



## Newsletter 215 Vaccination against Multiple Diseases: This is not in the Public's Best Interest.

26 November 2018

The Australian media is informing the public that [my PhD](#) specialises in 'humanities' and not public health ***simply because it was issued from this faculty in 2015***. However this framing of my qualification is not correct and it is misleading the public about this health information. My PhD is in social medicine which includes the epidemiology of infectious diseases and the political and economic decisions involved in improving public health in the community.

On the 23 October 2018 I gave a video presentation at the ***Vaccines and Immunisation Conference*** in Osaka, Japan, titled '[Vaccination against Multiple Diseases: Is this in the Public's Best Interest?](#)' In this 30 min video presentation I provide the science and the politics that demonstrates that mandatory vaccination against multiple diseases ***is not in the public's best interest*** because of our genetics and the other social determinants that are involved in the cause of infectious diseases.

Please watch this [30 min conference presentation](#) to see the science that is being ignored in the government's promotion of more and more vaccines to the public. A more in-depth analysis of these arguments can be obtained from my PhD thesis '[A critical analysis of the Australian government's rationale for its vaccination policy.](#)'

In 2004 I enrolled at the University of Wollongong in the Faculty of Health and in the School of Public Health to investigate the control of infectious diseases in Australia and the science of using an increasing number of vaccines. I completed a Master of Science degree (Population Health) in the School of Public Health in 2007.

In 2007 I requested that I complete a PhD on this topic in the School of Public Health. The head of the School of Public Health in 2007, Professor Heather Yeatman, provided supervisors from the Social Sciences because public health is also referred to as Social Medicine.

My supervisor was in the School of Social Sciences, Media and Communication and in 2014 this school was re-named the *School of Humanities and Social Inquiry* and this is why my PhD was issued from 'humanities' even though it specialises in the science and politics of public health.

My video presentation demonstrates that Australian doctors are not being taught about the historical control of infectious diseases in developed countries or the multi-factorial causality of these diseases in the community.

Doctors are not specialists in public health.

These scientific facts mean that vaccines are not the best method of controlling infectious diseases in populations because individuals do not have the same risk of catching the infectious disease when they are exposed to the pathogen (agent). It is also because vaccines come with a serious risk for many people because of the ingredients they contain and the genetic diversity of the population.

It has been known for decades that the pathogen (virus/bacteria) is not sufficient on its own to cause disease in any individual. Therefore injecting every healthy individual with vaccines against multiple diseases is not the best strategy for controlling preventable diseases. This is because vaccines themselves are causing serious chronic illnesses, death and disability in children and adults.

Infectious diseases are caused by a combination of environmental and lifestyle characteristics ***along with the pathogen*** and this determines if a person will get a serious case of the disease, a mild case or no disease at all (sub-clinical cases) after infection by the agent. *However all natural infections result in long-term immunity and good community protection.* This is where the term 'herd

immunity' originally came from.

These facts are described in the epidemiological triangle that public health officials (not doctors) used for decades to control these diseases in the twentieth century. These historical facts are not being taught to doctors or to school students from kindergarten to high school and this amounts to **propaganda** about the benefits of vaccines - not **education**.

It is not education because the historical facts about the control of infectious diseases using political and economic decisions to change our environment and lifestyle - **before vaccines were introduced - is not being taught to health practitioners or in the Australian school education system.**

Australia adopted the corporate model of health in the 1990's and included public health under the umbrella of 'medicine' at this time. This has allowed the pharmaceutical companies to influence both the education of doctors about infectious diseases and vaccines, and to influence the promotion of vaccines to the community through the media. This has involved over-stating the benefits of vaccines and under-reporting the risks of vaccines.

Public-private partnerships have been established in Australia and these alliances allow corporations, (such as the pharmaceutical companies) to have influence in the framing of the risks and benefits of vaccines and the risk of infectious diseases **in the media**. This has been permitted because vaccination is classified as a '**non-core health issue**' (like sunscreens) (ch 4 of my PhD), and this means that corporations can influence their promotion to the public in the media.

This is why the media is incorrectly framing my PhD thesis to the public as being in 'humanities' (**not public health**) and why they are dismissing it as a 'conspiracy theory' to the public instead of describing to you the over-whelming evidence of the influence of the pharmaceutical companies in every aspect of the development and promotion of vaccines to the Australian government and the community.

The pharmaceutical /medical complex does not want you to see the science and the politics in my PhD with any credibility because they have significant vested interests in these government policies which are being promoted at the expense of human health and human rights in Australia.

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Website [Vaccination Decisions](#).



### **Some of the Ingredients in Vaccines:**

Did you know that antibiotics are in most vaccines? Many people are allergic to antibiotics and using any vaccine carries the serious risk of anaphylactic shock to this and many other vaccine ingredients. Are you being informed of this before you give consent to giving your newborn baby a vaccine?

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.), thrombocytopenia purpura (ITP), autism, speech delay, neurological disorders, encephalopathy, meningitis, ADHD, childhood cancers, and many more.

### **Supporting Public Interest Research**

I have recently started representing individuals who do not want to vaccinate their children in the Family Law Courts. Please contact me if you have concerns about being coerced into using a vaccine for employment or education purposes.

Vaccination in Australia is not compulsory and policies that discriminate against healthy people because they are not using vaccines (many of which were only developed in the last decade) are not supported by any Health Act or regulation in Australia.

The Australian government has mandated ~16 vaccines in the Social Services Act (not the Health Act) and the health minister has not provided a valid reason for mandating these vaccines in 2016 when vaccination in Australia has always been voluntary.

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 independent research and debate of children's health I hope you will consider a [\\$5 donation](#) for the up-keep of my website and continuation of my voluntary newsletters.

Only funded research is promoted to the

public and universities do not promote student 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 to the public](#) when organised lobby group activists, such as **Australian Skeptic Inc / SAVN**, and other **activists from the powerful industry-medical complex** provide false information about my university research in the mainstream media.



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