

**COALITION AGAINST MANDATORY  
VACCINATION IN NIGERIA**

***#NoMandatoryVaxNaija***

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25<sup>th</sup> May, 2020

The Deputy Director/Clerk  
Committee on Health Care Services in H102  
1<sup>st</sup> Floor, White House,  
House of Representatives Wings,  
National Assembly Complex,  
Abuja

Dear Sir,

**MEMORANDUM TO THE PUBLIC HEARING ON THE CONTROL OF  
INFECTIOUS DISEASES BILL 2020 (HB. 836)**

The Coalition Against Mandatory Vaccination in Nigeria (a.k.a. NoMandatoryVaxNaija Movement) and the Advocates for Freedom and Democracy (AFD) wish to jointly submit the attached Memorandum to the Public Hearing on the Control of Infectious Diseases Bill 2020 (HB 836) scheduled for 10-11 June 2020.

Accordingly, kindly find herewith attached a soft copy of the submission in a flash drive, together with 50 hard copies of same.

Kindly accept the assurances of our highest considerations and esteem.

Yours faithfully,

Rev Tony Akinyemi  
Chairman, NoMandatoryVaxNaija

Pastor Bosun Emmanuel  
Coordinator, Advocates for Freedom and Democracy

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***“If China recovered in three months from the devastation of COVID-19 without a single vaccine,  
why do they want to force Africans to be vaccinated”  
- John Pombe Magufuli, President of Tanzania***

**SUBMISSION TO THE HOUSE OF REPRESENTATIVES, ABUJA, FOR THE PUBLIC HEARING ON THE PROPOSED CONTROL OF INFECTIOUS DISEASES ACT 2020 (JUNE 10 -11, 2020) BY THE COALITION AGAINST MANDATORY VACCINATION IN NIGERIA (#NOMANDATORYVAXNAIJA) AND THE ADVOCATES FOR FREEDOM AND DEMOCRACY (AFD)**

1. The Coalition against Mandatory Vaccination in Nigeria (#NoMandatoryVaxNaija Movement) is a popular movement that sprouted spontaneously specifically in response to the presentation of the Bill on Control of Infectious Diseases (HB 836) on 28<sup>th</sup> April, 2020 at the House of Representatives; while the Advocates for Freedom and Democracy, in existence for a couple of years, is a coalition of groups of Christian professionals committed to building a prosperous and democratic Nigeria. The grand Coalition represented in this submission is comprised of a total of 76 groups of Nigerians across religious and ethnic divides. We are grateful to the honourable House of Representatives for the opportunity to jointly make this contribution to a critical national discourse.

2. Our concerns on the Bill are in the areas of human rights, liberties, dignity; and public health. The threats to these sacred God-given rights, which are duly protected by the Constitution, can be classified into two broad categories: Traditional threats that we are all quite familiar with, and the novel Technological threats, mostly associated with chip-based implants, of which dimensions most people have no clue at all.

i. The Traditional Threats: Traditional curtailment of human rights, liberties, and dignity abound in several Sections of the Bill. We highlight a few:

a. Sections 6(1) and (2) require 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. The Bill further provides that such a person may be taken away for isolation in “any place” (Sections 13(1)/57(3a)) and “for any length of period” (Sections 13(1)) where, according to Section 13(4), he (or she) must comply “with any condition to which he is subject”. 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).

b. Furthermore, this government appointee can 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 (he) ... 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 and STDs), 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, with the owner/occupier required to settle the bills 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)).

c. Perhaps even more outrageous is the requirement that healthcare professionals must collect and transmit to the DG NCDC such information as the DG may require of them concerning their patients, “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)). This thus puts the decision of a government appointee above the nation’s Constitution, the International Health Regulations, as well as fundamental professional ethical codes and principles!

ii. Technological Threats: Technological threats to human rights, liberties, dignity, and public health lurk around chip implants which are inexorably associated with mandatory vaccination which spirit permeates the entire Bill. Mandatory vaccination can usher in chip implants via the following provisions in the Bill:

a. For certification of Vaccination: 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 and may subject him to isolation or surveillance for such period as the Port Health Officer thinks fit.” (Section 30(2)).

All this rigmarole could however be avoided if the intended traveler would obtain a so-called “fake-proof” digital certification, which presumably would grant access to unmanned fast-track electronic gates precluding any contact with Port Health Officers. Such a product named [ID2020](#), was indeed unveiled last September and announced as ready for deployment in the year 2020 (hence the name). Described as a “program to leverage immunization as an opportunity to establish digital identity,” the chip-based product offers to leave a “fake-proof” digital certification under the skin of anyone who has obtained some required vaccination (Please see details in Appendix 2: ref 1). Elsewhere, similar digital certificates are being touted to be made mandatory for access into public places (such as supermarkets) and public transportation in the post-COVID-19 world! (Appendix 2: ref 2)

b. For vaccine delivery: In Section 47(3) of the Bill, further to Subsections (1) and (2) conferring on the DG NCDC 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](#) (Please see Appendix 2: ref 3). The ID2020 program mentioned above, in particular offers to combine vaccine delivery seamlessly with “fake-proof” digital certification using implanted nanochips.

c. For Remote Surveillance and Medical Examination: 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.

3. Just as we showed in paragraph 2 (ii.a) above how a digital certificate can absolve an international traveler from harassments from an overbearing Port Health Officer who might subjectively pronounce a “valid international certificate” as not sufficiently “fake-proof”, it seems very clear to us that virtually all the draconian provisions contained under the traditional threats are actually meant to railroad people onto the even more insidious technological threats! The common link between these two categories of threats is the concept of mandatory vaccination. Virtually all the unacceptable threats to human rights, liberties, and dignity identified in the Bill can be mitigated simply with a requirement that vaccines should not be mandatory - meaning that no one will be criminalized, nor suffer any penalty or undue disadvantage simply for not accepting some vaccine.

There should be no problem proscribing mandatory vaccination in Nigeria, as in our opinion, it is not scientifically justifiable in the first place. We cite a few reasons to buttress this claim:

- i. Vaccines are known to be rife with safety issues, especially when administered indiscriminately to people without considering genetic, physiological, and possible underlying health conditions in them. (Please see Appendix 2: ref 4)
- ii. Efficacy of vaccines in general is not good enough to warrant making them mandatory for the general population. Reliable records available show that at times, efficacy of some vaccines could be in the negative - implying better health indices are observed in the unvaccinated compared with the vaccinated population! (Please see Appendix 2: ref 5)
- iii. There are better (safer and more efficacious) alternatives to vaccines (eg. Prophylactic drugs, good nutrition, and good sanitation (including provision of good drinking water). (Please see Appendix 2: ref 6).
- iv. The mRNA vaccine in particular, which is the front-runner among other candidate vaccines for COVID-19 disease (the direct reason for the new Act of the Parliament under consideration) can mess up our genetic constitution. It is a totally new form of vaccine that has never been applied to human beings before. For such a vaccine, safety testing must include not only the vaccinated subjects, but their offspring for genetic and epigenetic adverse effects. (Please see Appendix 2:ref 7)
- v. It will open the way for chip implants, which is indeed the barely-hidden agenda why such a patently unreasonable proposition as mandatory vaccination should continue to be so forcefully rammed down our throat!

4. The abrogation of human rights, liberties, dignity together with adverse impacts on overall public health (physical, mental and emotional well-being) which is bound to result from chip

implants (riding on the back of mandatory vaccination) are extensive, unprecedented, as well as largely irreversible. We spell out a few of these:

- i. They can be used to alter religious convictions in people, as they have been proposed for use in re-programming so called-religious fanatics, including suicide bombers. (Please see Appendix 2:ref 8)
- ii. They can be used to influence the sexuality (including attitude and drive) of the implantee (see Appendix 2: ref 9)
- iii. They can be used to manipulate general emotion of the implantee (e.g provoke depression, excitement, and so on) (see Appendix 2: ref 10)
- iv. They can be used to monitor and manipulate the thoughts of the implantee. (see Appendix 2: ref 11)
- v. They can be used to influence the memories of the implantee (such as which memories to continue to endlessly remember, and which memories to completely forget.) (see Appendix 2: ref 12)
- vi. They can be used to control the physical and physiological activities of the implantee. For example an implantee could be weakened or even physically paralyzed, remotely. (see Appendix 2: ref 13)
- vii. They can be used to remotely administer drugs to people, including for sterility (a.k.a. contraception). (see Appendix 2: ref 14).

In other words, if allowed to creep in, chip implants will turn us all into zombies in the hand of the foreign controllers of the technology. This is the ultimate form of neo-colonialism, and it might subjugate us and generations yet unborn to eternal slavery. None of us, irrespective of social status, religion or ethnicity, would be spared. This is indeed a defining moment in our life as a nation!

5. Better control of infectious diseases could be achieved in a country like ours if we would:

- i. Pay serious attention to the abundant herbal resources we are endowed with, which could be used as prophylaxis, in lieu of patented vaccines forced upon us from abroad.
- ii. Pay better attention to underlying non-communicable diseases which often weaken our immunity and response to infectious diseases. This is particularly true for COVID-19 disease.
- iii. Promote local inter-disciplinary research to seek homegrown, possibly customized, solutions that would not only secure public health, but help us achieve overall sustainable development.

6. In closing, we suggest that the traditional threats contained in this Bill could be mitigated if the powers concentrated in the office of the DG NCDC were devolved into independent Committees comprised of well-respected representatives of appropriate professional bodies in Nigeria. The NCDC Acts of 2018 actually empowers the Governing Board of the NCDC to constitute such committees (Section 9 (f) and (g)). As for the technological threats, chip-based “fake-proof” certification would be unnecessary if vaccination were not mandatory in the first place; and the Bill should specifically prohibit mandatory implantation of chips into people

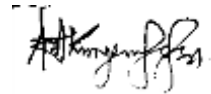
either for surveillance or administration of drugs or vaccines. For this latter suggestion to be meaningful in our country, manufacturers of chip implants should be required to provide with their advertisements, adequate information on the hazards associated with their products, just as is required of tobacco. Please find annotated in Appendix 1 below, specific Sections of the Bill we are proposing for amendments, together with our suggestions (16 Comments in all).

7. We thank you profoundly, and request you kindly accept our best wishes as you face this arduous historic assignment!

## 8. Signatures

### i. 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

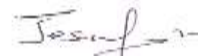


### ii. FOR ADVOCATES FOR FREEDOM AND DEMOCRACY (AFD):

Pastor Bosun Emmanuel



Dr Olalekan Jesuleye



Pastor (Mrs) Obele Ibanga



Rev (Mrs) Linda Tokuta



## 9. Alphabetical Listing of 76 Groups affiliated with AFD and the NMVN

<b>ADVOCATES FOR FREEDOM AND DEMOCRACY (AFD)</b>		
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
<b>COALITION AGAINST MANDATORY VACCINATION IN NIGERIA (NoMandatoryVaxNaija)</b>		
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		

## **Appendix 1: Listing of Problematic Sections in Bill HB 836 and our Recommendations**

### **Section 8. Director General may require information from healthcare professionals, etc.**

(1) The Director General may, for the purpose of investigating into any outbreak or suspected outbreak of an infectious disease, preventing the spread or possible outbreak of an infectious disease, or treating any person who is, or is suspected to be, a case or carrier or contact of an infectious disease —

(a.) require any healthcare professional to obtain from his patient such information as the Director General may reasonably require for that purpose and transmit such information to the Director General; and

(4) A healthcare professional shall comply with a requirement under Subsection (1)(a) to transmit information to the Director General notwithstanding any restriction on the disclosure of information imposed by any written law, rule of law, rule of professional conduct or contract; and he shall not by so doing be treated as being in breach of any such restriction notwithstanding anything to the contrary in that law, rule or contract.

***Comment 1: It is not acceptable that the DG's opinion should override "any written law, rule of law, rule of professional (ethics) conduct, or contract". At the least, such requests must pass through an appropriate independent statutory Committee constituted by the Governing Board of NCDC and comprised of representatives of professional healthcare bodies, civil society organizations, as well as the Nigeria Inter-religious Council (hereinafter referred to as a Governing Board Committee).***

### **Section 13. Isolation of certain persons**

(1) The Director General may order any person who is... suspected to be, a ... contact of an infectious disease to be detained and isolated in a hospital or other place for such period of time and subject to such conditions as the Director General may determine.

4) Any person against whom an order under Subsection (1) or (2) is made shall be guilty of an offence if he —  
(c.) (c) fails, without reasonable excuse, to comply with any condition to which he is subject.

***Comment 2: Appropriate consideration must be given to human Dignity and forced isolation must be preceded by thorough counselling and attempted persuasion. At the least, such requests must pass through an appropriate independent Committee comprising of representatives of professional healthcare bodies, civil society organizations, as well as religious bodies. Period of isolation cannot be at the absolute discretion of the DG NCDC but must conform with provisions in Regulation 23(1) of the International Health Regulations.***

### **Section 13 Isolation of Certain Persons/Section 57 Powers of Arrest**

**Section 13(1)** The Director General may order any person who is, or is suspected to be, a case or carrier or contact of an infectious disease to be detained and isolated in a hospital or other place for such period of time and subject to such conditions as the Director General may determine.

**Section 57 (3(a))** Subject to Subsection (7), any police officer, or any Health Officer authorised in writing in that behalf by the Director General, may arrest without warrant any person who (a.) being required to be isolated in any place under the provisions of this Act, has failed to proceed to that place or has left or attempted to leave that place;

***Comment 3: Isolation cannot be implemented in just any "other place" [Section 13(1)] or "any place" [Section 57 (3(a))]. Locations designated as "Isolation Centres" must be well defined to guarantee accountability and transparency. A formal definition of an official isolation centre should be included in Section 80 dealing with definitions.***

### **Section 14. Surveillance**

(1) The Director General may, in his discretion, order any person who is, or is suspected to be, a ... contact of an infectious disease to undergo surveillance for such period of time and subject to such conditions as the Director thinks fit.

(3) Any person subjected to surveillance by the Director General under Subsection (1) who fails, without reasonable excuse, to comply with any condition relating to his surveillance imposed by the Director shall be guilty of an offence.

***Comment 4: Appropriate consideration must be given to human Dignity in imposing "conditions" for surveillance At the least, such imposition must pass through an appropriate Governing Board Committee and must not include implantation of chips for electronic tagging or any other purpose.***

### **Section 15. Isolation area**

(1) The Minister may, for the purpose of preventing the spread or possible outbreak of an infectious disease, by notification in the Gazette declare any premises to be an isolation area.

(3) The Director General may, in relation to an isolation area, by written order —



(a.) prohibit any person or class of persons from entering or leaving the isolation area without the permission of the Director General;

(d.) require any person or class of persons to report at specified times and places and submit to such medical examinations, answer such questions and submit to such medical treatment as the Director General thinks fit;

**Comment 5:** *This provision is subject to gross abuse. Its implementation must involve a well-constituted Governing Board Committee. Expenses incurred in reporting to the health authorities should be borne by the government.*

#### **16. Abatement of overcrowding**

(1) If, in the opinion of the Director General, a building is so overcrowded as to expose the occupants thereof to the risk of infection by an infectious disease [any of 35 diseases, including malaria, yellow fever, or even STDs – see schedule 1], he may, by written notice, direct the owner or occupier of the building to ..... to close the building or part thereof within the time specified in the notice [that could be with immediate effect].

(4) Without prejudice to any proceedings under Subsection (2), where a notice issued by the Director General under Subsection (1) has not been complied with, the Director General, a Health Officer or a police officer may, without warrant and with such force as may be necessary, enter the building and take or cause to be taken such measures as are necessary to ..... close the building ...

(5) The costs and expenses incurred by the Centre under Subsection (4) shall be paid by the owner or occupier in default and may be recovered as a debt due to the Government.

(6) Any person who is aggrieved by any direction of the Director General as contained in a notice given to him under Subsection (1) may, within 7 days from the date of the notice, appeal to the Minister whose decision shall be final.

**Comment 6:** *Among the 35 diseases listed as “infectious” in Schedule 1 and to which this Section would apply is malaria, yellow fever, and even sexually-transmitted diseases. The provision of this Section is better restricted to the “dangerous infectious diseases” listed in Schedule 2. which are more contagious as well as difficult to treat.*

*The time specified in the notice should give sufficient room for compliance. For instance, the provision as it stands allows that a building be required to be closed “with immediate effect”. Police officers should be required to obtain a warrant before forcefully evacuating private premises; and the phrase “with such force as may be necessary” is better replaced with the more acceptable phrase, “not entailing excessive force”*

#### **19. Prohibition or restriction of meetings, gatherings and public entertainments**

(1) Where it appears to the Director General that the holding of any meeting, gathering or any public entertainment is likely to increase the spread of any infectious disease, the Director General may by order prohibit or restrict, subject to such conditions as he may think fit, for a period not exceeding 14 days, the meeting, gathering or public entertainment in any place.

(4) A Health Officer or a police officer may take any action that is necessary to give effect to an order under Subsection (1).

(5) Any person who is aggrieved by any order of the Director General under Subsection (1) may, within 7 days from the date of the order, appeal to the Minister whose decision shall be final.

**Comment 7:** *The decision of the Minister should be subject to further arbitration at the law courts.*

#### **24. Power of enforcement officer to order destruction of house, building or anything**

(1) An enforcement officer may obtain an order of court to destroy any building in which a case of infectious disease has occurred, or of any article or thing which may be considered necessary in the interest of the public health.

**Comment 8:** *To prevent abuse, this provision should be implemented by a duly-constituted committees of healthcare professionals, civil liberties and religious organizations.*

#### **30. Vaccination and other prophylaxis**

(1) Every person on an international voyage whether leaving or arriving in Nigeria shall —

(b.) produce valid international certificates of vaccination or other prophylaxis to a Port Health Officer.

(2) Notwithstanding Subsection (1)(b), a Port Health Officer may require such person to undergo vaccination or other prophylaxis and may subject him to isolation or surveillance for such period as the Port Health Officer thinks fit.

**Comment 9:** *“Such period as the Port Health Officer thinks fit” actually contradicts the International Health Regulations which stipulate maximum periods of isolation for different diseases (Regulation 23(1) ranging from (a)—five days; in respect of cholera; to (d) fourteen days; in respect of smallpox.*

#### **46. Responsibility of parent or guardian**

(1) The parent or guardian of every child in Nigeria shall ensure that the child is vaccinated against the diseases set out in the Fourth Schedule.

**Comment 10:** *There is abundant evidence that mandatory vaccination of children simply does not produce touted results, eg the report from Guinea-Bissau on DTP and OPV! (Appendix 2 Ref 5). The current status quo, with children vaccination being an advisory rather than mandatory, should be maintained.*

#### **47. Power to order certain persons to undergo vaccination or other prophylaxis**

(1) In ... a suspected outbreak of any infectious disease in any area in Nigeria, the Director General may by order direct any person or class of persons .....to undergo vaccination or other prophylaxis within such period as may be specified in the order.

(2) In addition to the power conferred by Subsection (1), where it appears to the Director that —

(a.) an outbreak of an infectious disease in any area in Nigeria is imminent; and (b.) it is necessary or expedient to do so for the securing of public safety, the Director may by order direct any person or class of persons not protected or vaccinated against that infectious disease to undergo vaccination or other prophylaxis within such period as may be specified in the order.

**Comment 11:** *Objections to vaccination, based on safety and efficacy grounds, must be recognized. Where no appropriate prophylaxis exists, isolation of the subjects should be sufficient. In addition, for those who would heed the counsel of the government and take the vaccines, there must be clear provision made for financial compensations in the event of adverse health effect - either from the vaccine manufacturers, or through a dedicated fund managed by the government.*

(3) Any order made under Subsection (1) or (2) may specify the person by whom and the way the vaccination or other prophylaxis is to be carried out.

**Comment 12:** *chip-implants must be ruled out of this mandatory “way” of administering vaccines.*

#### **50. Certificate of unfitness**

(1) If any medical practitioner is of the opinion that any person is not fit to be vaccinated, he shall immediately deliver to that person or in the case of a child to the parent or guardian of the child an exemption certificate in such form as the Director General may require.

**Comment 13:** *Medical doctors are required by the ethics of their profession to adequately inform their patients both the pros and cons of products to be administered to them, and their informed consent sought. We recommend that the prescription of vaccines to individuals follow the same pattern, and where the risk is perceived unacceptably high, other options to stay safe could be recommended.*

(2) Such exemption certificate shall remain in force for such period as may be specified therein.

(3) Before the expiry of the exemption certificate the person shall go, or the parent or guardian of the child shall take or cause the child to be taken, to a medical practitioner who shall then examine and vaccinate the person or child or give a further exemption certificate in respect of that person or child in such form as the Director General may require.

**Comment 14:** *This requirement of expiry of the exemption certificate should be removed. No certificates, including “exemption certificate” will be in the “form” of a chip implant.*

#### **80. Interpretation**

In this Act, unless the context otherwise requires —

“surveillance” means 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;

“medical examination” includes the carrying out by a person (called the examiner) of any of the measures mentioned in paragraphs (a.) to (f.), with a view to ascertaining a person’s state of health, whether or not the examiner is present with the person being examined:

**Comment 15:** *Electronic tagging via chip implants inside the human body should be proscribed, especially if it is to be mandatory.*

#### **First Schedule: Infectious Diseases**

**Comment 16:** *Coronavirus is missing from the list on the first Schedule 1 (List of “Infectious Diseases”) but is listed on second Schedule (List of “Dangerous Infectious Diseases”). It should be added to the First Schedule.*

## APPENDIX 2: REFERENCES AND NOTES

Ref 1: ID2020: <https://www.biometricupdate.com/201909/id2020-and-partners-launch-program-to-provide-digital-id-with-vaccines>

Ref 2: digital certificates immunity certificates for supermarket, trains, etc  
<https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2020/04/14/the-health-202-immunity-certificates-could-help-people-return-to-work-but-huge-questions-remain/5e94d3d7602ff10d49ae3bb6/>

Ref 3: Nanochip implants:  
<https://www.sciencedirect.com/science/article/pii/B9780323399814000105>

Ref 4: Vaccines, Safety Issues:  
Peter Aaby et al 2018: Evidence of Increase in Mortality After the Introduction of Diphtheria-Tetanus-Pertussis Vaccine to Children Aged 6-35 Months in Guinea-Bissau: A Time for Reflection? *Frontiers in Public Health*.  
<https://www.frontiersin.org/articles/10.3389/fpubh.2018.00079/full>

Ref 5: Vaccines, Efficacy Issues:  
<https://childrenshealthdefense.org/wp-content/uploads/Vaxxed-Unvaxxed-Full-Presentation-Parts-I-VII.pdf>

Ref 6: Prophylactic Drugs, Alternatives to Vaccines:  
For HIV: “Pre-exposure prophylaxis (PrEP) is a course of HIV drugs taken by HIV-negative people to prevent infection. Taking PrEP correctly will virtually eliminate your risk of getting HIV. PrEP is not taken for life – it is only taken for short periods when a person may be at risk of HIV infection.” <https://www.avert.org/hiv-transmission-prevention/prep>.  
Malaria: Mefloquine (Lariam), Daraprim/Fansidar and others can be prescribed, considering the contra-indications as appropriate for individual subjects.  
[https://en.wikipedia.org/wiki/Malaria\\_prophylaxis](https://en.wikipedia.org/wiki/Malaria_prophylaxis)  
or even Contraceptive pills (instead of contraceptive vaccines).  
<https://www.healthline.com/health/prophylactic-antibiotic-premedication#use>

Ref 7: mRNA vaccines: [https://en.wikipedia.org/wiki/RNA\\_vaccine](https://en.wikipedia.org/wiki/RNA_vaccine)

Ref 8: Religious re-programming  
[https://medical-technology.nridigital.com/medical\\_technology\\_nov19/mobile\\_mind\\_control\\_material\\_engineering\\_meets\\_neurobiology](https://medical-technology.nridigital.com/medical_technology_nov19/mobile_mind_control_material_engineering_meets_neurobiology)

In this 2005 video (<https://www.youtube.com/watch?v=FdN6LeIXLPI>), accessed 24<sup>th</sup> May, 2020, the speaker showed clear scientific basis, with relevant charts, of how implanted chips can be used to change the religious attitude of middle-east would-be jihadists. One can only imagine what the level of knowledge would be today, 15 years later.

Ref 9: Sexuality

<https://www.scientificamerican.com/article/a-sex-chip/>

Ref 10: Emotions

AI brain implants that can change a person's mood are tested on HUMANS by the US military.

<https://www.dailymail.co.uk/sciencetech/article-5120441/Mind-control-AI-chips-alter-persons-moods.html>

Ref 11: Thoughts

<https://www.cnet.com/news/darpa-developing-implant-to-monitor-brain-in-real-time/>

Ref 12: Memories

<https://thenextweb.com/tech/2019/08/16/implanting-ai-chips-in-your-mind-could-cause-you-to-lose-yourself-says-scientist/>

<https://edition.cnn.com/2013/05/07/tech/brain-memory-implants-humans/index.html>

Ref 13: Physical and Physiological

<https://anticorruptionsociety.wordpress.com/2011/02/20/microchip-implants-mind-control-and-cybernetics/>

Ref 14: Remote sterilization and administration of other drugs

<https://nationalpost.com/news/bill-gates-funds-birth-control-microchip-that-lasts-16-years-inside-the-body-and-can-be-turned-on-or-off-with-remote-control>

<https://www.cnet.com/news/remote-controlled-chip-implant-could-be-the-future-of-contraceptives/>

<https://darebioscience.com/microchips-biotech/> (Microchips' innovative drug delivery technology is designed to store and precisely deliver hundreds of therapeutic doses over months or years in a single implant.)