



## Newsletter 203 Conference: The Censorship of the Vaccination Debate in Australia

8 July 2016

When the above billboard was put up in Perth on 13 June 2018 the Australian Medical Association (AMA) lobbied the WA government to remove this billboard stating it was "a risk to public health" and the WA health minister permitted the billboard to be removed one week after it was put up. Yet the opposite of this statement is true - public health is at risk if the public does not know what is in a vaccine.

The public and the government cannot protect the public's interest in public policy without knowing what is in a vaccine and the effects of these chemicals on the genetics of the population.

So why has the WA "Health" Minister, Roger Cook, permitted this billboard to be removed

when it is clearly not in the public interest to do so?

This suppression of the medical literature is occurring with the compliance of the government due to the [conflicts of interest in the funding of government vaccine advisory boards and the drug regulator](#) (eg. our 100% industry-funded government regulator - the TGA) and individuals on vaccine advisory boards.

It is also due to the [professional regulations of health practitioners](#) set by the Medical Board of Australia (MBA) that ensure doctors are de-registered if they discuss the risks of vaccines ("anti-vaccination material") with their patients. This is a breach of the medical oath (the Declaration of Geneva) that all Australian doctors take prior to practicing medicine: an oath that states they will put their patient's best interest first.

Coercive vaccination policies such as the [No Jab No Pay/Play](#) policies and employment policies that require Australians to have multiple vaccines in order to be employed or receive welfare benefits serve *the government's interest* and not the *public's interest* in public health policy.

Public health policy can be used to protect corporate interests in public health policy if the principles of health promotion - **honesty, autonomy of doctors, objective science and the precautionary principle** - are not used in the design of these policies.

In Australia these principles are not being used to design public health policy and therefore the current coercive vaccination policies cannot protect human health. The policies are designed to protect corporate interests in government policy and this is described in my presentation at the recent conference on the censorship of the vaccination debate in Sydney (30 June 2018).

Here is a link to my 30 min presentation describing why "[Australia's coercive vaccination policies cannot protect human health](#)".

Australia's coercive NJNPay/Play policies cannot protect human health because they are not founded on the ethical guidelines for health promotion or the international codes for human rights on medical practices. And they do not consider the genetics of the population.

I have provided an in-depth discussion of these human rights breaches in my webinar for the **Australian Naturopathic Practitioner's Association (ANPA)** titled "[Informed Consent to Vaccination: Current Issues in Australia](#)".

Please also view [Elizabeth Hart's 30 min presentation of the web of conflicts of interest](#) in the government's vaccination policies that have resulted in biased pharmaceutical research being used in the government's discriminatory social welfare policies. This has resulted in an institutional bias in Australia's political system that is endangering human health.

For more details of the lack of rigour in the science underpinning coercive vaccination policies please read [Chapter's 6 and 8 of my PhD thesis](#) that describes the causality

studies that have not been funded by the government to prove that vaccines are safe and effective. My PhD thesis published by the University of Wollongong provides evidence that Australian politicians [are lying to the Australian public about vaccines.](#)

This false information provided to politicians by well funded lobby groups can only be sustained by [not debating my university research](#) and by smearing my reputation. Both of these things have been permitted in Australia and the University of Wollongong has not been required to have policies that protect my reputation in public debates of my research.

The Medical Board of Australia (MBA) and the Australian government cannot claim that the NBNPay/Play and employment policies are "protective" health policies because children's health has declined significantly with the expansion of the government's vaccination program. The 5-fold increase in chronic illness and exponential increase in autism that has occurred with the expansion of the schedule cannot be ignored and "coincidence" is not an acceptable response.

The program has been implemented and the MBA has not been required to provide evidence that 95% vaccination rates for 16 vaccines will improve the health of the population. This amounts to an unmonitored experiment on a genetically diverse population

The Australian government is committing a crime against the Australian population because it has mandated the current vaccination schedule of 16 vaccines (~45 - 52 doses of vaccine) for children when there is clear evidence that children's health is declining with the expansion of this program.

Judy Wilyman PhD

*Bachelor of Science, University of NSW*

*Diploma of Education (Science), University of Wollongong*

*Master of Science (Population Health), Faculty of Health Sciences, University of Wollongong.*

*PhD in [The Science and Politics of the Australian Government's Vaccination Program](#), UOW*

*School of Humanities and Social Inquiry.*



### Some of the Ingredients in Vaccines:

Did you know that antibiotics are in most vaccines?

Please consider whether you want these substances injected into the tissues of your new born infant before the blood brain barrier is developed at 6 months of age or their other body systems. These ingredients and more are present in vaccines and the vaccination schedule has expanded to 16 vaccines requiring 52 doses from birth to adolescence.

And the '**new norm**' - allergies, anaphylaxis, Chronic Fatigue Syndrome (CFS), autoimmune disorders (diabetes, childhood rheumatoid arthritis, arthritis, multiple sclerosis etc.) autism, speech delay, neurological disorders, ADHD, childhood cancers.

### Supporting Public Interest Research

I would like to thank everyone who has supported my research and newsletters over the last 5-10 years. If you have appreciated this unfunded research and debate of children's health I hope you will consider a [\\$5 donation](#) for the upkeep of my website and continuation of my voluntary newsletters.

Only industry-funded research is promoted to the public and Australian universities do not promote student research or protect student's reputations in public debates of their research. Hence the need for my website and newsletters to promote my independent research that is in the public interest.

My website [Vaccination Decisions](#) became necessary because the University of Wollongong [is not required to rectify the academic record when organised industry-lobby groups](#) provide false information about my university research in the mainstream media.





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