

Violations of Nuremberg Code in Covid-19 Control Program

By (1)Nicholas Bednarski, M.D. with (2)Phil Duffy

Introduction

By Patrick Barron

In keeping with the medical theme of the following essay by Dr. Nicholas Bednarski and Phil Duffy, their conclusion about damage done by the response by government, the media, and the drug companies to the Covid 19 “pandemic” may be a bitter pill indeed for most Americans to swallow. Since the end of WWII and the revelations of the horrendous Nazi “crimes against humanity”, Americans have assumed that their leaders would never commit such acts. This essay shows that America’s leaders did perpetrate such horrendous crimes, crimes that may even eclipse those of the Nazi leaders due to the worldwide damage they inflicted. This essay is written for serious readers, not for the squeamish. Perpetrators included members of both political parties plus the mainstream and social media. The drug companies colluded with these powerful political people not only to hide dangerous side effects of their drugs but also to lie about the very nature of the drugs. In other words, the rot in America’s elite was deep and pervasive.

Executive Summary

As death camp after death camp was liberated by the Allied forces in the first half of 1945, world opinion was shocked and appalled by what had happened in Germany during the Nazi era. There were calls for justice, the first of which led to the Nuremberg Tribunal of the top Nazi leadership. Twelve additional tribunals were conducted by the United States. One did gain international attention-the trial of the Nazi physicians.

The Doctor Trial, as it was popularly called, included crimes conducted against German nationals considered “undesirables as well as nationals of conquered nations. Sixteen of the defendants were found guilty and seven were executed. The decision in the case includes ten points that have been called the Nuremberg Code, addressing acceptable medical experimentation on human subjects. All ten were violated by what might be called the Covid 19 Control Program.

Item 1 deals with the doctrine of informed consent to any experimental treatment. Voluntary informed consent was denied under the Covid 19 Control Program. None were informed of the nature or duration of the experiment, or what hazards might be expected.

Despite its experimental nature, the Covid 19 Control Program also violated Item 2 of the Code. It was not set up in any way to study the effects, adverse events, or outcomes of the vaccination program or societal restrictions, but rather applied in a random and arbitrary way, even after many of the measures were found to be unnecessary.

Since no full animal studies were done prior to the application of the artificial mRNA vaccine and societal restrictions, and there was no knowledge of the natural history of Covid 19 and artificially produced virus, Item 3 of the Code was violated as well.

No efforts were made by the mandating governmental and private public health authorities to avoid unnecessary physical and mental suffering and injury, breaking Nuremberg Code Item 4.

Since the mandating authorities had done no longer term animal or human studies of the artificial mRNA vaccine, neither they nor medical practitioners nor the public could know if there were risks of disabling injury or death; thus, violating Nuremberg Code Item 5.

The overall risk from Covid 19 was not known, but massively overblown estimates of risk were endorsed by the authorities and media in a kind of public health hysteria to convince all of the humanitarian importance of complying with all the unstudied and unproven measures they dictated. This breaks the 6th item of the Code.

Under Item 7, we show that virtually no preparations or facilities were or are available to protect the public against even the remotest possibility of injury, disability, or death.

In noncompliance with Item 8, NO scientifically qualified persons were involved in conducting any stage of this vast international experiment on a national or international level.

Item 9 details the right of any human experimental subject to stop participation at any time for any reason. Yet governmental and societal coercion worked hand-in-glove to prevent such.

Item 10 finishes the Code, noting that there must be a supervising scientist in charge, ready to terminate the experiment at any time if probable cause exists that harm may come to the experimental human subjects. As we note, there was no scientist in charge, rather political and media advocates untrained in the science and technology, violating prior international standards of pandemic policy.

Short-term and long-term adverse outcomes continued to evolve from this unwarranted, unplanned, unstudied experiment on the world's populations. Given that all ten of the Nuremberg Code's standards were broken, some accountability for what could be described as a crime against humanity should be sought. But no venue for judgment of these allegations exists currently. Our response to this betrayal must for now be individual and personal, and possible methods are prescribed. Responses to future such totalitarian movements are recommended.

Part I

As death camp after death camp was liberated by the Allied forces in the first half of 1945, world opinion was shocked and appalled by what had happened in Germany during the Nazi era. Wasn't

Germany the land of Bach and Beethoven, Goethe and Schiller, and Kant and Schopenhauer? How could such things happen in such a civilized nation?

There were calls for justice, the first of which led to the Nuremberg Tribunal of the top Nazi leadership. The [National World War II Museum](#) describes the event:

After the war, Allied powers—United States, Great Britain, France, and the Soviet Union—came together to form the International Military Tribunal (IMT). From 1945 to 1946, Nazi Germany leaders stood trial for crimes against peace, war crimes, crimes against humanity, and conspiracy to commit any of the foregoing crimes.

24 individuals were indicted and 21 appeared before the court:

On October 1, 1946, the Tribunal convicted 19 of the defendants and acquitted three. Of those convicted, 12 were sentenced to death. Three defendants were sentenced to life imprisonment and four to prison terms ranging from 10 to 20 years. On October 16, executions were carried out by hanging in the gymnasium of the courthouse. Hermann Göring committed suicide the night before his execution. In 1947, the prisoners sentenced to incarceration were sent to Spandau Prison in Berlin.

There were twelve additional tribunals conducted by the United States in Nuremberg's Palace of Justice. Most did not get the attention of the initial trial, but there was one exception – the trial of the Nazi physicians. The [United States Holocaust Memorial Museum](#) relates the charges against the Nazi physicians and medical administrators:

In Nazi Germany, German physicians planned and enacted the Euthanasia Program, the systematic killing of those they deemed "unworthy of life." The victims included the institutionalized mentally ill and physically impaired. Further, during World War II, German physicians conducted pseudoscientific medical experiments utilizing thousands of concentration camp prisoners without their consent. Most died or were permanently impaired as a result.

Whereas the focus of the initial trial had been on war crimes and crimes against humanity involving invaded nations, the Doctors Trial, as it was popularly called (officially *United States v. Karl Brandt et al.*), included crimes conducted against all nationals, including Germany's own.

Sixteen of the defendants were found guilty and seven were sentenced to death. The decision in the case includes ten points that have been called the *Nuremberg Code*, addressing acceptable medical experimentation on human subjects. All ten apply to what might be called the Covid-19 Control Program.

Item 1

This is how Item 1 of the Nuremberg Code reads:

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

John Allison, JD has written extensively on informed consent and is quoted in Chapter 16, Covid-19 Vaccines and Informed Consent of Robert Malone's book, *Lies My Government Told Me*. He notes that a requirement for informed consent is that the person or their legally recognized agent be informed about the risks and benefits of, and alternatives to, the proposed treatment.

The FDA and CDC established Emergency Use Authorization for the mRNA products based on what they knew was incomplete safety and efficacy testing and withheld this information from the public and the scientific community at large until forced to reveal Pfizer and Moderna's "proprietary data ". Meanwhile they conducted, along with fellow travelers in Mainstream Media and other government agencies as well as "influencers" at large, a campaign of disinformation and censorship as medical scientists around the world began to examine,

- actual natural history of Covid in various age groups and medical conditions
- adverse events that rapidly began to arise due to the mRNA vaccine and the spike protein it caused the body to produce, and the "lipid nanoparticle envelope" (LNP) containing the artificial mRNA
- actual degree of protection from infection, serious illness, and death in various groups of persons
- actual degree of reduced transmission of the virus to others
- duration of any such protection against infection or transmission
- comparison of actual protection from the artificial mRNA "vaccine" to the natural protection from actual viral infection, and
- effects of this artificial mRNA genetic "immunization" on changes of the virus and follow-up infections with new resistant versions of the Covid virus.

The incomplete safety testing included the total absence of any knowledge of how and where the artificial mRNA and its lipid nanoparticle envelopes went in the body and how long they lasted in the body.

The absence of all this information on safety and effectiveness was withheld from all, and the error in logic of Appeal to Authority (the NIH, FDA, and CDC) was used to deny any need to provide it to the public or to medical practitioners. As the pandemic progressed information about the product's limited

ability to prevent infections, serious illness, death, or transmission was clearly seen (no vaccine is 100% effective in all these factors). Various levels of government, along with the NIH, CDC, FDA, and Mainstream Media and social media influencers, continued to insist that the “vaccine” was “completely effective and completely safe”. Deliberate *spreading* of false or misleading information continued as all scientific dissent was canceled.

The main alternative to the proposed treatment, NOT getting the mRNA “vaccine”, was forbidden. Even those previously infected or found to be at virtually no risk of serious illness, hospitalization, or death (*children, young or healthy adults*) were required to be vaccinated on pain of social and governmental penalties. For many categories of essentially “safe” persons, the treatment was mandated by law or administrative or corporate fiat without Constitutional authority. **Voluntary informed consent was denied.**

Alternatives for treatment were purposefully ignored and censored. Treatments with high risk of damage or death were not only recommended by these same authorities but virtually required. Remdesivir, an antiviral with no known prior uses fitting FDA criteria for safety and effectiveness was effectively mandated in hospitals despite the high death rate and episodes of kidney failure known to be associated with its use. Artificial machine ventilation, soon found associated with an excessive death rate for hospital patients with Covid-associated pneumonia, was essentially mandated for continued use by a reverse “greenmail”—hospitals got paid much more than their usual fees for any patient who had a positive Covid test, whether or not that was responsible for their hospitalization and illness, and even more if they were placed on an artificial ventilator.

Meanwhile, many other physicians, medical scientists, and academics worldwide began to publish findings about the association between use of the old drugs Ivermectin and Hydroxychloroquine in usual doses as used for other diseases safely and effectively for millions over decades. The response by the NIH/CDC/FDA was to conduct studies using known toxic doses of Hydroxychloroquine late in the course of disease in severely ill hospitalized patients and then conclude that it was of no positive benefit and had caused toxicity. Similar high dose/late course studies were done with Ivermectin as it was publicly dismissed by the FDA as “horse dewormer”. Despite the long-established legal and medically ethical doctrine of “off label” use of drugs proven relatively safe for their primary treatment conditions, physicians were threatened and disciplined all over the United States if they dared to use treatments developed internationally using Ivermectin, Hydroxychloroquine, or other inexpensive medications found to be helpful. Even speaking about the use of these medications for Covid was considered a violation of a new absolute standard of care, the “scientific consensus” arbitrarily enforced by our public health authorities.

Further parts of Item 1 in the Code:

... before the acceptance of an affirmative decision by the experimental subject there should be made known to him/her the nature, duration and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be

expected; and the effects upon his health or person which may possibly come from his/her participation in the experiment.

The nature and purpose of the Covid pandemic experiment was implied; to stop the spread of the disease, reduce serious illness, hospitalization, and death, and achieve “herd immunity” (a high enough percentage of the overall population immunized so that further spread or continued existence of the virus was prevented). The duration of the experiment was never revealed or discussed, and now seems endless, with continuing boosters for a now endemic (always present) virus. The violation of every prior “pandemic wargame” that led to WHO’s policy of no universal lockdowns was not revealed and quickly denied. The avowed goal of the experiment, full worldwide vaccination with an untested product never used in humans, kept shifting from flattening the curve to saving everyone else as the definition of “herd immunity” shifted ever upward under Dr. Fauci’s version of “the Science”. True scientific methods specifically disallow changing the protocols of an experiment during the experiment.

The final part of Item 1 in the Code:

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

Our medical community, answering the siren call of governmental public health authorities, immediately and persistently violated this paragraph. Multiple individuals at the NIH, CDC, and FDA started and directed the requirement for total population vaccination with a completely experimental artificial mRNA vaccine. This is, in fact, a genetic therapy, and those organizations violated their own guidelines regarding such therapies. Those requirements rapidly became mandates with punishments for physicians or other health entities that did not comply and for subpopulations and individuals who refused to be participants in the experiment. Most physicians, whether under duress or not, violated their personal duty and responsibility to obtain true informed consent from each individual they vaccinated, delegating the authority and use of their medical license to public health authorities.

THUS, VIRTUALLY ALL ASPECTS OF NUREMBERG CODE 1 WERE VIOLATED.

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Part I of this series has addressed the conflicts between the Nuremberg Code, Item #1 and the Covid-19 Control Program that was foisted on the American people. Subsequent articles will address the remainder of the Nuremberg Code.

## Part II

This is the second part of a three-part series, The Nuremberg Code and Covid-19 Control. The first part demonstrated that virtually all aspects of Nuremberg Code were violated within the Covid-19 Control Program for Item 1. This part of the series will explore violations of items 2 to 5.

## Item 2

Item 2 reads:

**The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.**

Quoting our federal health authorities, the artificial mRNA “vaccine” was Emergency Use Authorization. It was not, nor has it yet been approved for use under FDA regulations. This confirms its use as “an experiment”, falling under the full meaning of the Nuremberg Code.

The experiment was intended to yield fruitful results for the good of society, but as noted above, those fruits kept shifting in type and ripening or spoiling. Given the multiple and changing endpoints of this unprecedented vast experiment wherein no attempt at designing the “study” to learn if it was providing any social good rather than largely destroying the economy and condemning large populations of youth to irrecoverable social and educational deficits, we cannot know if the random and changing benefits were procurable by any “other methods or means of study”. We know now that the principles of [The Great Barrington Declaration](#), largely followed in Sweden and Florida, did result in a greater good for those societies measured in age-adjusted lives lost, educational and social benefits, and preservation of economic welfare. Other methods of Covid-19 treatment were being pursued by physicians, including treatment with Ivermectin and Hydroxychloroquine and other medications. These were dismissed as ineffective despite good evidence of safety and effectiveness. That evidence was censored, leaving individuals with the impression that only two choices were available –

(1) receive the vaccine shots or

(2) accept the deadly consequences of being unprotected against Covid-19 and be responsible for the deaths of others by harboring and transmitting the virus.

The minimal rate of serious illness, hospitalization, and death except in very small well-defined populations (those over 70 and/or with multiple chronic health problems) was rapidly apparent in the early phases of the pandemic, showing the experimental use of population-wide immunization unnecessary. These findings were ignored and denied.

HERE AGAIN ALL ASPECTS OF ITEM 2 WERE VIOLATED.

## Item 3

Item 3 of the Nuremberg Code reads:

**The experiment 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 will justify the performance of the experiment.**

The artificial mRNA “vaccines” were tested in rodents with the endpoint being their production of “neutralizing antibodies” against the Covid 19 virus. These studies did not evaluate distribution in the body of the artificial mRNA or lipid nanoparticle envelopes or the “spike protein” that the artificial mRNA instructed the body to make, the duration those substances persisted in the animals, or any long-term side effects (rodents do not live that long). These same aspects were ignored in early human studies. Under the [Operation Warp Speed](#) program human studies ended earlier than designed, again violating true scientific method. The control group of unvaccinated persons were then offered and for the most part given the vaccine, ending their usefulness as a control group over any longer period of observation—another gross violation of scientific protocol. No longer term follow-up for possible adverse effects was done. When the raw data was finally revealed after FOIA (Freedom of Information Act) lawsuits, that data revealed the vaccinated population fared worse than the unvaccinated population in various respects. The chosen endpoint again was primarily the level of “neutralizing antibodies” raised using the artificial mRNA. No studies have been done to date to try to correlate the level of neutralizing antibodies with

- protection from infection
- protection from serious illness or hospitalization
- protection from death
- preventing transmission of infection to others.

No studies were done regarding the safety of the lipid nanoparticle envelopes that contain and transport this artificial mRNA in animals or humans. These particles contain [Polyethylene glycol](#), and several other chemicals labeled by their manufacturers as “not for human use”. The artificial mRNA in the “vaccine” has large amounts of [pseudouridine](#) substituted for what would naturally be uridine in its structure, which suppresses immune reaction to the mRNA and delays the mRNA breakdown by the body. Additionally, the pharmaceutical companies changed the manufacturing method of the artificial mRNA for vaccination from that used in the initial studies. [The current artificial mRNA has been found to be contaminated \(adulterated\) with DNA from SV-40, a simian virus known to cause cancer.](#) No such artificial mRNA constructed with modified pseudouridine or adulterated with foreign DNA has been tested for safety in humans or animals.

The natural history of the disease, and its fatality ratio, were obscured by computer models from Neil Ferguson’s Imperial College of London laboratory, infamous for its prior multiple failures to provide accurate information or predictions. His predictions were of a fatality rate of 3.4% of cases; the observed rate overall was less than 0.5%, like influenza. His estimates predicting mass death on a worldwide scale failed to materialize even in areas that did essentially no vaccination, lockdowns, or masking (Africa, for example). Yet our public became convinced by government propaganda that the death rate remained much higher, even for younger people, long after observation showed Covid 19’s more benign nature. Given substantial evidence suggesting that the virus was manufactured under NIH grants and accidentally released at the Wuhan Virology Institute, no natural history of the infection in

animals or humans was or is known. Thus, the results of the experimental use of the artificial mRNA vaccine could not be anticipated.

THE EXPERIMENT COULD NOT BE JUSTIFIED UNDER THIS RULE OF THE NUREMBERG CODE.

#### Item 4

Item 4 reads:

**The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.**

The mandated use of the vaccine, without proof of which one could be dismissed from employment or service in the military, or prevented from traveling, seeing loved ones, or going to school, caused irreparable physical and mental suffering and injury that is still being tallied. Those are aside from the many adverse effects observed, such as myocarditis/pericarditis (inflammation of the heart or its membrane), heart rhythm disorders (occasionally fatal), blood-clotting disorders, autoimmune diseases (the body attacking itself), nervous system disorders including ascending paralysis (Guillain-Barre Syndrome), and multiple abnormalities in female reproductive processes such as irregular periods, infertility, and miscarriages. The voluntary online site for reporting these, VAERS, has received many times the reports of serious adverse events after this vaccine compared with any other vaccine or medication. The FDA and CDC admit VAERS markedly underreports such problems. Finally, as reported by actuaries of several insurance companies in the U.S.A. and by the national statistical agency of the U.K. government, very large increases in excess deaths in the non-elderly have begun occurring since the widespread use of the experimental vaccine was mandated. These are not just persons who did not receive needed care during the lockdowns, or “late” victims of Covid 19. They are mostly younger individuals not known for health problems. The cause of this phenomenon is undetermined; its coincidence with use of the vaccine is noteworthy.

ITEM 4 OF THE NUREMBERG CODE IS CLEARLY VIOLATED.

#### Item 5

Item 5 reads:

**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.**

Certainly, neither the researchers nor the public health officials behind the Covid 19 mRNA “vaccines” had any reason to believe that death or disabling injury would occur, although it has. Rather they had no reason NOT to believe that such might occur. No short term or long-term safety studies were done in animals or humans, despite the unprecedented technology being used. As noted above, almost all physicians became experimental participants, and subjects, disregarding their individual and several duties and responsibilities.

OUR PUBLIC HEALTH AND GOVERNMENTAL AUTHORITIES CHOSE TO IGNORE THIS PART OF THE NUREMBERG CODE, THUS FAILED TO MEET ITS CRITERIA.

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It is important at this point to note that there is no “passing grade” with the Nuremberg Code. Failure to meet just one of the ten criteria should be interpreted as overall failure. Part I and Part II of this series have already identified five failures according to the first five criteria that have been explored. The next article in this series will explore violations of Nuremberg Code items 6 to 10.

Part III

Parts I and II of this series have explored how the Covid-19 Control Program failed to comply with the requirements of items 1 to 5 of the Nuremberg Code. Part III addresses the remaining Code criteria.

Item 6

Item 6 reads:

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.

Again, no real attempt was made to ascertain the risks taken; the humanitarian importance was judged based on computer models of public health hysteria, violating several pre-existing policies of the World Health Organization, as well as this item of the Nuremberg Code.

Item 7

Item 7 reads:

Proper preparations should be made and adequate facilities provided to protect the experimental subject against even the remote possibilities of injury disability or death.

No level of government has made any provisions before, during, or after this experiment in worldwide “herd immunity” with an untested genetic treatment. Our federal government has completely denied the opportunity and ability of the experimental subjects for redress of injury disability or death by protecting the drug companies from any civil or criminal liability for effects of the artificial mRNA vaccines. No significant effort has been made by the CDC, FDA, or NIH to establish a more robust system of reporting of adverse events or vaccination failures or to follow up those few that are reported by the current inadequate voluntary system. The one program that may compensate victims of the vaccines is tiny, inefficient, slow, and has approved only a miniscule number of claims for a miniscule sum.

THUS, AT LEAST IN THE UNITED STATES, GOVERNMENT HAS VIOLATED THIS ITEM OF THE CODE.

Item 8

Item 8 reads:

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.

This rule specifies a highly focused team of health professionals, first limiting its work to a small statistically significant sample of the population. Only after clear success in the initial experimentation is that circle of scientifically qualified persons and the number of subjects extended. To the contrary, the Covid 19 vaccine program required from the beginning mass production and distribution of a product its promoters hoped would achieve protection of the world's population. Physicians and other health professionals are not scientifically qualified persons except when specifically trained for well-defined clinical studies. No attempt at studying the effectiveness of the vaccines or their safety upon release was ever intended, designed, or considered.

THE WORLD HEALTH ORGANIZATION AND ITS MEMBER NATIONS ALL VIOLATED THIS ITEM OF THE CODE.

Item 9

Item 9 reads:

During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he/she has reached the physical or mental state where continuation of the experiment seems to him/her to be impossible.

Given the legal and social coercion placed on all our population, all nonconsenting uninformed members of the experimental subjects group, the violation of this item of the Nuremberg Code is obvious.

Item 10

Item 10 reads:

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 by him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

This rule lacks a critical scientific precaution. Experimental studies frequently are ended early if such harms are seen, or “red flags” of unexpected adverse events are detected by pre-designed vigilance, **or if the experiment fails to achieve the pre-designed results.** Here we see multiple issues. No scientist was in charge, unless we accept the bureaucrat Dr. Anthony Fauci’s self-nomination as such, remembering that “he is the Science”. The dictator of the experiment ultimately was our elected non-scientific chief executive, the President. Trump started the process and the experiment, but Biden continued enthusiastically with persistent wild claims of effectiveness and safety even after these were seen to be false. President Biden finally ended the Pandemic Emergency, dropping the experiment’s protocols of lockdowns, masking, social distancing, and forced use of an untested genetic treatment. He did not base the end of this undesigned, unstudied experiment upon any scientific end points or admissions of failures or harms. There is no “Institutional Review Board” for this arbitrary and random experiment. No concrete data has been followed or obtained to indicate any statistically significant outcome, good or bad. The non-scientific “experimenter” may simply have recognized that the predictable natural history of any viral pandemic had once again shown the predictable natural history that all such viral onslaughts become more infectious and less damaging over time (since they cannot persist by killing off their hosts). They fade away into always present threats that recur seasonally like influenza, and in the absence of illegal and unethical “gain of function” research are unlikely to become persistent causes of death and disability. Yet our public health advisors, now masters, continue to insist on repeated booster vaccinations which are almost immediately obsolete due to further mutations of Covid 19. Scientific judgment by our professional bodies appointed to this responsibility can no longer be trusted. Their professional judgment has not nor been the driving force of this illegal, unethical, and unjust experiment. Instead, it is the delusion of the madness of the crowds with [Mattias Desmet’s “mass formation”](#) by master propagandists desperate to maintain their version of Plato’s Noble Lie. They do so despite good emerging evidence strongly suggesting that repeated vaccination with artificial mRNA products results in greater likelihood of subsequent infection with the virus, and more general

likelihood of immune suppression, autoimmune disease, and some types of cancers. They do so despite the ongoing increasing toll of persistent serious adverse events associated with this genetic therapy.

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This discussion affirms that our government and others knowingly and deliberately violated all ten items of the Nuremberg Code, and having done so are liable to accusation of crimes against humanity. Allegations are not charges, and there is no venue to judge these crimes other than widening expression of public opinion, the letter boxes of Mainstream Media and elected representatives, and the ballot box. Our administrative and state scientific communities are largely beyond our reach, and perhaps even that of Congress. Our only adequate response may be a personal one, based on the intent of the Declaration of Independence and the Constitution. Our resistance on behalf of personal freedom must be based on personal action. The more “authorities” insist on the absolute correctness of their point of view, the more skeptical you become. Look for other credible sources of factual information beyond Mainstream Media and those governmental authorities. Ask your healthcare provider if they know the [Nuremberg Code](#) and its more modern equivalent, the [Helsinki Declaration](#). When any “new” treatment is recommended, ask your healthcare provider the key questions of the Nuremberg Code and insist on full direct answers:

What is the known natural history of my condition/problem?

What are the specific benefits to me from this treatment, at what cost?

Has this treatment been fully studied for effectiveness and safety in animals and humans?

Has it been fully approved by the FDA under standard, not accelerated, processes, and not as an “Emergency Use Authorization”?

What are all the known side effects of the treatment, and what adverse events have been reported?

What are the alternative treatments available or under consideration, with their costs, side effects, and adverse events?

What might happen, at what probability, if I choose NOT to accept this or any therapy?

What might happen if I decide at some point to stop this treatment?

## Relative Evil versus the Scope of Human Experimentation

When comparing the crimes committed by the Nazi doctors versus the actions of authorities and health officials who promoted the Covid-19 vaccine program, it is easy to fall into the trap of attempting to measure relative evil. It is pointless to attempt to persuade others that the Covid-19 vaccine program was more or less evil than the activities of the Nazi doctors. We can, however, come to some useful conclusions about the scope of both programs. The Nazi doctors targeted two populations – (1) their own nationals who they believed were socially useless, and (2) nationals among the conquered nations. Although promoted by individual governments, the scope of the Covid-19 vaccine program targeted a world population, and particularly skeptics of the program. There are questions of *ex post facto* law, unconstitutional in the United States, being used in the sentencing of the top Nazis and the Nazi doctors. That is troubling by itself, but one wonders why this gap in statutory law was not closed 76 years ago. Instead of privileging special interests (the drug companies), shouldn't these legislators have found a way to write criminal penalties into our law for violations of the Nuremberg Code? Would Fauci and his followers in public health have signed up so quickly for the Covid-19 program if they were aware they could spend the rest of their lives in jail? And what about Donald Trump who led the Covid-19 charge, and Joe Biden who continued its confabulatory course?

### Conclusion

That politicians should become involved in such schemes as mandated vaccines and vaccine passports should not surprise us. There is a special dimension to the Covid-19 vaccine program that should be recognized, however, the participation of the medical establishment. The world population was terrorized into believing that Covid-19 represented an unprecedented threat to life, that it was well beyond the normal strains of viruses for which many of us are voluntarily vaccinated annually. Governmental and medical authority played a major role in the program's acceptance, yet a small minority questioned the Covid-19 vaccination program. They were ostracized by society, government, and media, and even accused of using their bodies to harm and kill their fellow humans.

Historically the medical profession has recognized no authority above medical science and truth, but this time was different. This time the medical profession accepted the direction of federal governmental authority. Our Constitution reserves supervisory authority to the States. How could this happen?

Part of the answer lies in a fuller understanding of the phenomena of the Nazi era. Germans of that time were civilized and yet they had become conditioned to accepting authority. Instead of protesting when their Jewish neighbors were seized in apartments down the hall, the typical German pretended they were ignorant of the heinous crimes that were unfolding around them. But there were also other [Germans who risked their lives to protect Jews](#). Clearly the Nazi era was a demonstration of the evil that a population will tolerate during the madness of crowds, but it was also a demonstration of the sanity that exists in a minority during that madness.

Without a medical education, lay persons will find it difficult to determine which medical studies about the Covid-19 vaccine are true to science, and which are not. In the final analysis, the Covid-19 Control Program injustice must be determined within the medical community because of its specialized

knowledge. But that community has been exposed to an immense amount of political propaganda and pressure. However, the intent of the Nuremberg Code should be understandable to all. Instead of heeding pharmaceutical company ads, “Ask your doctor if XYZ is right for you”, ask if the physician is familiar with the [Nuremberg Code](#). Better yet, bring a copy of the code to your next visit. Only by your advocacy can the medical community get back to its standard of pursuing truth.

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2. Phil Duffy, an instructor of the Constitution, is a weekly contributor to WFYL's *We the People - The Constitution Matters*. His book, *A Tale of Four Cities* (soon to be published), contains a chapter on the Nazi era.