

The Medical Tyranny in Australia

By Dr. Judy Wilyman

Lack of Transparency and Accountability of the Government and Medical/ Industry Lobby Groups

In Australia, all states have now extended the mandatory welfare policies to ban children, 0-5 years of age, from early childhood education facilities. These welfare laws have mandated between 12-16 vaccines for parents to receive up to \$26,000 per child (in 2019) in welfare payments and childcare rebates, and the age of a child was extended from 7 to 19 years in 2015. These laws have been described in the media promotional campaigns as the '*No Jab No Pay/Play*' policies without any discussion of the number of vaccines that are being mandated for children or the removal of human rights that is occurring in these policies. In addition, many employees in Australia are now required to have mandated vaccines to be accepted for a job in health, medicine or other employment.

All questioning of this removal of health freedom in Australia is framed as 'anti-vaccination' and not as the public's right to bodily autonomy and non-coercive fully informed consent to a medical intervention. The Australian media has only presented the industry's interest in these policies and the public has not been informed of the Vaccine Injury Compensation Programs that exist in at least twenty other countries and have paid out billions of dollars to vaccine-injured victims. Investigative journalists have also been instructed by the government's Australian Communication Media Authority (ACMA) not to publish information that opposes vaccination. That is, the risks of vaccines, because this is 'false balance' when in fact, the opposite is true – it is creating false balance by not presenting both sides of this debate.

When the federal and state governments were proposing these mandatory vaccination policies in 2015 the Australian media did not inform the public that 'fully vaccinated' would mean having between 12-16 vaccines. This means that any reference to an 'unvaccinated child' meant a child that had received many vaccines was still considered 'unvaccinated' because they had not had 12 or more vaccines as described under the new definition.

'Unvaccinated' was no longer referring to children that did not have *any vaccines*, but the Australian community was not informed of this arbitrary definition in 2015; only a minority of parents with young children were aware of this situation.

At this time when vaccination was linked to parents' welfare payments there was no law or regulation in any Health Act to support this legislation. In other words, it was not demonstrated to be for a legitimate 'public health purpose' because there was no health law to support it for all Australians in a Health Act. In addition, it was not a measure that was proportionate to the risk of any infectious disease in the Australian population in 2015.

Yet the Australian government violated our fundamental human right to freely choose, without coercion, what is injected into our healthy children. This has been done without providing the public with any science to justify these social service policies. The Australian government has refused under the Freedom of Information Act to provide the science that Scott Morrison relied upon to approve these policies as Minister for Social Services in 2015. There is also no legislation in any Health Act to legitimise these policies.

These policies have been promoted to the public by the Australian media using anecdotal evidence not the Australian statistics of the deaths and illnesses in vaccinated and unvaccinated people due to infectious diseases in the last two decades. When I first began to publicly debate my academic research in 2008 I was ridiculed and denigrated by industry lobby groups, specifically the Australian Skeptics / Stop the Australian Vaccination Network (SAVN) and the Friends of Science in Medicine (FSM). These organisations are presenting themselves as grass roots consumer groups when in fact they are powerful lobby groups that promote industry-interests in government policies using industry-funded scientists to promote their position.

This is called *astroturfing* and although the Australian Skeptics/SAVN is a non-scientific organisation they are being given credibility with the *Public Health Association of Australia* (PHAA) (that runs the industry-sponsored *Australian Immunisation Conference*) and they have ready access to all politicians through the donations and lobbying system. The Australian Skeptics/SAVN lobby group is also linked to the global Skeptics organisation that is influencing the information provided about vaccination and individuals on Wikipedia. The Wikipedia website collects donations to give the impression that it is an 'independent' website on all topics.

In 2015 the institutional barriers in the political system including the conflicts of interest of advisors/advisory boards, and the funding of the vaccine clinical trials used in government policy, provides evidence that industry science has been used to design coercive vaccination policies in Australia. In addition, the censorship of the vaccination debate has been facilitated by the removal of the allied health professionals, scientists and academics from determining the accepted science

on vaccines. The Medical Board of Australia (MBA) is deciding the accepted science on vaccines for general practitioners and this is being enforced by the Australian Health Practitioners *Regulatory Authority* and the medical/industry lobby group – The *Australian Medical Association (AMA)*.

This elite group of medical professionals has determined the accepted science on vaccine safety and efficacy in Australia without the full scrutiny of the scientific and academic community. This has resulted in a medical tyranny that has removed our fundamental human right to bodily integrity. The introduction of coercive vaccination policies allows the Australian government to decide what is injected into the human body in exchange for participating fully in society: welfare, education, employment, travel etc. If health professionals provide peer-reviewed science that opposes the MBA's 'accepted science' on vaccines, then it is described as 'anti-vaccination material' and the doctor or health professional can be *de-registered* by their professional board.

The Australian government has suppressed the scientific debate of my academic research in council venues and the industry- lobby groups have prevented many international professionals from obtaining visas to come to Australia to speak on the risks of vaccines. I will describe below some of the experiences I have had with public health authorities, medical doctors and Australian institutions censoring the academic debate of my research and attempting to harm my reputation.

This conduct by the government and public health authorities is not being exposed by the Australian media or investigated by the official channels such as the ombudsman, HealthCare Complaints Commission (HCCC), the Australian Federal Police or the Privacy Commissioner. Integrity in government public health policies can only be maintained if officials are accountable for the information they provide, particularly when coercion is used to mandate a drug in a genetically diverse population. These policies affect our quality of life and can result in death. There has been a lack of transparency and accountability for politicians in the design of these policies that is a serious risk to human health.

In 2015 the chairman of the *Australian Technical Advisory Group on Immunisation (ATAGI)* was responsible for providing recommendations on vaccination directly to the Minister for Health and the direction of government funding for vaccine research was determined by the *National Health and Medical Research Council (NHMRC)*. During the decade from 2005-2015, Terry Nolan, was the chairman of the ATAGI vaccine advisory board providing recommendations directly to the federal Health Minister and he had the dual role of being the deputy-chairman of the NHMRC providing

advice to research institutions on the areas of research that needed funding. This is an influential position for an individual with financial conflicts of interest with the pharmaceutical companies.

Prior to his position with the Australian government vaccine advisory board he was the head of the largest research and development program for vaccines in Australia at Murdoch Children's Research Institute. This program was called VirGo and after Terry Nolan's decade as a government advisor he returned to head this program at the MCRI. Terry Nolan's potential conflicts of interest were never revealed to the public.

During this decade Terry Nolan's financial conflicts of interest included being a member of a pharmaceutical company's vaccine advisory board - Commonwealth Serum Laboratories (CSL) - and receiving nominal payments as well as support for conference attendance from many pharmaceutical companies - CSL Ltd, Novartis and GlaxoSmithKline. He was also the chief investigator of the clinical trial for CSL's Panvax influenza vaccine in a group of 400 children in 2009. This was CSL's trivalent swine flu vaccine (Fluvax and Fluvax Junior) that was given to children in 2010 and suspended by the government regulator, the TGA, after it received 1,729 adverse events including 123 reports of convulsions in children under 5 within 24 hours of receiving the vaccine.

This financial COI with the pharmaceutical companies was never revealed to the Australian community and yet his dual roles on government advisory boards allowed him to directly influence the areas of research that remained unfunded and to make recommendations for vaccines to be added to the government's national program directly the health minister. He left his role on the government vaccine advisory boards to work at the Murdoch Children's Research Institute that researches and develops vaccines with pharmaceutical funding.

During this decade the government's research on the safety and efficacy of vaccines was performed by the *National Centre for Immunisation Research and Surveillance* (NCIRS) and was largely funded by the pharmaceutical companies. This unit was set up in 1997 and Peter McIntyre was an influential member in government research for over twenty years. This was firstly as the deputy-director to Margaret Burgess (1997-2004) and then as director of the NCIRS from 2005-2017. During his time at the NCIRS Peter McIntyre was also a member of the ATAGI vaccine advisory board and he worked closely with the PHAA.

As government representatives, Peter McIntyre and Terry Nolan are required to be transparent and accountable for their actions in the design of government policies. So are the universities, research

institutions and the Public Health Association of Australia (PHAA). Here are some of the actions of these individuals and organisations that have resulted in the suppression of the academic debate of vaccination in Australia and the mandating of multiple vaccines (a medical drug) in the Australian population. These actions are presented in a time line that shows the sequence of major events in the suppression of my research through the official channels for academic debate:

1. In April 2009 I submitted a referenced summary of my whooping cough research for publication by the Public Health Association of Australia (PHAA). My paper was titled *Is the whooping cough vaccine effective?* The PHAA asked Peter McIntyre (NCIRS) to respond to my article and both articles were published side-by-side in the PHAA Newsletter in April 2009. When I requested a fully referenced copy of Peter McIntyre's response he did not provide it.
2. In the Australian newspapers he has claimed that I turned down an invitation to present my whooping cough research at the NCIRS in 2009 after this PHAA newsletter was published. This was used to claim in the media that I was not open to the other side of the debate. This is false. Peter McIntyre did not provide me with a date for this event to occur.
3. In May 2009 I presented my research on the lack of efficacy of the influenza vaccine and on the ethics of mandatory vaccination at the *Australian National Health Promotion Conference* (ANHP) in Perth, WA. My poster presentation was titled 'Coercive and Mandatory Immunisation: How ethical is this policy?' and my oral presentation was 'Childhood Influenza Immunisation: How is this program promoted and evaluated?'
4. Later in 2009 Dick Smith's Australian Skeptics lobby group set up an anonymous facebook group called the *Stop the Australian Vaccination Network* (SAVN). This was after my research showing the inefficacy and risks of vaccines was published by the PHAA and the ANHP conference and in public talks with the Australian Vaccination Network (AVN) – a grassroots consumer lobby group. SAVN was set up to denigrate the parents who speak out through the AVN and to harm the reputations of academics and professionals who present scientific evidence against the use of vaccines.
5. Since 2009 Peter McIntyre's NCIRS has supported the media in promoting the whooping cough vaccine to the public using *anecdotal evidence* (a parent's account of their child's experience with a disease) and the parents involved in these advertisements have received funding from the health department and awards from the Australian Skeptics lobby group for their promotion of the whooping cough vaccine to the community. These promotional campaigns using anecdotal evidence started *after* my whooping cough research was published in 2009 showing that many vaccinated children are still getting whooping cough.

This evidence means that the government is unable to promote this vaccine to the public based on its effectiveness in the population: the evidence that does not support the government's claim that it is the unvaccinated children getting this disease. Hence the Health Department (IAP) supported media campaigns that advertised a drug (vaccines) based on anecdotal evidence. This type of evidence is not used to design public health policy *because there are equally as many stories of vaccines causing death and injury to human health* – but the public was not informed of this fact by journalists.

6. In 2010 the Public Health Association of Australia (PHAA) that runs the *National Immunisation Conference* (100% funded by industry and the government) declined the abstracts from my academic research submitted for presentation at the 2010 conference. No reason was provided by the PHAA. They are now published on my website *Vaccination Decisions*.
7. In 2012 Professor Heather Yeatman (nutrition), the Head of the University of Wollongong (UOW) School of Public Health became the president of the PHAA. This was the year after I began my PhD research in infectious disease control at UOW (2011). She was PHAA president from 2012-2016: the year my PhD was published.
8. In June 2013 Richard Di Natale presented false and misleading information on vaccines in the federal parliament that was provided to him by the Australian Skeptics industry lobby group *Stop the Australian Vaccination Network* (SAVN). This lobby group participates in denigrating the reputation of academics/professionals that provide evidence against the use of vaccines. One of SAVN's leaders is Dr. John Cunningham.
9. In 2014 Dr. John Cunningham, a spinal medical doctor, fabricated allegations of misconduct against my major whooping cough research project completed in 2006. These allegations were made anonymously to the UOW and then leaked to the mainstream Australian media anonymously by 'medical experts' before the investigation was completed. The University of Wollongong has apologised for this 'unnecessary investigation' that damaged my reputation and the apology stated that Dr. John Cunningham had 'misused the complaint procedures'. However, the medical regulatory authority, AHPRA, has refused to take action against this conduct by a medical professional that harmed my reputation and provided false information on a health issue to politicians and the general public.
10. In 2014 the PHAA *National Immunisation Conference* approved a poster presentation from the Australian Skeptics SAVN lobby group. This poster described in detail some of the strategies that SAVN were/are using to censor the vaccination debate in Australia and this lobby group was given credibility by the PHAA even though they are a non-scientific facebook lobby group.

11. On 15 October 2015 Peter McIntyre refused to present the government's case for mandatory vaccination policies in a public debate organised at the University of Technology Sydney (UTS) to discuss the proposed new vaccination legislation; the federal *No Jab No Pay* legislation. Approximately 45 government and medical/health authorities were invited and declined to participate in a Q and A panel at the university to justify the introduction of this policy. The reason Peter McIntyre provided was that 'debating it would give my research credibility'. University research is credible information and it should form the basis of government policy. If a policy that removes bodily autonomy (a fundamental human right) is so important for community health, then government officials have a duty to be transparent and accountable for the information they are providing to support these policies. It needs to stand up to scrutiny.

The 45 government and medical authorities that declined to present this evidence in an academic forum, prior to the approval of these policies, are listed in the video of this event on my website. The officials included Robert Booy (NCIRS), Julie Leask (Sydney Uni/NCIRS), Christian Porter (Minister for Social Services 21 September 2015-2017), and Sussan Ley (Minister for Health 2015). Scott Morrison stepped down as Minister for Social Services on 21 September 2015.

12. In November 2015 the NCIRS and ATAGI representatives were not required to give evidence at the Public Hearing for the Senate Inquiry into the *No Jab No Pay* policies. Why were Peter McIntyre (NCIRS), Robert Booy (NCIRS) and Terry Nolan (chairman of ATAGI) not required to give evidence at this public hearing? These were the primary advisors of the research for government vaccination policies for over a decade. Instead, the hearing was dominated by industry/consumer lobby groups presenting their opinions – the Australian Skeptics/SAVN, Friends of Science in Medicine and the Northern Rivers Vaccination Supporters – but there was no evidence presented by the government funded NCIRS or ATAGI to support these policies in the public hearing for the Senate inquiry.

13. In January 2016 Peter McIntyre was the author of a letter supported by industry lobby group activists (Friends of Science in Medicine/Australian Skeptics/SAVN) that was used to set up a petition to illegitimately remove my PhD from the University website one week after it was published. This request was refused by the Vice-Chancellor, Paul Wellings, who stated that the university 'stands by this PhD research'.

14. In 2016 Peter McIntyre refused to publish his own 1994 PhD on the HIB vaccine in open repository on the University of Sydney website (as I have done on the University of Wollongong website). This means that unlike my thesis, Peter McIntyre's PhD thesis has not

been scrutinised for academic rigour by the community of scientists/academics involved in public health.

15. On 18 January 2016, one week after my PhD was published on the UOW website, Heather Yeatman, the president of the PHAA and the head of the UOW School of Public Health, co-wrote a public statement with Professor Alison Jones that supported the government's vaccination policies. This was published on the UOW website and all the academics (~60) from the UOW Faculty of Science, Medicine and Health were required to sign this statement, even though none of them had researched vaccination science or read my PhD thesis. This is deceiving the public about the academic support for government vaccination policies and it is a misuse of the UOW logo. This is because these academics are giving credibility to government claims about vaccines that they have *never researched or debated*.
16. Peter McIntyre has used the false Wikipedia comments about my research to discredit my reputation and research to the community. Wikipedia is controlled by powerful industry lobby groups who operate through the Skeptics organisations. In Australia they operate through the Australian Skeptics/SAVN and they influence all the official channels for debating vaccination science – the media, the PHAA (National Immunisation Conference), the state and federal Health Departments, the Conversation web site, the University of Wollongong's complaint procedures and the misuse of the university's logo to promote the government's vaccination policies. Industry funding to these institutions is influencing the procedures and knowledge that is published.
17. Peter McIntyre has conflicts of interest in vaccination policy due to the funding of the clinical trials performed by the government NCIRS. These studies are largely sponsored by the pharmaceutical companies and during his time at the NCIRS, Peter McIntyre has been a member of the government vaccine advisory board (ATAGI) that recommends vaccines *directly* to the health minister for the national immunisation program.
18. In May 2017 (one year after mandatory policies were implemented) in an interview with the Medical Journal of Australia Peter McIntyre he stated that:
'Unvaccinated children are not a risk to vaccinated children, particularly older ones.'
Why didn't he provide this information at the Public hearing for the Senate Inquiry in November 2015 and at the public Q and A panel at the University of Technology Sydney in October 2015? This statement proves that there is no justification for the mandating of any vaccine or the removal of any unvaccinated child from schools or employees from the work force.

19. In September 2018 Peter McIntyre was drafted into a court case that I was involved in and at the same time my confidential expert witness report was leaked to the Australian media – before I was even aware that he was asked to submit an affidavit for the case, out of proceedings. The leaking of my expert witness report was a federal crime but the Australian Federal Police have refused to investigate the government’s role in leaking my expert witness report to the mainstream media. Peter McIntyre had the opportunity to defend the government’s support for mandatory vaccination policies in this court case, yet his team leaked my affidavit and he harmed my reputation in this media article with false information about my qualifications.
20. Prior to January 2019 my PhD thesis had not been publicly challenged or debated in official channels. The first proper attempt to critique my PhD was an article written by the members of the Australian government’s vaccine research unit – the NCIRS. The authors were Peter McIntyre, Margaret Burgess, Julie Leask and Kerrie Wiley – all members of the NCIRS or Sydney University researchers for NCIRS. This critique was published in an industry-funded journal, *Vaccine*, and they used false and misleading information in an attempt to disparage the rigour of my research. My response to the NCIRS critique of my independent research is titled *‘Judy Wilyman’s PhD Thesis on Vaccination Policy: Scholarly and Socially Relevant’* and it is published on my website.

The evidence provided in my PhD thesis supports the case for choice in all medications – including vaccines. My research debunks the Australian government’s claim that vaccines can create herd immunity in the population and therefore there is no reason to mandate any vaccine in government legislation. This is the reason that the government and industry lobby groups have used underhand strategies in an attempt to denigrate my research and censor it from academic debate.

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