

“NEVER AGAIN?” – THE NUREMBERG CODE (1947) NO LONGER ABOUT HISTORY – IT IS HAPPENING AGAIN – NOW

The 10 principles of the Nuremberg Code (below) *oblige* any doctor or official conducting a medical experiment on humans *to ensure that consent of each subject is voluntary, fully informed, obtained without coercion in any form and respects their body sovereignty*. These principles are part of medical codes world wide, in ethics and in law.

Here the Nuremberg Code is formatted in the left column for easy comparison to our experience of the COVID-19 genetic “vaccine” experiment, which concludes on May 2, 2023. Italics highlight where the Code has been violated. (NOTE: Summary at bottom.)

THE NUREMBERG CODE 1947	COVID PRACTICE 2020-21
<p>10 PRINCIPLES OF PERMISSIBLE MEDICAL EXPERIMENTS</p> <p>“... Protagonists of the practice of human experimentation justify their views on the basis that such experiments yield results for the good of society <i>that are unprocurable by other methods*</i> or means of study. All agree, however, that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts:”</p>	
<p>1. The voluntary consent of the human subject is absolutely essential. This means that the person involved <i>should have the legal capacity to give consent</i>; ...and be able to exercise free power of choice:</p>	<p>The vaccines are being forced on people with diminished cognitive ability and others in nursing and care homes, often without prior knowledge or consent from family.</p>
<ul style="list-style-type: none"> • ... <i>without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion.</i> 	<p>Every element of coercion and stress listed here has been part of the COVID experience (See Summary below.)</p>
<ul style="list-style-type: none"> • <i>[The information necessary]... to make an understanding and enlightened decision.</i> 	<p>Govt and media give the public contradictory information. Doctors are left uninformed.</p>
<ul style="list-style-type: none"> • This latter element requires <i>that before the acceptance of an affirmative decision</i> by the experimental subject [the subject]] should be told: <ul style="list-style-type: none"> • <i>the nature, duration, and purpose of the experiment;</i> • the method and means by which it is to be conducted; • <i>all inconveniences and hazards reasonably to be expected;</i> • <i>the effects upon his [or her] health or person which may possibly come from his participation in the experiment.</i> 	<p>Subjects aren’t told the shots are part of an experiment that is not fully tested for safety. There is no requirement or protocol for administrators to fully inform subjects of risks. Those administering shots are often unaware they’re conducting an experiment, or of the full list of reported adverse events and deaths. People are unaware that in the absence of safety data, human subjects are being used effectively as “test animals” to obtain the very safety information they need to know before their can give full consent in law is possible.</p>
<ul style="list-style-type: none"> • The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. <i>It is a personal duty and responsibility which may not be delegated to another with impunity</i> 	<p>Doctors, nurses, paramedics, and lay volunteers are unaware that by law they must ensure not only that the subject consents to receiving the shot but is also fully informed <i>and understands</i> the risks.</p>
<p>2. The experiment should be such as to yield fruitful results for the good of society, <i>unprocurable by other methods</i> or means of study, and not random <i>and unnecessary in nature</i>.</p>	<p>Other methods (HCQ, Ivermectin, Quercetin, Azithromycin, Zinc, Copper, Methadone, Vitamins D3, C K2, Corticosteroids, Ozone) all offer superior results than the ECV.</p>

3. The experiment <i>should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment.</i>	Animal trials showed catastrophic risk with 100% of animals dying. Natural history shows coronaviruses are mild and short-lived, with even weaker variants and are generally handled easily by the immune system
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.	Subjects are often emotionally coerced into accepting shots given with no observation period, no monitoring, and no follow up.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.	The drive to coerce caregivers, nurses and first responders into accepting the shots first may be a way to reduce liability of others initiating and promoting this program.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.	The great majority of people with acquired immunity or are at near zero risk from COVID are still being coerced to accept the shot.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death.	The strident urgency of administering the shot to as many people as possible has replaced protection of subjects as a priority. The shot clinics or stations are often run by people with limited training and no ability to assess, document or follow up on side effects. As a result post-deaths and adverse events go un-noted, denied and even actively discounted.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.	
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.	People refusing the shots are facing a threat of being denied critical social and essential economic intercourse and life services if they do not submit to participation in the genetic “vaccine” experiment.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.	Politicians, not scientists, are in charge of the experiment and follow guidance from bureaucrats and vaccine producers In spite of the growing evidence from statistical studies, and testimony of deaths and injuries directly related to the shot, from tens of thousands of medical experts around the world.

IN SUMMARY Government has embarked on an aggressive campaign to inoculate an unsuspecting and ill-informed populace with the product of a technology never before used in humans. This untested “medical device” of genetic modification has been deliberately mislabelled a “vaccine” even though it is still in the phase three experimental testing stage. The inoculation campaigns *constitute egregious and multiple violations of every single paragraph of the Nuremberg Code.*

Government “vaccine” campaigns, with complicit media, have used fraudulent declarations of public emergency, censorship of critical information, unlawful mandates, overreaching controls, fraudulent data and protocols, and coercive social and economic force to induce the entire populace to submit to taking part in the experiment.

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To see the unedited version of the Nuremberg Code go to <http://www.cirp.org/library/ethics/nuremberg/>

RECOMMENDED: COVID Report: tiny.cc/CoVidReport; **COVID Data** tiny.cc/CoVidData;