Students Christian Movement (SCM);
The Ambassadors Summit
The House of Issachar
The Messenger,
The Preacher
The Watchman Ministries (Christian Evangelical Social Movement of Nigeria – CESM)
Towards Revival in Ijeshaland
University Joint Campus Christian Fellowship (UJCM);
Wailing Women International (WWI);
Watchmaidens Ministries International
WINEN (Winning Nigeria)
Womb of Intercession International Fellowship (WIIF)
Young Eagles Christian Congress

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#NOMANDATORYVAXNAIJA (NMVN) MOVEMENT**

Christian Initiative for Nation Building, Osogbo
Civil Society Organization, Osogbo
Dreamyouth International, Lagos
Healthy Living Communications Project, Lagos
Initiative for Youths Resource Centre, Osogbo
Kimpatch Development Initiative, Osogbo
LivingScience Foundation, Ile-Ife
Rapha Institute of Healthy Living, Ikeja
Scholastic-ng Podcasts, Kaduna
The Binder Institute for Personalized Medicine, Abuja, Nigeria
WGIFM