



Vaccination Decisions

with Judy Wilyman PhD



Newsletter 261:

Book Review of Dr. Judy Wilyman's 'Vaccination Australia's Loss of Health Freedom'

7 July 2020

One month ago, on 8 **June 2020**, the [World Health Organisation \(WHO\)](#) stated - "***asymptomatic carriers of coronavirus, except in extremely rare cases do not spread disease***". This information is not being presented accurately to the public through the media.

The mainstream media is also ***not presenting*** the fact that asymptomatic infections are the reason why infectious diseases were controlled by 1950/60 in all countries ***with good public health infrastructure*** (developed countries). In these countries the majority (99%) of coronavirus cases of 'flu-like symptoms' will be asymptomatic and this results in herd immunity through natural infection and non-serious or mild disease.

This fact makes the lockdown of healthy citizens and social distancing unnecessary and ***unlawful*** and it is a fact that is well known amongst public health scientists - not 'medical' experts who are being educated with pharma funded science. The lockdown is more unlawful for the fact that the tests being used to identify the COVID19 virus, in HEALTHY people, are flawed.

The media has been used as a propaganda tool by industry for decades due to financial conflicts of interest. See the Resources Box below to see the conflict of interest of **Dr. Tony Baratone**, president of the Australian Medical Association (AMA) - a powerful **industry-medical lobby group** that influences politicians and the media. Also see the COI of **Peter Costello** a board member of **Nine Entertainment** who owns the **Sydney Morning Herald**.

The history of the control of infectious diseases is described in my PhD which has been denigrated by all mainstream media since 2016 when it was published (and by [Peter McIntyre, the head of Australia's vaccination program for 23 years](#)). My thesis provides the historical references that reveal the knowledge that scientists had in the mid-twentieth century about the way in which viruses and bacteria **cause** disease - and hence how they can be prevented.

My PhD has recently been published as a book with endorsements by doctors and scientists and an extra **Appendix 9** titled: *Australia's Loss of Health Freedom - A Medical Tyranny*. This chapter explains how the myths about vaccine safety and efficacy have been promoted by the media for decades and how the media and academic institutions are censoring the science that demonstrates the risks and *lack of efficacy* of many vaccines. Here is a review of my book.

Vaccination and the Loss of Health Freedom: A Review

By Mrs Vera West

Dr Judy Wilyman, has published her controversial PhD thesis done at the University of Wollongong in 2015, entitled *A Critical Analysis of the Australian Government's Rationale for Immunisation Policy*. The book is entitled *Vaccination: Australia's Loss of Health Freedom: A Critical Analysis of the Australian Government's Rationale for its Vaccination Policy* (Vaccination Decisions, 2020). The opening quote on the endorsement page well sums up the controversy at the time, which I covered; her thesis supervisor Professor Brian Martin is quoted; "I have studied issues of intellectual freedom for many years; never have I heard of a campaign more relentless and abusive than the one against Judy." Right he is too; there was an organised attempt to prevent her getting, then keeping, the PhD by various forces, that will not be named here, because of sheer fear. And the media went along for the ride, smearing her good name and qualifications. It was all pretty disgusting. But I still wondered why they were so upset, at the level of utter mouth-foaming madness. Reading the book, I now understand since this is the most comprehensive critique of vaccination ideology I have read.

The book has three forewords that sum up the thesis of the book; that vaccination legislation is produced by the influence of Big Pharma; "Vaccine manufacturers can literally put any chemical they want into a vaccine and the FDA has nothing to say about it" including mercury/ thimerosal (US), and

aluminium; and that issues of safety, including autism and vaccination induced injuries, are downplayed. “Science has been blinded by false narratives and kept in the dark on vaccination risk” (p.v) Alarmingly, and showing the illusion of scientific objectivity today, vaccine manufacturers “ghost write” publications and studies, and pay medical professionals to put their names to it, fraudulently. The studies then appear in pharmaceutically sponsored journals, leading to doctors and governments recommending the vaccines as a matter of fact.

Underlying Wilyman’s critique is an alternative philosophy of medicine to the mainstream, and she quotes Professor Frank MacFarlane Burnett, the 1956 Nobel Prize in Medicine winner in Immunological research who said: “Genetics, nutrition, psychological and environmental factors may play a more important role in the mechanics for disease defence than those of sub-clinical infection assumed by vaccination procedures.” In fact, Burnett thought that vaccination programs could genetically weaken humanity, “against the best interests of the state.”

This is seen in the risks associated with vaccines, which we don’t hear much about in the Australian debate. But, in the US, the Vaccination Injury Compensation Program paid out over \$ 4 billion to people harmed by vaccines. One survey quoted in the book indicated that 39 percent of unvaccinated children had health issues, but 88.6 percent of vaccinated children had health issues according to their parents.

The part of the thesis which must have really upset the medical/Big Pharma establishment must surely be Wilyman’s devastating critique of the lack of scientific justification behind vaccines, full stop. “Proof that ‘vaccine-induced’ seroconversion results in immunity to disease has not been demonstrated in controlled clinical trials” (p.186).

There is a “lack of empirical evidence for the safety and efficacy of vaccines and for the claim that they create herd immunity.” The government has not supplied statistics showing that diseases are mainly occurring in unvaccinated people, nor is the government showing recognition of the “evidence of harm being caused by vaccines.” Government policy is “not to improve health but to increase the use of vaccines in the population and they are based on industry-funded science without any evidence to demonstrate that they can improve health outcomes.” Wilyman documents in an appendix (appendix 9) financial links to pharmaceutical companies to the government, in a kind of feeding cycle.

The results of these conflicts of interest have also been recognised by other researchers, such as Marcia Angell, in an even wider context: “No one knows the total amount provided by drug companies to physicians, but I estimate from the annual reports of the top nine US drug companies that it comes to tens of billions of dollars a year. By such means, the pharmaceutical industry has gained enormous control over how doctors evaluate and use its own products. Its extensive ties to physicians, particularly senior faculty at

prestigious medical schools, affect the results of research, the way medicine is practiced, and even the definition of what constitutes a disease.

Consider the clinical trials by which drugs are tested in human subjects. ☒

5 Before a new drug can enter the market, its manufacturer must sponsor clinical trials to show the Food and Drug Administration that the drug is safe and effective, usually as compared with a placebo or dummy pill. The results of all the trials (there may be many) are submitted to the FDA, and if one or two trials are positive—that is, they show effectiveness without serious risk—the drug is usually approved, even if all the other trials are negative. Drugs are approved only for a specified use—for example, to treat lung cancer—and it is illegal for companies to promote them for any other use.

But physicians may prescribe approved drugs “off label”—i.e., without regard to the specified use—and perhaps as many as half of all prescriptions are written for off-label purposes. After drugs are on the market, companies continue to sponsor clinical trials, sometimes to get FDA approval for additional uses, sometimes to demonstrate an advantage over competitors, and often just as an excuse to get physicians to prescribe such drugs for patients. (Such trials are aptly called “seeding” studies.)

Since drug companies don’t have direct access to human subjects, they need to outsource their clinical trials to medical schools, where researchers use patients from teaching hospitals and clinics, or to private research companies (CROs), which organize office-based physicians to enrol their patients.

Although CROs are usually faster, sponsors often prefer using medical schools, in part because the research is taken more seriously, but mainly because it gives them access to highly influential faculty physicians—referred to by the industry as “thought-leaders” or “key opinion leaders” (KOLs). These are the people who write textbooks and medical journal papers, issue practice guidelines (treatment recommendations), sit on FDA and other governmental advisory panels, head professional societies, and speak at the innumerable meetings and dinners that take place every year to teach clinicians about prescription drugs. Having KOLs like Dr. Biederman on the payroll is worth every penny spent.

A few decades ago, medical schools did not have extensive financial dealings with industry, and faculty investigators who carried out industry-sponsored research generally did not have other ties to their sponsors. But schools now have their own manifold deals with industry and are hardly in a moral position to object to their faculty behaving in the same way. A recent survey found that about two thirds of academic medical centres hold equity interest in companies that sponsor research within the same institution. A study of medical school department chairs found that two thirds received departmental income from drug companies and three fifths received personal income. In the 1980s medical schools began to issue guidelines governing faculty conflicts of interest but they are highly variable, generally quite permissive, and loosely enforced.

✘ <https://www.nybooks.com/articles/2009/01/15/drug-companies-doctors-a-story-of-corruption/>

Apart from the contemporary material, Wilyman gives a fascinating discussion of historical sources disputing received vaccination “wisdom.” For example, Charles Darwin’s rival, Alfred Russell Wallace, in 1888 noted that the efficacy of the smallpox vaccine had not been subjected to clinical trials at the time, and concluded that the use of the smallpox vaccine was a “scandal” and a “delusion” due to the lack of any “systematic control experiment.” The mortality was reduced, not by vaccines, but by public health measures that were implemented before vaccines were available: I. Illich, *Medical Nemesis*, (1976).

All of this destroys the government’s no jab, no pay ideology, which has been a tyrannical attack upon the health freedom of parent’s using the threat of poverty to produce compliance. Dr Wilyman has done the community a tremendous service by her most scholarly research, but of course, she has paid the inevitable price as the system mobilised against her. But, her book is out here ✘, [ready for purchase](#), and this book too is well worth getting to pass around.

Resources

1. Interview with WA Real - ✘ [Dr Judy Wilyman: A Question of Medical Freedom and sovereignty over our own body](#)
2. Dr. Baratone, President of the Australian Medical Association (AMA), an industry-medical lobby group;
✘ [Conflicts of Interest in Vaccination Information and Policy](#) (Letter written by Elizabeth Hart).
3. ✘ [The Conflicts of Interest in the Sydney Morning Herald's reporting on Vaccination Issues](#) (Letter written by Elizabeth Hart).
4. Legislation that makes us close to a police state was introduced in Australia by 2015. This is sleeping legislation ready to be enforced. ✘ [Here is Andrew Wilkie discussing this legislation in parliament in 2015](#) (15 min video)
5. A call to all health practitioners to join our cause to put an anonymous ✘ [complaint against the Australian Health Practitioner's Regulatory Authority \(AHPRA\)](#) for muzzling the discussion of the health risks associated with vaccines.

About Dr. Judy Wilyman PhD

I have been studying the vaccination topic both formally and informally since 1993 when I vaccinated my first child. Like most people questioning vaccines, I have not come from an anti-vaccination position and the debate is not about pro or anti-vaccination. It is about safety, efficacy and necessity for each vaccine on the schedule. Are they all safe? And are they all effective and necessary?

In 2015 I completed a PhD at the University of Wollongong answering these questions.



My thesis is titled 'A critical analysis of the Australian Government's rationale for its vaccination policy'. In Chapter 7, I present a discussion of the claims made by the government about the safety and efficacy of vaccines that are not supported by scientific evidence.

Bachelor of Science, University of NSW
Diploma of Education (Science), University of Wollongong
Master of Science (Population Health), Faculty of Health Sciences, School of Public Health, University of Wollongong.

PhD in: [A critical analysis of the Australian government's rationale for its vaccination policy](#) (the science, politics and ethics of Australia's vaccination policies), UOW School of



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 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.

Additionally, my book - [Vaccination: Australia's Loss of Health Freedom](#) - is now available. This book describes the history of the control of infectious diseases in Australia with an added chapter on the strategies that have been used to remove health freedom in Australia.


The Australian government NCIRS (the vaccine research and surveillance unit) has attempted to denigrate my research because I have shown that children's health has significantly declined as the Australian government added vaccines to the vaccination program. Peter McIntyre and Margaret Burgess are the founding directors of the NCIRS and they did not investigate this link. Here is my rebuttal of the false information these government vaccine advisors have provided about my research in the Vaccine journal - 3 years after my PhD research was published. The two other authors of this paper (Leask and Wiley were also NCIRS researchers) - [Judy Wilyman's response to Peter McIntyre and Margaret Burgess's Vaccine article that attempts to discredit my PhD.](#)



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