

THE CASE AGAINST MANDATORY COVID VACCINATION IN NIGERIA



*A Position Paper by
the Nigerian COVID Response Alliance
(www.NigerianCovidResponseAlliance.org)*

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EXECUTIVE SUMMARY

1. There is no justification for the ongoing mandating of COVID-19 vaccines in Nigeria. Not only are the supposed benefits vague, the costs in various dimensions are steep and unacceptable. Patriotic Nigerians must rise to help extricate our Government from the manipulative clutches of foreign and private interests who are the barely-hidden forces behind these mandates. We document here some grounds why the mandates should be resisted and rejected.

2. The Vaccines being mandated in Nigeria are all EXPERIMENTAL and have NOT been *approved* for regular use by any scientific/medical authority. All they have is Emergency Use *Authorization*. Furthermore in a demonstration of an incredible level of audacious opacity, details of the actual contents of the vaccines, together with the Contracts with the pharmaceutical companies for their acquisition, are shrouded in utter secrecy. Not only ethics, but local and international laws DEMAND that such products be not mandated.

3. Furthermore, even for approved medical products, it is expected that would-be recipients would be adequately informed by the prescribing physicians, of both benefits and risks associated with the product. The contraindications should be made clear, and alternatives should be presented and made available. Mandatory vaccination, and that of an unapproved product in particular, shamelessly violates these [sacrosanct norms](#) of modern science. Indeed, the [Fact Sheets](#) for the COVID vaccines specifically require that would-be recipients be informed of some vaccine contents, such as polyethylene glycol (PEG), which could be fatal to people allergic to it. The simple fact is that most Nigerians are not even aware of their allergy status with respect to such chemicals! The presumed “consent” of Nigerians who receive these vaccines is therefore certainly far from being “informed”.

4. The Vaccines are demonstrably NOT efficacious. Hence the need for unending “booster” doses, while the “fully vaccinated” must continue to observe same protocols as they were before the jab. New virus variants are known to evolve in response to mass vaccination, and are not by any means attributable to the unvaccinated population as is being suggested in certain quarters. There is no country/territory anywhere that has overcome COVID-19 via vaccines. On the other hand, a country like [Gibraltar](#) with 100% vaccination rate continues to witness the highest severity level of COVID 19, while countries/territories that changed course from sole-dependence on mass vaccination to embrace other alternatives (like [Croatia](#), [Denmark](#), [Norway](#), [Japan](#), the Provinces of [Uttar Pradesh](#) and [Delhi](#) in India, and [a number of states](#) in the US) are all witnessing dramatic improvement in their COVID situations – often within weeks of such decisions! The [UK](#), [Czech Republic](#), [Netherlands](#), and [Ireland](#) are the latest countries to join the wagon of those dropping the clearly unprofitable vaccine mandate.

5. The Vaccines have been conclusively proven to be NOT safe. Not only are the scientific basis for numerous adverse effects now well established and published in reputable scientific and medical journals, the existence of such adverse effects are already being adequately DEMONSTRATED from public health data available globally. Such effects include acute ones such as myocarditis, blood clotting, and death, as well as longer-term ones including adverse reproductive outcomes and [Cancers](#).

6. The financial costs of the COVID vaccines are unjustified, especially in the face of other more compelling public health challenges Nigeria uniquely faces. Credit facilities offered us to facilitate our response to COVID (largely procurement, storage, and deployment of COVID vaccines) are now well [in excess of 3 billion dollars](#), far exceeding our total [annual health budget](#).

7. The value of Natural Immunity is significant and CANNOT be discountenanced as is being attempted by the vaccine pushers. It is now well-established that naturally-acquired immunity against COVID-19 is far superior to vaccine-acquired immunity – in terms of efficacy, robustness and duration. As has been established in the case of measles and smallpox for example, people who have recovered from COVID-19 and have consequently acquired natural immunity should not be required to receive a COVID jab again.

8. Other proven solutions exist for COVID-19, despite amazing desperate efforts to demonize and proscribe these alternatives. Articles published in the world’s topmost medical journals to push such conspiracy have been later shown to be pure forgery and unceremoniously retracted. Nevertheless policy decisions taken on the strength of these fake scientific data continue to be unabashedly used to push mandatory vaccination and associated measures.

9. Even those who have received the vaccine should join the fight to reject a Mandate. The issues involved go way beyond public health. Wars have been fought and millions of lives sacrificed to defend ideals such as democracy, rule of law, and Faith. It is hard to explain the dogged determination to push this vaccine globally on all human beings, without thinking of some deep hidden agenda. Data available in OFFICIAL public records show that precisely-defined relevant patents had been filed years before the COVID pandemic ever broke out, or the virus involved identified! Resisting a patently unwarranted mass deployment of the vaccines will not only help limit the public health concerns involved, it would prevent various extensive abuses possible in any future attempt to weaponize the vaccine.

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FOR NIGERIAN COVID RESPONSE ALLIANCE:

Rev Tony Akinyemi (Chairperson)

Prof Joshua Ojo (1st Vice Chairperson)


Rev Linda Tokuta (2nd Vice Chairperson)

Mr Osazee Ihonarae (General Secretary)

Dr Adeniyi Oginni (Treasurer)

Dr Patrick Ijewere (Public Relations Officer)

Mr Saliu Momoh Momodu (Assist. Public Relations Officer)



To contact us:

Email: contact@nigeriancovidresponsealliance.org; nigeriancovidresponsealliance@gmail.com

Phone/Whats’App: 0805 148 3011, 0803 384 1224; 0805 710 6482

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OUTLINE OF CONTENTS

EXECUTIVE SUMMARY.....	ii
I. PREAMBLE.....	1
II. MANDATORY COVID VACCINATION HAS NO BASIS IN ETHICS AND LAW	2
1. The vaccines are EXPERIMENTAL and have not received due Approval for regular use,,,,,,	2
2. The critical requirement for Informed Consent is being flouted with impunity.	3
3. Government has plainly absolved itself and every other Authority of All Liabilities in the event of Any Adverse Effects Arising from the Vaccines.....	3
III. MANDATORY COVID VACCINATION IS SERIOUSLY FLAWED IN SCIENCE AND LOGIC	4
1. There are very serious Issues with Efficacy of the “Vaccines.....	4
2. The Vaccines have serious Safety issues that can’t be simply wished away!	5
3. Deep Concerns on the Declared, Undeclared, and Non-Uniform Contents of the Vaccines.....	7
4. The value of Natural Immunity is significant and CANNOT be simply discountenanced	9
5. Proven Safe and Effective Alternative Solutions abound!	10
IV. DEEPLY CONCERNING GOVERNANCE AND SOCIAL-ECONOMICS ISSUES	11
1. Contrary Scientific Opinions Being Suppressed, Ruthlessly	11
2. Medical Systems being Corrupted by Incentives Encouraging False, Exaggerated Data for COVID	12
3. Open Arm-Twisting of Government by Foreign Bodies	13
4. Economic Costs of Vaccines Not Justified, Not Sustainable!	13
5. Beyond Public Health: Both Vaccinated and Unvaccinated Nigerians Should Join Hands to Prosecute This Epic Struggle	14
V. CONCLUSION	15
References	16

I. PREAMBLE

The Nigerian COVID Response Alliance is a wholly-indigenous movement formed to monitor the official response to the COVID-19 pandemic in Nigeria; and ensure that the response remains within the ambit of fundamental human rights. We have [previously](#) clarified that our grouse is not with vaccines themselves, but their being blindly mandated for everybody without due comprehensive and holistic risk-benefit considerations for both individuals and society as a whole. In June 2020, we saw in the proposed amendment to the Control of Infectious Diseases Act, a dastardly attempt to foist mandatory vaccination on Nigerians with grim implications both for basic freedom and public health. We also foresaw a more grievous scenario following, as nanobots, already developed but currently held in abeyance, are unceremoniously deployed once mandatory vaccination has been established and accepted. All these portend a truly fearful future for both us and our children! We consequently submitted a Memorandum to the House of Representatives to plug the potential pitfalls in the Bill. We also followed up with Press Releases and advertorial in the national Press to alert the nation.

Although many considered our warnings as somewhat far-fetched, the scenarios we described are now fast turning into incredible reality right before us! Circumventing the National Assembly, the Executives at State and Federal levels are now mandating the exact policies which the Legislature had stepped down for further considerations in response to vociferous public outcries. To do this, the executive arm of government conveniently resorted to using [emergency “interventionist outfits”](#), such as the Presidential Steering Committee (PSC) on COVID-19, to dish out decrees not in any way backed by the Nigerian Constitution. The unjustifiable outrageous mandating of COVID vaccination which began surreptitiously at the National Sports Festival ([Edo 2021](#)) has now reached all employees of the Federal Government, overflowed to members of the [National Youth Service Corp scheme](#), and is currently indirectly threatening teenagers with announcements by [JAMB](#) that the mandates will be enforced at her facilities as fully as possible. The heat is also being put on employees at the [Local Government](#) levels; and at press time, indications have emerged of government [attempting to conflate](#) COVID and childhood vaccines which could potentially see day-olds (presumably, “accidentally”) receiving COVID vaccines!

While States such as Edo, Ondo, and Osun are warmly embracing the unconstitutional mandates, thankfully others (including Abia, Bauchi, Cross River, Enugu, Ogun, and Taraba), have reportedly clearly [distanced](#) themselves from such abject illegalities. However, as at the time of compiling this Paper, the House of Representatives, on its last plenary day in 2021 [reportedly passed](#) the amendment to the Control of Infectious Diseases Act; but surprisingly, the contents of the new Bill which has been forwarded to the Senate for concurrence, is unavailable for the general public to view!

With this Position Paper, we wish to document for the attention of the Nigerian public, basic facts concerning these unprecedented momentous events unfolding around us; and urge that we all, as a matter of duty (at least to our children), pay closer attention to them than we might have done hitherto. We insist, and show in this Paper, that mandatory COVID vaccination has absolutely no merit neither on the basis of Ethics and Law, nor that of sound Science and Logic. Furthermore other social-economic realities demand that all Nigerians, irrespective of their vaccination status, should urgently rise to resist this looming evil.

II. MANDATORY COVID VACCINATION HAS NO BASIS IN ETHICS AND LAW



Photo: COVID Vaccines clearly labelled as having only Emergency Use Authorization.

1. The vaccines are EXPERIMENTAL and have not received due Approval for regular use

It is unfortunate that even at this late hour, many are not aware that the injections being mandated have received only Emergency Use Authorization (EUA) by the world's major regulatory Agencies, and a corresponding [Emergency Use Listing](#) (EUL) by the World Health Organization (WHO). The WHO describes the EUL procedure as “a risk-based procedure for assessing and listing UNLICENSED vaccines, ... with the ultimate aim of expediting (their) availability ... to people affected by a public health emergency” (emphasis added). Contrary to the laws setting up our NAFDAC (Nigeria Agency for Food and Drugs Administration and Control), all that the Agency now does is [rubber-stamp](#) whatever pronouncement is made by these foreign/global Agencies. The important point here is that products with only EUA have ethical and legal [restraints](#) attached to their use. Top of these is that [they cannot be made mandatory](#) for human beings.

We repeat, for emphasis, that while there might be a few COVID vaccines with full approval for regular non-experimental use (e.g Pfizer's Cominarty – approved in the US and Canada; and Moderna's Spikevax - approved only in [Canada](#) but not yet in the [US](#)), NONE of these approved products are available in Nigeria. All the products being administered here, shipped under either the international COVAX arrangement or the AVAT arrangement of the African Union, have only Emergency Use Authorizations and by law, CANNOT be mandated. Doing so translates to forcing people to take part in a medical experiment which is expressly [forbidden](#) by the Nuremberg Code, to which Nigeria is a signatory. In the same vein, the [Nigeria Patients Bill of Rights](#) (PBoR) launched by the present administration in 2018 duly recognizes the rights of Nigerians to refuse ANY medical product they are not comfortable with. In its opening page, the PBoR is described as “an aggregation of patients’ rights that exist in other instruments including, The Constitution, Consumer Protection Act, Child Rights Act, Freedom of Information Act, National Health Act, the Hippocratic Oath, other professional ethical codes and sundry regulations.” Mandatory COVID vaccination violently infringes on all these provisions!

This important point is playing out rather vividly with recent [stories](#) of insurance companies in Europe refusing to pay compensations in the cases of deaths caused by COVID-19 experimental vaccines. The quite sound ground being that general life insurance contracts do not cover deaths arising from voluntary participation in risky medical experiments – which is the case when one receives a vaccine clearly listed (and so-labelled) for Emergency or Experimental Use only.

Good counsel: before rolling up your sleeves for a jab, ask to read the label on the bottle!

2. The critical requirement for Informed Consent is being flouted with impunity.

Even for approved medical products, it is expected that would-be recipients would be adequately informed by the prescribing physicians, of both benefits and risks associated with the product. The contraindications should be made clear, and alternatives should be presented and made available. When in doubts, second professional opinions are encouraged. All these are [the basic elements](#) of getting the patient adequately “informed.” Article 6(1) of the [United Nations Universal Declaration on Bioethics and Human Rights \(2006\)](#) clearly states that “Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.”

In the case of unapproved, unlicensed products, the use is clearly experimental. There will always be need for brave and altruistic people to volunteer to receive experimental products, to save lives of others as well as expand the frontiers of knowledge. But such human subjects must not only be able to choose whether or not to participate in the studies, they should also be free to exit them without any threat, harassment, shaming, or penalty. The UK’s [Green Book](#) published in June 2021 specifically addresses Consent for vaccination in its Chapter two, where it states that “For consent to immunisation to be valid, it must be given freely, voluntarily and without coercion by an appropriately informed person who has the mental capacity to consent to the administration of the vaccines in question”.

Mandatory vaccination, and that of an unapproved product in particular, shamelessly violates all these [sacrosanct norms](#) of modern science. For instance, as highlighted in Section III.3 of this Report, the [vaccine Fact Sheets](#) themselves specifically require that would-be recipients be informed of some contents of the vaccine that could be fatal to certain categories of people, for example people allergic to polyethylene glycol (PEG). The simple fact is that most Nigerians are not aware of their allergy status with respect to such chemicals! The presumed “consent” of Nigerians who receive these vaccines is certainly far from being “informed”.

3. Government has plainly absolved itself, and every other Authority, of All Liabilities in the event of any Adverse Effect arising from the Vaccines

It is particularly odious and unconscionable that people should be compelled to receive products which Government has [openly](#) washed its hand off whatever adverse situation should arise! Normally, manufacturers are not liable for adverse effects arising from experimental products which have only EUA, and the pharmaceutical companies producing the vaccines ([e.g. Pfizer](#)) have clearly indicated they would not supply their COVID jabs (either experimental or fully approved) to any jurisdiction that would not first issue them a license of indemnity.

Though health minister Dr Osagie Ehanire conceded on national TV that government has indeed signed such an agreement of indemnity, the Contract Document is not available for public scrutiny. In the case of the European Union, after a protracted legal battle by some radical members of the European Parliament, the pharmaceutical companies finally agreed that the contract document could be released in a “redacted” form. And that turns out to mean, simply blotting out entire pages on and on! This charade is shown in the video clip seen [here](#)

It is plain immoral to mandate such products for citizens of this great country.

III. MANDATORY COVID VACCINATION SERIOUSLY FLAWED IN SCIENCE AND LOGIC

1. There are very serious Issues with Efficacy of the “Vaccines.”

When government and the pharmaceutical companies mouth their mantra that the vaccine is efficacious, they refer to the vaccine’s ability to generate antibodies in the blood of the recipient. As has become abundantly evident, this is a far cry from its being able to provide sterilizing immunity (that is, prevent infection) or curtail transmission of the SARS Cov 2 virus. It is [on record](#) that South Africa rejected her over one million doses of Astra Zeneca vaccine when tests carried out in South Africa put the [efficacy](#) at no higher than 22%, against the 70% advertised by the manufacturers!

Beside this basic issue of dubious definitions and claims, it has now become well-established that the neutralizing antibodies generated by the vaccines are generally only effective towards the particular variant of the virus they were designed and developed for. And to further worsen matters, even this straight-jacket efficacy is known to wane so very rapidly that “booster” doses are now deemed required, within six months of completing what was supposed to have been “full vaccination”. Consequently, so-called “breakthrough cases” (where fully vaccinated people catch the virus), have become all-too common.

Despite attempts to tweak the narrative to suggest otherwise, incontrovertible figures show that COVID is increasingly affecting the vaccinated more than the unvaccinated. For instance, official data published by Public Health England in June 2021 showed that “the death rate from the Delta COVID variant is [six times higher](#) among those who were fully vaccinated for two weeks or longer than among those who never received a shot.” Similar [results](#) cited from the prestigious medical journal, Lancet of December 30 2021, showed equivocally that 89% of new UK COVID cases were among the “fully vaccinated”. In the state of Massachusetts in the United States, according to official US CDC figures, [74% of people](#) infected with COVID after a number of summer events in July 2021 were those who had been fully vaccinated. Officials figures from [Wales](#) indicate that, as at December 2, 2021, 76.1% of the hospitalized were fully vaccinated. From New Zealand came the report [that 80%](#) of COVID cases in the last week of 2021 were in “fully vaccinated” people. Similar figure for [Germany](#) was 96% while that for [Israel](#) hovered around 95%. Furthermore, from the reputed Herzog Hospital in Jerusalem came [the report](#) that 95% of the “severe patients” at the COVID Ward were vaccinated. A fourth “booster” dose is now being administered in Israel in a desperate effort to curtail COVID via vaccine. And even then, official data emerging indicates this fourth dose is [not making](#) any significant changes to the problem on ground! With the current restrictions on international travels for unvaccinated people, it is glaring that the cases of COVID outbreak in [scores of cruise ships](#), are occurring in the “vaccinated.”

By the way one wonders what the figures are for Nigeria, the hospitalization/morbidity rate among the “vaccinated” compared with the “unvaccinated” as compiled for the countries cited above. The data, as anybody can easily guess, are most conveniently left obfuscated!

As a response to this evident helplessness of existing experimental vaccines, apparently due to emerging new variants, Vaccine Producers are now talking of efforts to develop [new tweaked versions](#) of their vaccines to confront new variants of concerns. In the Netherlands, the Omicron-specific vaccine being mulled, is to comprise [of 6 doses as a standard!](#) It is being freely speculated that the “boosters” following the standard doses will continue indefinitely for a lifetime, much more like the annual flu jabs. Only that in this case, both the standard jab as well as

the subsequent boosters are being mandated! Currently in Israel, a [doubly-vaccinated](#) person is subjected to exactly the same social restrictions as someone who has received no jab at all.

This dilemma of ineffective vaccine and consequent requirement for endless boosters is not unexpected. It is actually predicted by the well-established phenomena known as Antibody Dependent Enhancement (ADE) and [Pathogenic Priming](#). These are situations where vaccinated people become more susceptible to the virus both in terms of influx and multiplication of the virus as well as in compromised resistance to them. This situation was indeed the major reason previous efforts to develop vaccines for coronavirus were [stalled at animal trials stage](#). That critical stage was skipped in the rushed granting of Emergency Use Authorization to the current experimental vaccines, supposedly to urgently stem a grievous pandemic. Now, unfortunately, we are amassing data directly on human subjects that should have been obtained with laboratory animals!

A [recent study](#) from Denmark shows that the experimental vaccines could indeed initially provide a “peak” protection about two months after vaccination. Thereafter, within three months, the Vaccine Efficacy plummets, with the recipients of Pfizer Vaccine having an additional 76.5% probability of contracting the COVID than their unvaccinated counterparts. (The corresponding figure for the Moderna vaccine is 39.3%). This finding now provides the scientific explanation to the tragic phenomenon that has been observed in a number of regions all over the world. For instance in April 2021, the little nation of [Gibraltar](#) sounded the trumpets to celebrate her achievement of 100% vaccination by all residents and the noticeable plunge in number of COVID cases. However, three months later, COVID cases tore through the ceiling, turning Gibraltar with her 100% full vaccination into the COVID capital of the world! . Even with “booster” shots having become routine ([84.4%](#)), Gibraltar notably [“cancelled”](#) last Christmas as a result of spiraling Covid cases.

It is unfortunate that Nigeria is being goaded to follow this pathway to perdition. At the present time, no formal authority recommends the vaccine any more as a protection against COVID infection or to prevent infecting loved ones. The benefits of the jab is now described solely in terms of a nebulous “reducing the severity” of COVID or “risk of hospitalization”. Even this very subjective and hard-to-measure “benefit” is now thoroughly [debunked](#)!

2. The Vaccines have serious Safety issues that cannot be simply wished away!



Hundreds of children died in Philippines' botched Vaccine launch due to immune enhancement phenomenon (Photo Credit: [Internet](#))

“(The) unique safety problem of coronavirus vaccines was discovered 50 years ago while developing the Respiratory Syncytial Virus (RSV) vaccine..... (This) ‘paradoxical immune enhancement phenomenon’ means vaccinated people may still develop the disease, get sicker and die.” Dr. Peter Hotez, (Strong Vaccine Proponent) in a [testimony before the US Congress](#) March 5, 2020

If it is just that the vaccine was not effective, we might still shrug and receive it for the sake of peace, and allow the pharmaceutical companies cart-off their immoral multi-billion dollar [profits](#). It is the serious adverse health effects that abound that would not allow us ply this easy route. Although the Health Minister routinely [assures us](#) that “Procured or donated vaccines are approved by WHO, tested by NAFDAC and other regulators, and certified efficacious and safe”, as we have shown in this Paper, the vaccines are [NOT tested by NAFDAC](#) and despite being so “certified”, they actually are NOT efficacious. Sadly, as we demonstrate presently, the vaccines also are NOT safe.

Apparently, government’s strategy is to neglect making adequate provision for the reportage of serious adverse effects attending the vaccine shots; and have her officials simplistically equate lack of official figures with vaccine safety. The rather obscure [Med Safety App](#) provided by NAFDAC to document adverse effects from COVID shots, actually lumps up data for 15 countries and sends them directly to the WHO’s Uppsala Monitoring Centre! And so, the COVID Czar for Nigeria, Dr Faisal Shuaib of the National Primary Health Care Development Agency (NPHCDA), could continue to repeatedly declare (as he has been doing, at least as late as [mid-October 2021](#)) that there has been no death associated with the COVID experimental vaccines in Nigeria. In one statement, he brazenly [asserted](#): “It is however important for me to repeat that Nigeria has not recorded any case of death directly linked to COVID-19 vaccination.” The challenge thrown at the Nigerian public here, is the phrase “directly linked”. Dr Shuaib dares anyone to come up with the detailed medical evidences required to prove direct causation - a big hurdle for a regular private citizen.

However, anecdotal reports of adverse effects have continued to build up, including those of previously healthy people dying within days of receiving the vaccine. It is a Nigerian thing to politely refrain from questioning what could be behind such “sudden” deaths, which are philosophically accepted - being “irreversible in any case.” Nevertheless some of the connections are so conspicuous, and their background so outrageous that they get pushed into the public domain. One such story that dominated national news for a while (in September 2021), was the case of [Mike Ajibike](#), staff of a popular bank in Delta State. Mike fell ill after receiving the vaccine which the bank arranged for all her staff on September 10. He was admitted to the hospital the next day and gave up the ghost ten days later.

In response to the obvious decision of government to simply ignore such reports, our Group (the Nigerian Covid Response Alliance, NCRA) has started to collate and document factual reports of adverse effects following the COVID experimental vaccines. We could for instance cite here, as an example, the sad case of the mid-aged man from Ogun State who fell sick and died within 24 hours of receiving the experimental COVID-19 jab. Described by his wife as a man of sound health who was not on any regular medication, the deceased developed severe body pains after receiving a jab at a Government Hospital at Alapoti village on Monday Nov 22, 2021 and died next morning while in transit to the General Hospital Ota, where he had been referred to. (To submit a report of adverse effects on you or your loved ones following the COVID injection, please check out this [google form](#). Also available on our website, [www.nigeriancovidresponsealliance.org](#).)

Of course official reports are kept in other climes. In the US for example, records from the publicly-accessible Vaccine Adverse Events Reporting System (VAERS) [show that](#) between December 14 2020 and Dec 24 2021, there have been 21,002 deaths, and nearly a million [other adverse events](#) associated with the use of COVID vaccines. A whistleblower at the US Center for Disease Control further [averred under oath](#) that the VAERS is under-reporting deaths occurring within 3 days of vaccination by a factor of at least 5! Similar figures in the UK (as at Dec 1, 2021) are 1,822 deaths and 1,314,659 adverse effects; and in the EU (as at Dec 4, 2021) 32,652

deaths, 2,970,644 adverse effects. (see minute 04:25 of the video clip at <https://www.bitchute.com/video/fHIT55iM4Zv9/>).

A [detailed analysis](#) documenting the reactogenic deaths associated with COVID vaccine has been published in an article in the Journal of Public Health Policy and Law. Ranging from immediate allergic reactions where patients die right at the vaccine centres to late deaths at about two weeks associated with blood disorders, blood clotting, and low blood platelet count called thrombocytopenia purpura. To be fair, the pharmaceutical companies [require](#) that facilities for resuscitation must be provided at every jabbing centre. This is of course totally ignored in Nigeria, with the NPHCDA already proposing taking the vaccines round [Churches](#) and [market places](#) to administer to people!

The scientific bases for these numerous adverse effects are now well established and are being published in reputable scientific and medical journals all over the world. An article in the highly respected Journal, Circulation, provides incontrovertible evidence that mRNA vaccines are causing myocarditis, blood clotting; and a recent publication documents for the first time post mortem results on people who died within six months of receiving a COVID shot. The Post mortem investigation was performed out of concern that apparently perfectly healthy people would simply drop dead mysteriously. The [shocking results](#) established that 93% of the deaths were caused by the COVID vaccine even though nobody initially thought of any connection! This raises the alarming spectre of multitudes of deaths caused by the vaccine being attributed to other known or unknown causes in the months ahead.

It should be noted that this discussion on safety has been limited only to acute effects occurring within a few months after a jab. No one knows for sure at this early stage what the long-term effects will look like in the years and decades ahead! However indicative reports are already streaming in. Examples include surges in cases of miscarriages and [stillbirths](#), autoimmune cases (such as diabetes), and cancers.

As a result of all these piling evidences of serious safety issues associated with COVID vaccines, many countries currently prohibit blanket use of these vaccines: For example the use of Astra Zeneca vaccine is “[suspended](#)” in the bulk of the population in over 20 European countries while the Moderna vaccine is proscribed for people [under the age of 30](#) in Germany and France. In Nigeria, we are yet to see any such advisory that at least conveys the impression that the authorities are aware of serious health hazards associated with the vaccines. Rather, in what is known as [mix and match](#), Nigerians are encouraged to simply take whichever jab is offered to them, including mixture of brands in first and subsequent doses!

3. Deep Concerns on the Declared, Undeclared, and Non-Uniform Contents of the Vaccines

It is well known that for one reason or other, the COVID vaccines have incorporated in them some substances that could pose serious adverse health effects, such as discussed in Section III.2 above. One of these is Polyethylene glycol (PEG) which is known to be capable of causing [life-threatening anaphylactic reactions](#) in people allergic to it. For this reason, the [Fact Sheets](#) of the vaccines specifically require that would-be recipients be made aware of this fact, and people who have a history of such allergy be excluded. Unfortunately in the vast majority of cases in Nigeria, this procedure is impractical and is observed in the breach. We strongly encourage every literate person who is offered the experimental vaccine to ask to see the data sheet first!

Not only are there serious concerns about the declared contents of COVID vaccines, there are even more reasons to be worried about the undeclared contents! Medical products with Emergency Use Authorization are considered experimental, and details of their contents may not be fully disclosed. When Pfizer's Cominarty became approved in the US in August 2021, hopes were raised that at last the public will be availed the opportunity to see the full details, both of the contents and of the outcomes of clinical trials for the product. However shockingly, the US FDA which gave the approval for the vaccine hesitated to release these basic information. When a request was formally made by a group of top Scientists in the USA, under the Freedom of Information (FoI) Act, the US FDA requested the courts for [a leave of 55 years](#) to complete the process of releasing the requested information! This supposedly, is to give the Agency enough time to "redact" the data (i.e. cleanse it of proprietary information) before release.

With the contrived opacity shrouding the contents of the vaccines, researchers have turned to the original patents, which are available to the public in the relevant government departments, to get a glimpse of these contents. For instance the patent for the Moderna vaccine, titled Modified Polynucleotides for the Production of Secreted Proteins (US Patent 10,703,789 B2 of July 7, 2020) can be accessed [here](#) . The [listed contents](#) include clearly cytotoxic compounds like formaldehyde and ethylene oxide (known to be carcinogenic), as well as a substance known as SM-102 (which [data sheet](#) expressly forbids human or veterinary use). Also included is the drug delivery system (comprising of trace quantities of the metals gold, silver, and aluminium) required to [facilitate uptake](#) of the active ingredients across the blood-brain barrier; super paramagnetic iron oxide nanoparticles; human embryonic kidney cells 2928 and fibroblast (from aborted fetus); and secretions from animals, including steric acid from the digestive juices of the pig as well as fetal bovine cartilage.

Most worrisome however are the multi-functional ingredients, principally the hydrogel which is comprised of Graphene Oxide (GO) and Graphene Hydroxide (GHO), as well as the compound Luciferase which has been [recently developed](#) for nano-barcoding and identity certification purposes. Europe, with her one billion euro [Graphene Flagship initiative](#), is the undisputable leader in researching the wonder material called Graphene. The results, probably as significant as the Manhattan Project that birthed the atomic bomb in 1940s, are necessarily highly classified; and it can be reasonably assumed that the rest of the world knows virtually nothing about the deep potentials of GO and GHO embedded in the human body!

Many of these substances listed in the patents, have been confirmed as actually present in the vaccines being marketed. One of the researchers who selflessly undertook this assignment for the sake of humanity was the German doctor, Dr Andreas Noack. Sadly, he [died under mysterious conditions](#) three days after disclosing his findings. In providing an illuminating discussion of these contents, Dr Michael McDowell of Trinidad [concluded](#) that, based on presently available knowledge and technology, the "vaccines" are best described as self-assembling Operating and Communication Systems, capable of facilitating 1) merger of brain functions with Artificial Intelligence (AI), 2) Genetic alterations and human hybridization, 3) population management and population control yielding a stratified society in the mode of a beehive; and 4) genetic and electronic AI transhumanism. Dr McDowell further pointed out that "contents" can be indicative of "intents." All these are deeply concerning, to say the least.

It is recognized that not all the contents listed in the patent papers may be in every vial of the vaccine. For instance there could be some differences in the first and second doses (for the 2-dose vaccines), and also the successive "booster" doses. Thus delivery of the different components might happen gradually over time.

As a matter of fact, available evidences already indicate that these undeclared contents might vary from batch to batch of vaccines. For example in Japan, several cases [of black patches](#), visible to the naked eye, were found by vigilant health workers in some vaccine vials. This consequently led to the rejection of some batches (each containing over a million doses) and the eventual [suspension](#) of Moderna vaccines in that country. Currently, [warning labels](#) are placed on COVID vaccines in Japan, and the mandate placed on them has been dropped. An independent investigator in the United States [demonstrated](#) that the adverse effects reported in the VAERS occurred for specific batches which are systematically coded.

It is instructive to note that the [drug substance](#) for the vaccines being “produced” in South Africa for distribution in Africa under the AVAT scheme are actually being supplied from Germany, and Africans unaware of the exact contents, are only allowed to reconstitute these concoctions in the name of “production!”

This situation of unstandardized non-uniformity in the contents of vaccines open up the possibilities of different countries receiving different vaccines under the same label. Unfortunately, our NAFDAC has most irresponsibly insisted there is no need to do independent checks of the products sent to Nigeria. On its website, the NAFDAC plainly [informs](#) Nigerians that the endorsement of the WHO of the certifications provided by more “matured” foreign regulatory Agencies concerning these vaccines should be good enough for Nigeria!

4. The value of Natural Immunity is significant and CANNOT be simply discountenanced.

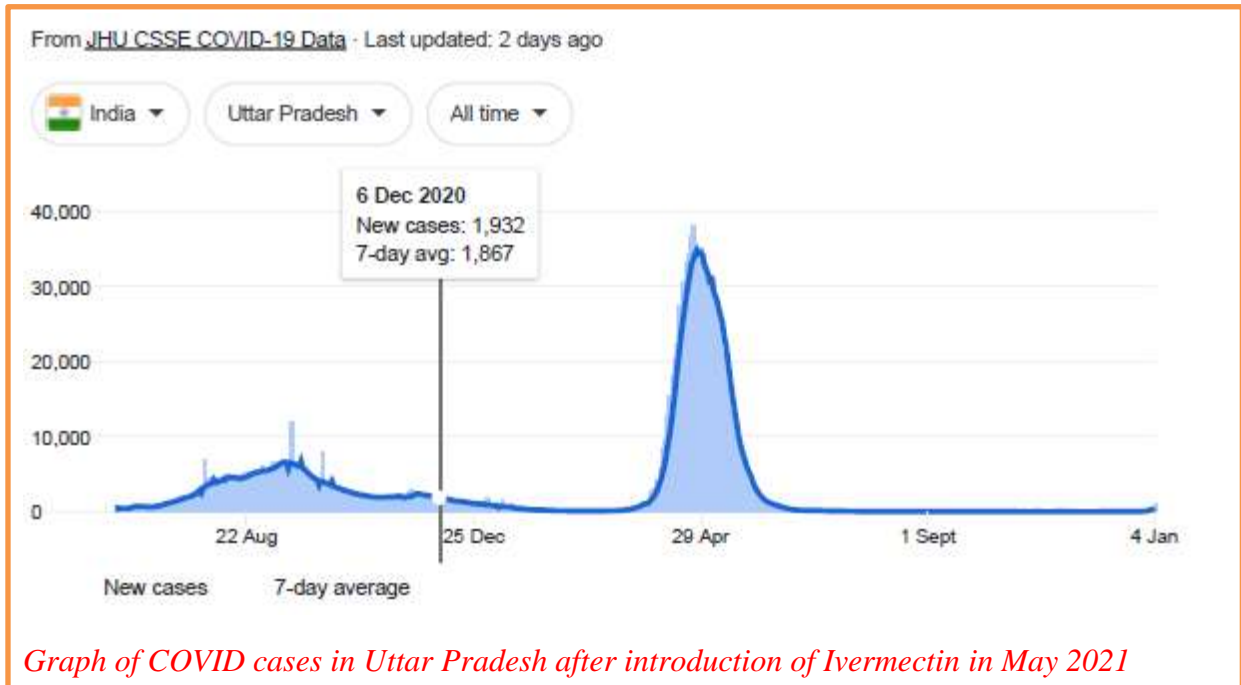
For over 100 years, it has been recognized that people who recovered from an infection would develop robust immunity to that infection. This is well established in cases of smallpox and measles for instance where a certificate of recovery from infection is accepted as good as a certificate of vaccination.

Strangely, this well-known norm has come under severe criticism and even attacks in the case of COVID-19! It has taken over a year to resolve the unnecessary doubts cast on the relevance and effectiveness of natural immunity in COVID-19. However, not only has the relevance of naturally-acquired immunity now established in COVID-19, its [superiority](#) over vaccine-induced immunity has been thoroughly demonstrated. According to a [recent Israeli study](#) involving some 2.5 million subjects, naturally-acquired immunity was found 13 times better in preventing infection and 7 times better in preventing symptomatic disease than the Pfizer experimental vaccine. [In terms of robustness](#), other studies have shown that naturally-acquired immunity can handle a wide range of virus “variants” unlike the vaccine-induced one which is limited by original vaccine design. Furthermore, naturally-acquired immunity is also much more longer-lasting. Results, [published in Science](#), showed the immune systems of more than 95% of people who recovered from COVID had durable memories of the virus up to eight months after infection.

Now, by the NCDC official data, [over 220,000](#) Nigerians under its direct custody have recovered from COVID. Millions others who didn’t have any symptoms or who recovered quietly at home also abound. Even more interesting is the result of a highly rated [study](#) published in the International Journal of Infectious Diseases demonstrating that in Sub Sahara Africa, infections from older forms of coronavirus, which occurred long before the advent of SARS CoV-2, are contributing to natural immunity which is proving very effective against the various variants of COVID-19. The adamant insistence of the Nigerian government that everybody (including all this multitude of COVID-recovered folks) MUST get the vaccine plays blind to this critical reality, and is a major fuel for the unending “conspiracy theories” that abound.

It is interesting to note that [South Africa](#) has now changed her approach to COVID, by factoring in natural immunity as a key factor determining response to COVID-19. She might well be on her way out of the COVID quagmire much sooner than later!

5. Proven Safe and Effective Alternative Solutions abound!



Other proven solutions exist for COVID-19, despite desperate efforts to demonize and proscribe these alternatives. For instance, most incredibly, two pivotal articles were hurriedly written and published in the two most prestigious medical journals Lancet and New England Journal of Medicine (NEJM), using FAKE data! Based on the adverse effects furiously attributed to Hydroxychloroquine in the fake papers, the WHO dutifully [halted](#) a trial that had been commissioned to check out the several anecdotal testimonies to the efficacy of the drug repurposed for COVID. Thereafter, the fake papers were unceremoniously [withdrawn and admitted as fake!](#) This incident alone is sufficient to confirm there are other serious hidden agenda in the COVID affair, beyond concerns for public health. Even more revealing, many scientists [continue to cite](#) these rogue papers nevertheless, and official policies based on them were not rescinded!

In the same manner, there are desperate moves to smear the well-proven effectiveness of the [Nobel Prize-winning](#) drug, Ivermectin. Ivermectin is [known](#) to be one of the safest drugs ever produced, and the desperate hounding of pharmaceutical stores to rid them of this drug tells a loud story of desperation to keep the COVID debacle ongoing. Two revealing propaganda materials published in mainstream media to desperately disparage this God-given solution to COVID-19 can be found [here](#) and [here](#).

No one can argue with clear results however. From [Croatia](#), [Denmark](#), [Norway](#), [Japan](#), the Provinces of [Uttar Pradesh](#) and [Delhi](#) in India, and [a number of states](#) in the US, the result is clear and incontrovertible: Ivermectin, used early in the course of COVID-19, is very safe and effective. The result in Uttar Pradesh is so astounding that Indian nationals in the WHO, who had vigorously pushed to hinder the use of Ivermectin in that country are currently [being sued](#) for mass murder of the thousands that needlessly died while aspersion was unreasonably cast on the potentials of Ivermectin.

Unlike the vaccines being irresponsibly mandated here, Ivermectin has actually been clinically [tried in Nigeria](#) by a group of highly respected researchers. They confirmed the well-known results that the drug is safe and highly effective both as prophylaxis and therapy for COVID.

There are a number of other options available in the developed countries, but not currently available in Nigeria. One such is based on [monoclonal antibodies therapy](#), such as was successfully used to treat then President Trump of COVID-19, in October 2020. The state of Florida has reported tremendous [successes](#), particularly in high-risk subjects with these treatments. However, according to the State's Surgeon General, Joseph Ladapo, the plan to expand the number of treatment centres has been frustrated by [sundry obstacles](#) set up by the Biden administration. As at press time, Florida is [closing all](#) the monoclonal antibodies treatment centres due to the withdrawal of the Emergency Use Authorization granted the top drugs (Regeneron and Eli Lilly) that have proved so effective. The US FDA, without any clinical testing whatsoever, "predicted" that the drugs would be ineffective against the prevalent Omicron variant and announced the [withdrawal](#). Florida rejected the alternative drugs recommended by the FDA, preferring to close the treatment centres altogether, until further notice.

And so continues the unrelenting bare-knuckle bashing of any alternative procedure that threatens the monopoly of the ineffective experimental vaccines for COVID!

IV. DEEPLY CONCERNING GOVERNANCE AND SOCIAL-ECONOMICS ISSUES



Photo: Luc Montagnier, Nobel Prize Winner for Medicine (2008): Rubbished and Censored for offering counter-narratives on COVID (Photo Credit: <https://i0.wp.com/greatgameindia.com/>)

1. Contrary Scientific Opinions Being Suppressed, Ruthlessly

A tiny cabal of very influential scientists insist not only that their opinions cannot be questioned by other, at least, equally qualified scientists, they are instigating the ridiculing and suppression of these voices of dissent. The COVID-19 Czar in the United States, Dr Anthony Fauci, sent shockwaves into the scientific world when he [recently declared](#) that any opposition to his opinions is essentially an opposition to Science! This feeble attempt at personifying science in an individual is however totally ridiculous, and completely at variance with the true spirit of Science which welcomes and encourages dissent and alternative outlooks. Mr Bill Gates is not even a health/medical scientist at all, but he was the first to dogmatically [declare in April 2020](#) that the vaccine (yet to be produced at that time) would be the only way out of COVID-19, and they would need to be administered to every person on earth!

This shameless autocratic attitude consequently resulted in the side-lining, maligning, ridiculing and even de-platforming of top-notch medical scientists, simply for daring to voice out their well-considered scientific opinions on COVID matters. The long list of top-rated scientists so abused include Robert [Malone](#) (the acclaimed inventor of the very technology being used for mRNA

COVID vaccine), [Luc Montagnier](#) (Nobel Prize winner for Medicine in 2008), and [Geert V. Bossche](#) (top executive in the vaccine industry). Both the outgoing and incoming editors of the highly reputable British Medical Journal recently had cause to pen an [open letter](#) to Facebook owner, Mark Zuckerberg, whose social media platforms have become the major battleground to drown dissenting voices on COVID vaccines.

The background to this interesting development was the Journal's decision to investigate a whistleblower's allegation of gross unscientific and unethical practices that attended the clinical trials of Pfizer's now approved Cominarty vaccine. After a thorough investigation, the BMJ published [a damning peer-reviewed report](#) that clearly rubbished the Pfizer clinical trials. In its usual manner, Facebook deployed its array of professional "Fact Checkers" to try to neutralize this BMJ report, under the usual label of "Fake news", thus provoking the unprecedented response from the BMJ!

It is not only individual Scientists that are being repressed by the COVID vaccine cabal. Literally, hundreds of thousands of credentialed medical scientists and practitioners have formed various platforms to make heard their voices, currently being stridently stifled. Some of these include the fearless and now famous [Americas Frontline Doctors](#), the 600-strong Doctors for Truth (Spain), the 500-strong [Doctors for Information](#) (Germany), [Doctors for Open Debate](#), Belgium. [World Doctors Alliance](#), in Britain, the 500-strong [Covid Doctors Network, in Australia](#) and their counterparts in [Brazil](#), Asia, and elsewhere. The [Great Barington Declaration](#) pushing an alternative protocol for managing COVID-19 different from the mainstream "vaccine-first-and-last" narrative, was signed by over 910,000 scientists and science enthusiasts, and a [Belgian one](#) signed by over 900 doctors and health professionals. The [International Free Choice](#) is convened by Luc Montagnier, and Robert F. Kennedy.

Long and short, there is no way anybody could conceivably call mandatory COVID vaccination a product of sound scientific reasoning or consensus among real scientists working for public good. Rather the unreasonable and unceasing hounding of otherwise fine breed of Scientists is yet another evidence of an utterly desperate sinister and vile global agenda at work.

2. Medical Systems being Corrupted by Incentives Encouraging False, Exaggerated Data for COVID

It is deeply troubling that in order to make the case for mandatory vaccination, long-established protocols for disease surveillance and reportage are being irresponsibly disrupted. Very often, this involved unjustified incentives which clearly promote corruption of both system and personnel.

For instance in the United States, Senator Scott Jensen, himself a physician, [affirmed](#) that Hospitals get paid more if patients are listed as COVID-19, and even three times furthermore if placed on ventilators (Fox News, April 8, 2020). This report has been corroborated severally from various parts of the world. In Uganda, a [video](#) that went viral on social media showed health officials solemnly bearing what turned out to be an empty coffin to a grave – apparently as part of a campaign to drive data of COVID deaths and stoke fears, ultimately to build up justification for mandatory vaccination.

In Nigeria, according to the [NCDC National Interim Guidelines for Clinical Management of COVID-19](#), "a death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that *cannot* be related to COVID disease (e.g. trauma)." pg 27]. Even this clearly biased definition geared to label ANY case that can conceivably be related to

COVID disease as COVID, is flouted in several known instances. There are records in the mainstream media of cases being ascribed to COVID by the NCDC when there have been [no diagnosis at all](#), including patients brought in dead, without any further action or post mortem. For all these blatant data manipulations, everybody agrees that the COVID problem in Nigeria is certainly extremely mild, and can by no means be the basis for mandating emergency medical products for all citizens!

These highly unethical practices transcend nationalities, and reports have emerged even from the most established and respected medical traditions of England. The pivotal premier case of a COVID death in the teens age group in that country came in precisely at a critical period required to sway public opinions. Even reports in mainstream news media had to be [scrubbed](#) to push the “eye brow-raising” diagnosis through!

Only time can tell what would be the real implication of all these sad disruptions and corruption of critical healthcare systems which had been established through hard work of dedicated and God-fearing professionals over centuries.

3. Open Arm-Twisting Of Government By Foreign Bodies.

The impunity and utter desperation with which the Nigeria government is pushing the mandates betray a government that is being hand-twisted by external bodies. The intense pressure on our government officials can be appreciated when one considers the open and [blatant bullying](#) of UK Prime Minister, Boris Johns, by globalist Hillary Clinton for his reluctance to sack enmasse unvaccinated government workers and introduce Vaccine Passports in his country. Similarly, clearly at the instance of the same global elites, the [Vice President of Polynesia](#), Tearii Alpha, was summarily dismissed from office for his blunt refusal to get the COVID jab. In Australia, elected members of Parliament who refuse to get jabbed [can no longer vote](#), even electronically. Even though the usual [rogue](#) “Fact Checkers” asked we rule out any foul play as there was [no “evidence”](#) of foul play, the simple fact is that four black Presidents who publicly opposed the western dictates on COVID all died suddenly within a year! A fifth, Andry Rajoelina of Madagascar survived the [assassination attempt](#) on his life on July 23.

A clear evidence of the influence of foreign bodies in our COVID response in Nigeria was provided at the [Build Back Better Summit](#) organized by the Presidential Steering Committee on COVID19 on 6-7 December, 2021. A key [objective](#), in the words of the Organizers, was to “identify resources and develop strategies that will actualize the country’s expressed international commitments towards ending COVID-19 by 31st December 2022.” Thus, actualizing “international commitments” (such as timelines for getting certain fractions of the population jabbed with the experimental vaccines) remains a cardinal goal in our official COVID-19 response.

It is quite instructive that, though listed as co-organizers, no notable official from the Federal Ministry of Health was in attendance! On the other hand, several foreign NGOs were very prominent. These included the Clinton Health Access Initiative, Bill and Melinda Gates Foundation, USAID, WHO, UNDP, Biosensors, and a few multinational companies.!

4. Economic Costs of Vaccines Not Justified

Contrary to the impression that the COVID vaccines are free donations by philanthropic-minded western nations, Nigeria (and Nigerians) are actually paying through the nose for these clearly unwanted products! Our ‘friends’ who have absolute monopoly of the so-called vaccines, set the price at which we must buy, and they further instruct our government to compel every one of our

citizens to receive the vaccine and further “boosters”. All these happen even as we are left alone to grapple with a decrepit healthcare system, and burden of other diseases peculiarly decimating our populations. In 2021, our [total health budget](#) was N547 billion while our [budget for procurement of COVID vaccines](#) was N400 billion!

Our “friends” however give us “generous” discounts and “magnanimous” loan facilities to enable us scrounge together enough resources to make the procurement! The African Export-Import Bank (Afreximbank), for example, proudly announced in August 2021 its facilitating the procurement of about 30 million doses of the Johnson & Johnson (J&J), Janssen Pharmaceuticals’ vaccine, at a substantially discounted cost of “\$7.50 as against \$10 per dose.” Somebody has suggested that the vaccines, considering the unprecedented mass production involved, huge public funds used in their development, and ultimately, their dismal efficacy, ought to be sold no more than a few cents! Incidentally, alternative therapeutics for COVID (such as Ivermectin) with much better safety and efficacy profiles are available for exactly that price – a few cents.

The western nations further encourage us to pursue the direction they set for us by kindly “donating” to us, amidst considerable pomp and pageantry, end-of-shelf-life vaccines they have been unable to use in the own country. In December 2021, Nigeria had to [destroy one million doses](#) of such donated vaccines. This followed the precedence set by Malawi who had [flatly refused](#) the suggestion by the WHO that expired vaccines could still be used by supposedly indigent African nations.

On October 1 2021, the World Bank [announced](#) the approval of a \$400 million dollar credit to Nigeria in ADDITIONAL financing to help facilitate acquisition of COVID-19 vaccines and its deployment within the country. Earlier in April, the IMF Executive Board had [approved US\\$ 3.4 Billion](#) in Emergency Support to Nigeria to address the COVID-19 Pandemic. Part of the “deployment” within the country apparently entails extensive training and travels. According to the 2022 appropriation bill the ministry of health will be spending a total of N71.6m for the purpose of travels in 2022. This is in addition to funding from other sources. It is instructive to note that the Global Fund [rejected](#) a request by the Ministry for a \$5,243,277 grant for “travels” with the explanation that extensive travels is not compatible with the “virtual” meetings being promoted as a key response to COVID-19.

At the Build Back Better Summit previously mentioned, the COVID Czar for Nigeria, Prof Oyewale Tomori [plainly stated](#) that the problem of Nigeria is NOT COVID but a combination of four factors viz Lack of Patriotism, Self-interest, Corruption, and Shamelessness.

This sound analysis would explain how government officials could brazenly and patronisingly announce crushing COVID measures in the name of safeguarding public health, while they play blind [to diseases](#) like common diarrheal (decimating 150,000 Nigerians annually), Malaria (mauling 85,000 annually), and Sickle Cell Anaemia (sending 75,000 Nigerians to early graves annually). At the last count, with all the known inflated figures COVID mortality in Nigeria has just managed to [surpass 3,000](#) after nearly two years!

5. Beyond Public Health: Both Vaccinated And Unvaccinated Nigerians Must Join Hands To Prosecute This Epic Struggle

While we at the NCRA are passionate to point out the dangers that might be lurking in the experimental products Nigerians are being hounded to receive into their veins, we recognize that adverse health effects are ordinarily statistical in nature and would depend to a large extent on the physiological constitution and health status of the individual. Indeed it is conceivable that a particular vaccinated individual who would subsequently take appropriate responsibility for his

health might not necessarily be worse-off than his vaccine-free counterpart who remains careless about other important health and lifestyle choices. One major factor here is the need to maintain a positive outlook and eschew those major drainers of natural immunity – fear and bitterness!

However, the issues involved in mandatory COVID vaccination extend far beyond public health; and even those who have received the vaccine (voluntarily or under coercion) should join the fight to reject its unconstitutional and unwarranted Mandate. Wars have been fought and millions of lives sacrificed to defend ideals such as democracy, rule of law, and Faith. It is hard to explain the dogged determination to push this vaccine globally on all human beings, without thinking of some deep hidden agenda. Data available in [public records](#), show that precisely defined patents for biometric test of COVID-19 (specifically so-named) [had been filed](#) at least five years BEFORE the COVID pandemic ever broke out, or the virus involved identified! Resisting a patently unwarranted mass deployment of the vaccines will therefore not only help limit the public health concerns involved, it would help curtail various extensive [abuses possible](#) in any potential attempt to weaponize the vaccine at some latter time.

V. CONCLUSION

We conclude that there is absolutely no basis in ethics, law, science, logic, governance, or socio-economics to justify mandatory COVID vaccination in Nigeria. We call on you, dear reader, to join the resistance and take actions you are best positioned to take. You could share this document in whole or in part as you deem appropriate. (No copyright requirements!) You could create Cartoon skits, drama, music and other forms of communication arts, from the materials. You may go to court to defend your rights being violated, write letters of protest to the local politician, or join online national and international petitions. A prolonged civil disobedience cannot also be ruled out – should that become necessary!

These measures are working elsewhere! The courts have suspended mandatory vaccination in [Kenya](#), and authorities in [South Africa](#) have decided to change the national approach to COVID-19. Other countries such as [Japan](#), [United Kingdom](#), [Czechs Republic](#), [Ireland](#), [Netherlands](#), are speaking loud and clear against mandatory vaccination.

It is inevitable that many of our compatriots would continue to be coerced or confused by desperate government agents, into receiving the inoculation they have received virtually zero information about. We only hope that the facts documented in this Position Paper would help your personal resolve not to be listed among the unacknowledged and uncelebrated experimental subjects. Also equally important, the information here should help the rest of us better monitor, discern, and correctly interpret the outcomes of this ongoing sad experiments as they inevitably manifest around us. We must resist the criminal efforts that would want to adduce the coming consequences of these unwarranted jabs to others causes.

Remember that the coming generations, your children and grandchildren, desperately need you to stand up for them against this tyranny, whilst you still may, today!

Please check our website, www.nigeriancovidresponsealliance.org for more information and feel free to contact us as necessary.

God bless Nigeria!

NCRA, January 2022.

REFERENCES

(The addresses to the hyperlinks used in citing references in the body of this Paper are expressly displayed here for the benefits of those reading the print edition of this Paper)

EXECUTIVE SUMMARY

sacrosanct norms <https://onlinelibrary.wiley.com/doi/full/10.1111/ijcp.13795>:

Fact Sheets: <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>

Gibraltar: <https://slate.com/news-and-politics/2021/04/gibraltar-covid-vaccination-safe.html>

Croatia: <https://ussanews.com/News1/2021/09/24/president-of-croatia-we-will-not-be-vaccinated-anymore/>)

Denmark: <https://www.theguardian.com/weather/2021/sep/10/denmark-lifts-all-covid-restrictions-as-vaccinations-top-80-per-cent>,

Norway: <https://lexatlas-c19.org/norway-voluntary-vaccination-is-the-policy-law-allows-for-more-but-probably-not-now/>

Japan: <https://www.lifesitenews.com/news/japan-health-ministry-shoots-down-mandatory-covid-jabs/>

Uttar Pradesh: <https://timesofindia.indiatimes.com/city/lucknow/aus-mp-up-smashed-delta-with-ivermectin/articleshow/84051286.cms>

Delhi: <https://lifestyle.inquirer.net/389302/uttar-pradesh-is-ivermectins-best-practice-success-story/>

A number of states: <https://www.jdsupra.com/legalnews/osha-s-covid-19-vaccination-mandate-is-1890010/>

UK: <https://canberraweekly.com.au/uk-pm-boris-johnson-drops-face-mask-vaccine-mandates-in-england/>

Czech Republic: <https://abcnews.go.com/Health/wireStory/czech-government-dismisses-mandate-vaccination-plan-82352700>

Netherlands: <https://www.government.nl/latest/news/2021/06/18/netherlands-to-take-big-step-in-relaxing-measures-almost-everything-allowed-with-1-5-metre-distancing>

Ireland: <https://dailytelegraph.co.nz/news/ireland-removes-almost-all-covid-restrictions/>

Cancers. <https://www.naturalnews.com/2021-11-02-science-horror-vaccine-spike-protein-enters-cell-nuclei-suppresses-dna-repair-engine-of-the-human-body-cancer-aging.html>

in excess of 3 billion dollars: <https://www.imf.org/en/News/Articles/2020/04/28/pr20191-nigeria-imf-executive-board-approves-emergency-support-to-address-covid-19>

annual health budget: <https://www.premiumtimesng.com/news/headlines/421129-2021-budget-again-nigeria-ignores-au-benchmark-for-health-funding.html>

superior: <https://doi.org/10.1101/2021.08.24.21262415>

efficacy,: <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

Robustness: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00676-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00676-9/fulltext)

Duration: <https://pubmed.ncbi.nlm.nih.gov/33408181/>

later shown: <https://www.science.org/content/article/two-elite-medical-journals-retract-coronavirus-papers-over-data-integrity-questions>

I. PREAMBLE.

previously: <https://covidvaccineunmasked.com/blog/press-statement-ncra-30th-august-2021>

emergency “interventionist outfits”: <https://www.thecable.ng/we-should-be-serious-lawan-berates-health-ministers-over-absence-at-covid-summit>
Edo 2021: <https://www.insidethegames.biz/articles/1106028/covid-vaccine-mandatory-nigeria-event>
National Youth Service Corp scheme: <https://guardian.ng/news/nysc-goes-stringent-on-covid-19-protocols-as-2021-batch-c-stream-ii-service-year-begins/>
JAMB: https://punchng.com/jamb-makes-vaccination-compulsory-for-workers-visitors/?utm_source=auto-read-also&utm_medium=web
Local Government: <https://punchng.com/enforce-compulsory-vaccination-for-lg-state-workers-fg-tells-govs/>
attempting to conflate: <https://independent.ng/nigeria-to-integrate-childhood-immunisation-into-covid-19-vaccination-nphcda/>
distanced: <https://healthwise.punchng.com/six-states-oppose-fgs-compulsory-covid-19-vaccination-plan/>
reportedly passed: <https://www.vanguardngr.com/2021/12/reps-pass-controversial-infectious-diseases-bill-into-law/>

II. MANDATORY COVID VACCINATION HAS NO BASIS IN ETHICS AND LAW

1. The vaccines are EXPERIMENTAL and have not received due Approval for regular use

Emergency Use Listing: <https://extranet.who.int/pqweb/vaccines/emergency-use-listing-procedure>

rubber-stamp: https://www.nafdac.gov.ng/wp-content/uploads/Files/Resources/Guidelines/DRUG_GUIDELINES/Guidance-document-on-Covid-19-vaccine-preparedness-finalized.pdf

restraints: <https://www.hartgroup.org/vaccine-certification/>

they cannot be made mandatory: <https://www.statnews.com/2021/02/23/federal-law-prohibits-employers-and-others-from-requiring-vaccination-with-a-covid-19-vaccine-distributed-under-an-eua/>

US: <https://www.cbs17.com/news/why-isnt-the-moderna-vaccine-fda-approved-but-pfizers-is-forbidden>

Nigeria Patients Bill of Rights: <https://www.fccpc.gov.ng/uploads/files/patients-bill-of-rights-full-version.pdf>.

stories: <https://ns2017.wordpress.com/2022/01/06/en-france-deces-apres-la-vaccination-dun-grand-pere-tres-fortune-ancien-chef-dentreprise-parisien-de-versailles-avec-assurance-vie-de-plusieurs-millions-deuro-pour-le-benefice-de-ses-enfants/>

2. The critical requirement for Informed Consent is being flouted with impunity.

the basic elements: https://en.wikipedia.org/wiki/Informed_consent

United Nations Universal Declaration on Bioethics and Human Rights (2006): <https://unesdoc.unesco.org/ark:/48223/pf0000146180>

Green Book:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994850/PHE_Greenbook_of_immunisation_chapter_2_consent_18_June21.pdf

sacrosanct norms: <https://onlinelibrary.wiley.com/doi/full/10.1111/ijcp.13795>

vaccine Fact Sheets: <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>

Openly: <https://covidvaccineunmasked.com/blog/nigeria-signed-idemnification-certificate-in-case-of-severe-side-effects-ehaniire>

e.g. Pfizer: <https://edcdeveloper.wordpress.com/2022/01/05/pfizer-will-not-give-mrna-shots-to-countries-where-they-face-legal-liabilities-for-side-effects/>

Here: <https://drive.google.com/file/d/1fZLEjYs4OCi27WxFNPM8AJAdDA8KQTjC/view?usp=sharing>

III. MANDATORY COVID VACCINATION SERIOUSLY FLAWED IN SCIENCE AND LOGIC

1. There are very serious Issues with Efficacy of the “Vaccines.”

on record: <https://www.rfi.fr/en/africa/20210322-south-africa-gets-rid-of-1-million-surplus-astrazeneca-vaccines-but-why>

Efficacy: <https://nypost.com/2021/02/08/astrazeneca-covid-vaccine-10-effective-against-south-african-strain/>

six times higher: <https://www.lifesitenews.com/news/death-rate-from-variant-covid-virus-six-times-higher-for-vaccinated-than-unvaccinated->

Results: <https://www.brownstoneresearch.com/bleeding-edge/the-u-k-is-ending-its-pandemic-restrictions/>

74% of people: <https://www.cnn.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html>

Wales:

[https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/61c1e930f9121fd080256f2a004937ed/a4f536f72da3962b8025875a0031b3c8/\\$FILE/Survey%20of%20vaccine%20status%20in%20cases%20and%20hospital%20inpatients.pdf](https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/61c1e930f9121fd080256f2a004937ed/a4f536f72da3962b8025875a0031b3c8/$FILE/Survey%20of%20vaccine%20status%20in%20cases%20and%20hospital%20inpatients.pdf)

that 80%: <https://dailytelegraph.co.nz/covid-19/nearly-8-out-of-10-covid-cases-in-nsw-to-week-ending-1-january-were-fully-vaccinated/>

Germany: <https://nationalfile.com/96-germans-omicron-fully-vaccinated-28-triple-vaxxed-4-unvaxxed-government-says/>

Israel: <https://humansarefree.com/2021/11/israel-vaccinated-account-for-90-percent-of-new-covid-hospitalizations.html>

the report: <https://www.visiontimes.com/2021/08/08/israel-hospital-vaccinated.html>
not making:

scores of cruise ships: <https://www.npr.org/sections/coronavirus-live-updates/2021/12/30/1069253312/cdc-cruise-ship-travel-covid-19>

new tweaked versions: <https://www.premiumtimesng.com/news/top-news/499915-omicron-what-manufacturers-of-vaccines-administered-in-nigeria-say-of-new-variant.html>

of 6 doses as a standard: <https://www.msn.com/en-us/news/world/netherlands-announces-plan-to-give-people-up-to-six-doses-of-covid-vaccine/ar-AAShkoz>

Doubly-vaccinated: <https://www.naturalnews.com/2021-09-03-israel-changes-definition-fully-vaccinated-covid.html>

Pathogenic Priming: <https://covidvaccineunmasked.com/blog/pathogenic-priming-vaccine-worsening-the-disease>

stalled at animal trials stage: <https://pubmed.ncbi.nlm.nih.gov/22536382/>

Recent study: <https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v2>

Gibraltar: <https://slate.com/news-and-politics/2021/04/gibraltar-covid-vaccination-safe.html>

84.4%: https://www.google.com/search?q=gibraltar+covid+vaccination+rate&rlz=1C1SAVO_

0a3be-1366bb-6572c1a-

3. Deep Concerns on the Declared, Undeclared, and Non-Uniform Contents of the Vaccines

life-threatening anaphylactic reactions: <https://childrenshealthdefense.org/defender/fda-investigates-reactions-pfizer-covid-vaccine-healthcare-workers-hospitalized/>

Fact Sheets: <http://www.cvdvaccine.com/>

a leave of 55 years: <https://aaronisiri.substack.com/p/fda-asks-federal-judge-to-grant-it>

Here: <https://pubchem.ncbi.nlm.nih.gov/patent/US-10703789-B2>

listed contents: <https://www.mhanation.com/news/2021/2/18/covid-19-vaccine-informational-materials-and-resources>

data sheet: <https://everydayconcerned.net/wp-content/uploads/2021/05/33474m.pdf>

facilitate uptake: <https://www.frontiersin.org/articles/10.3389/fmed.2021.648005/full>

recently developed: [https://www.cell.com/chem/pdf/S2451-9294\(18\)30031-7.pdf](https://www.cell.com/chem/pdf/S2451-9294(18)30031-7.pdf)

Graphene Flagship initiative: <https://www.graphene-info.com/graphene-flagship#:~:text=The%20Graphene%20Flagship%20is%20a,Europe's%20biggest%20ever%20research%20initiative.>

Died under mysterious conditions: <https://madisonarealymesupportgroup.com/2021/12/14/german-chemist-dr-andreas-noack-found-dead-after-exposing-presence-of-graphene-hydroxide-in-covid-vaccines-not-the-first-time-a-doctor-has-been-persecuted-or-eliminated-also-free-resources/>

Concluded: <https://web.facebook.com/watch/?v=821601845230729>

Of black patches: <https://thetruthaboutvaccines.com/japan-reports-metal-shavings-moderna-covid-jab/>

Suspension: <https://www.reuters.com/business/healthcare-pharmaceuticals/two-die-japan-after-shots-suspended-moderna-vaccines-japan-govt-2021-08-28/>

Warning labels: <https://dailyexpose.uk/2021/12/12/japan-places-warning-on-covid-vaccines/>

Demonstrated: https://hillmd.substack.com/p/vaccine-batches-vary-in-toxicity?utm_source=substack&utm_campaign=post_embed&utm_medium=web

drug substance: https://www.wipo.int/wipo_magazine/en/2021/04/article_0002.html

Informs: https://www.nafdac.gov.ng.cdn.ampproject.org/v/s/www.nafdac.gov.ng/safety-of-covid-vaccines-what-nafdac-wants-the-public-to-know/amp/?amp_js_v=a6&_gsa=1&usqp=mq331AQKKAFQArABIICAw%3D%3D#aoh=16310481567276&referrer=https%3A%2F%2Fwww.google.com&_tf=From%20%251%24s&share=https%3A%2F%2Fwww.nafdac.gov.ng%2Fsafety-of-covid-vaccines-what-nafdac-wants-the-public-to-know%2F

4. The value of Natural Immunity is significant and CANNOT be simply discountenanced,

Superiority: <https://doi.org/10.1101/2021.08.24.21262415>

Recent Israeli study: <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

In terms of robustness: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00676-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00676-9/fulltext)

Published in Science: <https://pubmed.ncbi.nlm.nih.gov/33408181/>

Over 220,000: <https://covid19.ncdc.gov.ng/>

Study: [https://www.ijidonline.com/article/S1201-9712\(20\)32310-9/fulltext](https://www.ijidonline.com/article/S1201-9712(20)32310-9/fulltext)

South Africa: <https://theconversation.com/south-africa-has-changed-tack-on-tackling-covid-why-it-makes-sense-174243>

5. Proven Safe and Effective Alternative Solutions abound!

Halted: <https://www.who.int/news/item/04-07-2020-who-discontinues-hydroxychloroquine-and-lopinavir-ritonavir-treatment-arms-for-covid-19>

Withdrawn and admitted as fake!: <https://www.science.org/content/article/two-elite-medical-journals-retract-coronavirus-papers-over-data-integrity-questions>

Continue to cite: <https://www.science.org/content/article/many-scientists-citing-two-scandalous-covid-19-papers-ignore-their-retractions>

Known: <https://bird-group.org/>

Here: <https://scdhec.gov/covid19/dangers-using-hydroxychloroquine-ivermectin-preventing-or-treating-covid-19>

Here.: <https://www.forbes.com/sites/brucelee/2021/11/27/no-ivermectin-did-not-help-japan-bring-down-covid-19-coronavirus-delta-surge/?sh=63b787c92938>

Croatia: <https://ussanews.com/News1/2021/09/24/president-of-croatia-we-will-not-be-vaccinated-anymore/>

Denmark: <https://www.theguardian.com/weather/2021/sep/10/denmark-lifts-all-covid-restrictions-as-vaccinations-top-80-per-cent>,

Norway: <https://lexatlas-c19.org/norway-voluntary-vaccination-is-the-policy-law-allows-for-more-but-probably-not-now/>

Uttar Pradesh <https://timesofindia.indiatimes.com/city/lucknow/aus-mp-up-smashed-delta-with-ivermectin/articleshow/84051286.cms>

Delhi: <https://lifestyle.inquirer.net/389302/uttar-pradesh-is-ivermectins-best-practice-success-story/>

being sued: <https://worldfreedomalliance.org/au/news/india-charges-who-scientist-soumya-swaminathan-for-mass-murder-the-beginning-of-accountability/>

trialed in Nigeria: <https://www.premiumtimesng.com/news/top-news/436322-nigerian-scientists-brief-osinbajo-on-potential-drug-for-coronavirus.html>

monoclonal antibodies therapy:
<https://www.usatoday.com/story/news/health/2020/12/21/monoclonal-antibodies-covid-19-donald-trump-regeneron-lilly/3895201001/>,

successes: <https://www.flgov.com/2021/10/14/governor-ron-desantis-highlights-monoclonal-antibody-treatment-success-in-florida/>

sundry obstacles: <https://weartv.com/news/local/florida-surgeon-general-claims-federal-government-limiting-monoclonal-antibody-treatment>

closing all: <https://www.floridahealth.gov/newsroom/2022/01/20220124-fda-removes-treatment-authorization.pr.html>

withdrawal.: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-limits-use-certain-monoclonal-antibodies-treat-covid-19-due-omicron>

IV. DEEPLY CONCERNING GOVERNANCE AND SOCIAL-ECONOMICS ISSUES

recently declared: <https://www.forbes.com/sites/carlieporterfield/2021/06/09/fauci-on-gop-criticism-attacks-on-me-quite-frankly-are-attacks-on-science/?sh=2b3426364542>

declare in April 2020: <https://www.gatesnotes.com/health/what-you-need-to-know-about-the-covid-19-vaccine>

Malone: <https://childrenshealthdefense.org/defender/robert-malone-fauci-unvaccinated-covid-variants/>

Geert V. Bossche: <https://childrenshealthdefense.org/defender/interview-rob-verkerk-vanden-bossche-mass-covid-vaccinations/>

open letter: <https://www.bmj.com/content/375/bmj.n2635/rr-80>

a damning peer-reviewed report: <https://www.bmj.com/content/375/bmj.n2635>

Americas Frontline Doctors: <https://www.americasfrontlinedoctors.org/>

Doctors for Information: <https://humansarefree.com/2020/09/500-german-doctors-and-scientists-question-official-covid-19-story-it-is-high-time-that-we-took-this-into-our-own-hands.html>

Doctors for Open Debate: <https://docs4opendebate.be/en/doctors-initiatives/>

World Doctors Alliance: <http://www.worlddoctorsalliance.com/>

Covid Doctors Network, in Australia: <https://www.coviddoctorsnetwork.com/>

Brazil: <https://conexaopolitica.com.br/ultimas/brazilian-scientists-and-academics-write-an-open-letter-on-the-science-of-the-coronavirus-pandemic/>

Great Barington Declaration: <https://gbdeclaration.org/>

Belgian one:

http://omgekeerde lockdown.simplesite.com/?fbclid=IwAR2bJAAShAllidjnRQPyVSoZbk1Uj-FTHAthL77hKX_Oo8aMLN3V6DdwAac

International Free Choice: <https://www.internationalfreechoice.com/>

2. Medical Systems being Corrupted by Incentives Encouraging False, Exaggerated Data for COVID

Affirmed: <https://www.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/>

Video:

https://www.tiktok.com/@mrjosuaehk/video/6976256560339193094?_d=secCgYIASAHKAESM

NCDC National Interim Guidelines for Clinical Management of COVID-19:

https://covid19.ncdc.gov.ng/media/files/National_Interim_Guidelines_for_Clinical_Management_of_COVID-19_v3.pdf,

no diagnosis at all: <http://churcharise.blogspot.com/2020/04/draft-global-governance-rides-in-on.html>

3. Open Arm-Twisting Of Government By Foreign Bodies.

scrubbed: <https://www.spiked-online.com/2020/03/27/chloe-middleton-the-coronavirus-death-that-wasnt/>

Blatant bullying: <https://www.express.co.uk/news/politics/1510678/hillary-clinton-andrew-marr-mandate-vaccine-passports-covid-anti-vaxxers-boris-johnson-vn>

Vice President of Polynesia: <https://newsrnd.com/life/2021-11-05-covid-19--in-polynesia--the-vice-president-dismissed-from-his-post-for-refusing-the-vaccination.SympaLzwY.html>

Can no longer vote: <https://www.abc.net.au/news/2021-10-15/unvaccinated-victorian-mps-barred-from-entering-parliament/100541136>

Rogue: <https://www.bmj.com/content/bmj/376/bmj.o95.full.pdf>

no “evidence”: <https://www.reuters.com/article/factcheck-africa-leaderscovid-idUSL1N2OY23Y>

assassination attempt: <https://www.africanews.com/2021/07/23/madagascar-foils-assassination-attempt-on-president-andry-rajoelina/>

objective: <https://2021.covid19summit.com.ng/>

Build Back Better Summit: <https://2021.covid19summit.com.ng/>

4. Economic Costs of Vaccines Not Justified

total health budget: <https://www.premiumtimesng.com/news/headlines/421129-2021-budget-again-nigeria-ignores-au-benchmark-for-health-funding.html>

budget for procurement of COVID vaccine: <https://nairametrics.com/2020/12/22/fg-plans-to-purchase-vaccines-for-n400-billion-health-minister/>

destroy one million doses: <https://www.aljazeera.com/news/2021/12/22/nigeria-destroys-more-than-1-million-expired-covid-vaccines>
flatly refused: https://www.voanews.com/a/covid-19-pandemic_malawi-rejects-who-call-use-expired-covid-vaccine/6205008.html
Announced: <https://guardian.ng/news/world-bank-approves-400m-credit-for-nigeria-to-scale-up-covid-19-vaccination/>
approved US\$ 3.4 Billion: <https://www.imf.org/en/News/Articles/2020/04/28/pr20191-nigeria-imf-executive-board-approves-emergency-support-to-address-covid-19>
rejected: <https://punchng.com/covid-19-global-fund-rejects-fgs-5-2m-travel-request/>
to diseases: <http://www.nomandatoryvaxnaija.org/>
surpass 3,000: <https://covid19.ncdc.gov.ng/>

5. Beyond Public Health: Both Vaccinated And Unvaccinated Nigerians Must Join Hands To Prosecute This Epic Struggle

public records:

https://nl.espacenet.com/publicationDetails/inpadocPatentFamily?CC=US&NR=2020279585A1&KC=A1&FT=D&ND=3&date=20200903&DB=&locale=nl_NL
had been filed: <https://theduran.com/atomic-bombshell-we-have-proof-that-rothschilds-patented-covid-19-biometric-tests-in-2015-and-2017/>
abuses possible: <http://churcharise.blogspot.com/2020/04/draft-global-governance-rides-in-on.html>

V. CONCLUSION

Kenya: <https://www.aljazeera.com/news/2021/12/14/kenyan-court-suspends-mandatory-vaccination-order>
South Africa: <https://theconversation.com/south-africa-has-changed-tack-on-tackling-covid-why-it-makes-sense-174243>
Japan: <https://www.lifesitenews.com/news/japan-health-ministry-shoots-down-mandatory-covid-jabs/>
United Kingdom: <https://canberraweekly.com.au/uk-pm-boris-johnson-drops-face-mask-vaccine-mandates-in-england/>
Czechs Republic: <https://abcnews.go.com/Health/wireStory/czech-government-dismisses-mandate-vaccination-plan-82352700>
Ireland: <https://dailytelegraph.co.nz/news/ireland-removes-almost-all-covid-restrictions/>
Netherlands: <https://www.government.nl/latest/news/2021/06/18/netherlands-to-take-big-step-in-relaxing-measures-almost-everything-allowed-with-1-5-metre-distancing>
<http://www.nigeriancovidresponsealliance.org/>