Video 1 – Introduction to "Undone Science in the Government's Vaccination Policy"

I have been a science teacher for many years in schools and I have lectured in environmental health issues at university.

During the 1990's teachers and principals were noticing the huge increase in chronic illness that was occurring in Australian children – (5-fold increase in) allergies, anaphylaxis, ADHD, neurological disorders, seizures, convulsions, speech delay and autoimmune diseases. There was also an exponential increase in autism.

At the same time I started having children and I saw the expanded schedule of vaccines. Children are now receiving approx 24 doses of vaccine injected into the blood stream before 12 months of age. I was interested to know what chemicals were being injected into the tissues of our children before the blood brain barrier develops at 6 months of age.

After seeing the ingredients it was clear that this was a very plausible cause of the increased illness we are observing in children and the community. This is not rocket science. If any parent was given the list of ingredients before consenting to injecting the vaccines into their children they would not believe you are serious.

But doctors are not required to discuss the ingredients of vaccines with parents or the serious adverse events listed on the package inserts for each vaccine.

These substances are not health promoting ingredients they include neurotoxins and other non-inert chemicals, supposedly in trace amounts. But the government admits that it does not know the health effects of low doses of these substances or their synergistic or cumulative effects with the other vaccines in the schedule.

The media dismisses parents concerns about vaccines as "anti-vaccination" and "junk science". Having seen the medical literature on these ingredients I went back to university to investigate the science that is being used to claim that vaccines are 'safe and effective'.

I have a BSc, Dip Ed (Science) and I went back to the University of Wollongong to complete a MSc (pop health) that included a major research project on the use of whooping cough vaccine in Australia.

After completing the MSc with a major research project on the whooping cough vaccine, in the Faculty of Health in 2007, I requested that I continue my investigation of vaccines with a PhD in this faculty. But they would not provide supervisors for this project.

The head of public health suggested that I complete my PhD on this vaccination in the Faculty of Arts - in the School of Social Sciences.

So I have completed a PhD examining the science, politics and ethics of Australia's vaccination policies in the area of Social Sciences.

The University of Wollongong directed my project to this area because infectious diseases are traditionally described as 'social medicine'. They are diseases that were controlled by changes to environmental and lifestyle factors.

These can be controlled by political and economic interventions as opposed to medical interventions. Today we call this field 'ecological medicine' or 'environmental health'.

Eventually the University of Wollongong re-structured its faculties to reflect the fact that infectious diseases were controlled by social medicine.

Public health was removed from the Faculty of Science, Health and Medicine at UOW in 2014 and placed in a new Faculty of Social Sciences. This is because public health issues are those that are controlled through lifestyle and environmental changes not medical interventions.

Environmental health refers to the changes that ensure living things have the best opportunity to reach and maintain their genetic potential.

This is why genetic pre-disposition to diseases is a very important contraindication for some people to vaccination.

Immunologist and nobel prize laureate, MacFarlane Burnet , made this observation in 1960. He stated "genetics, nutrition, psychological and environmental factors may play a more important role to resistance to disease than the assumed benefits of artificial immunity induced by vaccination".

However, in the 1970's the WHO and UNICEF began introducing global health policies and this is when infectious diseases was re-defined as a medical issue.

The medical-industry paradigm became the dominant influence on the control of infectious diseases after this time. This was part of an international effort to vaccinate all the children of the world.

Up to 1950 social medicine had dominated the control of infectious diseases and in developed countries like Australia – measles, whooping cough and influenza – were taken off the national notifiable disease list. This is because they were no longer considered diseases of serious concern to the majority of the Australians (Commonwealth Year Book of Australia).

The influence of environmental and lifestyle reforms is demonstrated by the fact that developing countries have had mass vaccination programs for decades but infectious diseases such as polio are still rife. The aim of my PhD was to investigate the rigor of the science used to claim that vaccines are safe and effective and to determine the reasons for the expansion of the governments vaccination schedule.

My PhD concludes that the claims of safety and efficacy cannot be sustained because fundamental science has not been done and there is no independent assessment of the pharmaceutical science that has been done.

The government has not investigated the correlation between the expansion of the vaccination program and the increased illness and disability in children.

This fundamental study of vaccinated versus unvaccinated using an inert placebo in the unvaccinated group has never been done by the government, therefore it cannot claim that the current combination of vaccines is safe for our children.

Children's health has declined as the vaccination schedule has expanded.

This increased in chronic illness and autism in our children demonstrates that Macfarlane Burnet's predictions in 1960 are most likely correct – the increased use of vaccines is not in the best interests of the community or the state.

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