

Newsletter 95 Vaccination Research is not Complete

Many Australian politicians and journalists are claiming that the research on vaccine safety and efficacy is complete. This statement is false. Further, Australian journalists are protected by the Australian regulator, the *Australian Communication and Media Authority (ACMA)*, to present only one side of the vaccination debate. This is being achieved by claiming it is 'false balance' to present the literature that demonstrates there are important gaps in vaccine safety and efficacy. This statement is contrary to evidence-based medicine

and its effect is to suppress the scientific literature. The science underpinning a medical intervention must stand up to scrutiny yet the ACMA is preventing proper debate by allowing journalists to choose which literature they will present to the public and by allowing them to provide an opinion of this literature. A recent example was Kylar Loussikian's article in *The Australian* newspaper titled '**Uni accepts thesis on vaccine conspiracy**' (13 January 2016). This journalist denigrated this academic research and provided his personal opinion of its interpretation. This was a false representation of the academic literature. Several other journalists have provided misinformation about my PhD research (SBS - Andrea Booth (13 January 2016) and ABC - Emily Laurence (13 January 2016), **without contacting me**, and this leads to the public making harmful decisions about their health.

Since the publication of my thesis (11 January 2016), [critiquing the Australian government's vaccination program](#) several journalists have written articles about my research but **only one journalist** has contacted me and even this journalist did not wait for my input into his story. Journalists have misinformed the public about the design of vaccination policies and they have framed their articles negatively using labels and inaccurate comments. This strategy has been described by Dr. Suzanne Humphries MD in her video below titled '**Manufactured Consent**'.

The main focus of my thesis is the lack of research demonstrating the safety and efficacy of vaccines.

In my thesis, I have listed the research that has not been done to prove the safety and efficacy of the current schedule of vaccines. The Australian government has also documented the fact that many educated people are choosing not to use **some** or **all** of the recommended vaccines - for themselves or their children. Here are some main points from my thesis:

The Australian government uses selective information on its Immunise Australia Program (IAP) website to promote vaccines. This is addressed in chapter 7 and 8 of my thesis.

Some university academics are quoting the selective information from the government website to declare their support for vaccines. This has led to members of the public (including medical doctors), researching the medical literature and setting up [websites](#) to provide the other side of the vaccination debate.

Doctors and academics can be required to support vaccination policies through their registration with professional boards or employment requirements (Discussed in chapter 5 of my thesis). Government vaccine advisory boards have only one consumer representative (if any) and many industry and medical representatives, so the consumer perspective of risk is not properly represented in policies (Chapter 6 of my thesis).

In Australia lobby groups that promote vaccines have a powerful voice in the media and in government. This includes the **Australian Skeptics** and **Stop the Australian Vaccination Network (SAVN)** - two *non-scientific* lobby groups that have subscribers participating in [orchestrated attacks](#) on anyone questioning vaccines. Subscribers of the SAVN lobby group published a paper on the HPV vaccine in 2013 (Hawkes, Lea and Berryman 2013), that did not provide evidence for the claims of

- safety and efficacy that they made about HPV vaccine (See Appendix 5 of my thesis).
- Politicians and academics are being misinformed that 'adverse-events to vaccines are rare' when the **actual number** of adverse events is unknown. This is because the government body monitoring safety does not have a system of determining the actual number of reactions causally linked to vaccines and clinical trials do not use a **true (inert)** placebo (chapter 7 of my thesis). '**Rare**' is a description not a number and it is misinformation about the actual harm caused by vaccines.

This information has been presented to many politicians but only two have spoken in parliament of the public's concerns - Federal members, *Melissa Parkes* and [Alannah MacTiernan](#). Both of these politicians have just announced their decision not to contest the next election. This means that the public's concerns about the risks of vaccines will not be represented in policy decisions in parliament. This is because there is no proper representation of consumers on parliamentary advisory boards and the assessment of risk for parents is different to that of industry or the medical associations (See chapter 4 of my thesis).

Public health is at risk while the public's perspective of vaccination is not properly debated in the media or in parliamentary discussions on policy. Here is the link to my thesis on the [university website](#) (selectively published due to copyright) and here is a link to a [full copy of my thesis](#) on my website.

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