

Review: Dy Judy Wilyman, *Vaccination: Australia's Loss of Health Freedom, Vaccination Decisions, September 2015 (2021)*

Pages: 414

Master Class in Big Pharma Corruption Coiled Around Australia's Neck

This worthy thesis contributes to the vaccine debate, exposing in plain terms Pharma-captured Australia's corrupt underbelly.

A helpful glossary at the beginning defines terms, as the book oscillates between policy development, and epidemiology and vaccine science.

The author largely promotes terrain theory which is a breath of fresh air, e.g., the Epidemiological Triangle of Agent-Host-Environment. Having explanatory power from observable causes, rather than invisible 'germs' and assumed vaccine efficacy (i.e., artificially-induced antibody titres) is far more sensible.

Case studies on HPV and the 2009 Swine Flu showcase all the unscientific practices and propaganda tactics used by industry and government, which if understood would have immunised the public from the COVID scamdemic.

Foreword (pp. iv-xiv)

Immunologist Frank Burnett, 1956: "Genetics, nutrition, psychological and environmental factors may play a more important role in the mechanism for disease defence than those of sub-clinical infection assumed by vaccination procedures."

Preface (pp. xv-xviii)

Agnotology is the study of culturally-induced ignorance into a populace.

Abstract (pp. xix)

Glossary (pp. xxix-xxxi)

Antibody: synthesised blood protein in lymph tissue. Can be produced against bacteria, pollen grains and foreign RBC antigens.

Titre: blood serum antibody level which cause agglutination of relevant antigens.

Immune Response: B-lymphocytes (humoral immunity) and T-lymphocytes (cell-mediated immunity) antigen responses.

Immune System: thymus, bone marrow, lymph node, spleen, tonsils, GI lymph, Peyer's patches and SI mucous membrane lining.

Passive Immunity: when existing antibodies in antiserum are injected into another.

I) Introduction (pp. 1-15)

10% of infants have food allergies.

II) Controlling Infectious Diseases (pp. 16-51)

Ecological medicine studies political, social, and economic interventions. Specifically: nutrition; toxins; allergies; genetics; and environment.

The Medico-industrial model dominated from the 1970s.

Rene Dubos: "until social and economic changes are made no amount of medical and scientific knowledge can be of much help." [p19]

Smallpox vaccination efficacy was never tested in controlled clinical trials. Nevertheless, the vaccine was used for 150 years.

The Epidemiological Triangle: Agent-Host-Environment

Germ Theory is a simplified, reductionist mentality.

1848 Public Health Act reforms included clean water, sewage disposal, food hygiene, and housing.

The Pertussis shot was introduced 1954.

The NHMRC exists to provide medical advice to the Commonwealth, and decide which areas of science receive funding, are excluded.

Germs are linked to fermentation, agriculture, and environmental industries.

Fever was once believed to cause excretion of diseased matter, and that doctors should not interfere.

“The germ theory of etiology was based on the Darwinian concepts of individual species, mutation, and natural selection.”

Homeostasis is developed by age 5, the ‘golden age’ of resistance, and lasts till age 15.

The IS begins to wane at 30-40, and by 70 is 25% of a young adult.

Ecological equilibrium of measles had a solid base. A shot was introduced in Australia in 1969.

Measles mortality is due to: poor diet; other parasitic infections; lack of sanitation.

Girls with measles acquire long-term immunity which confers to their children, something non-replicable via vaccines.

Vaccination programs from 1953-1993 in Australia were completely voluntary.

In 1989-90 only seven vaccines were given: tetanus, measles, mumps, rubella, polio, diphtheria, and pertussis/

GAVI and the OECD designed the Millennium Health Goals; they ignore social health and focus on vaccines.

Vaccine coverage is a surrogate 'healthcare' measure.

III) General Public Health Policy (pp. 52-96)

GOIB: Growth monitoring, Oral rehydration therapy, Breastfeeding, and Immunisation.

Financial coercion is the only reason developing countries use vaccines.

Australia has no compensation scheme for its National Immunisation Program.

Prefrontal lobe damage affects decision-making and impulse control.

Acellular pertussis shot was introduced in 1999 in Australia.

The Family Tax Benefit A supplement was \$2,100 from July 2012 for full vaccination. In 1997, a Child Benefit of \$7,500 was added.

In 2003, the U.S. vaccinated against smallpox but quickly stopped the program due to injury.

From 2016, only medical exemptions are allowed in Australia.

“The media message changed in the second half of the century when the focus of public health was directed to vaccination policies. Since this time the mainstream Australian media has emphasised the benefits of vaccines, without providing empirical evidence, and without informing the public of the known risks associated with each vaccine or the long-term health effects of the combined schedule of vaccines.” [p97]

IV) Implementation of the Australian Government's Vaccination Policies (pp. 97-130)

For any “controllable notifiable disease”, authorities have powers to carry out compulsory medical examination and restrict movements.

Environmental health practitioners hold infectious agents are circulating yet don't produce many disease signs.

Medical practitioners restrict 'health' to action of microorganisms, with a solution of universal medical intervention.

Risk assessment is characterised by: hazard; outcome uncertainty; outcome effects; and duration.

Surveillance data can be used to manipulate results by changing definitions [e.g., "infection" becomes "case", and "gene therapy" becomes "vaccine"], or changing testing procedures [e.g. PCR using high cycle counts].

Availability heuristic manipulates news watchers.

The affect heuristic impacts individuals after repeated similar exposure to situations.

"Statistical or factual evidence is often ineffective in changing risk perceptions if these attitudes ['anti-vax' and 'conspiracy theory'] have been stigmatised." [p125]

NPCs have difficulty perceiving when a frame has been manipulated by experts.

V) Public Health Policy and Health Promotion Ethics (pp. 131-151)

The allopathic model treats the body as a machine, and denies that mind, emotions, and the soul can be causal disease agents or treatment options.

VI) Industry Influence in Research and Policy (pp. 152-182)

"The more popular the scientific field, the less likely the research findings are to be true."

Medical journals have extreme COIs since half their income is derived from pharma advertising. 'Ghostwriting' and 'honorary authorships' are common deceptive techniques.

Doctors and scientists:

- Consult for companies whose products they research.

- Join company and advisory boards.
- Speak for drug companies.
- Own drug patents and receive royalties.
- Accept gifts and trips from pharma.
- Own pharma stock.

56-87% of authors for clinical practice guidelines have COIs.

The TGA was established 1989 and is 100% industry funded.

VII) The Evidence Underpinning Claims About Vaccines (pp. 183-213)

Seroconversion surrogate is used for vaccine efficacy; the antibody titre level *believed* necessary to prevent disease. This may also be caused by natural infection, making it indistinguishable.

Proof of “vaccine-induce” seroconversion causing immunity does not exist.

Why would smallpox take so long to be eradicated if the effective vaccine was available for 150 years?

Neomycin is neurotoxic.

VIII) Politics and Undone Science in Public Policy (pp. 214-236)

The driving force for paper production is always profit, not public knowledge.

Onus of safety proof is on the new drug proponent, not the general public.

IX) Case Study: HPV and Cervical Cancer Pathogenesis (pp. 237-292) HPV is non-communicable.

In 1989, IARC said there is no clear cut evidence HPV is causally related to cervical cancer. HPV is not found in 10% of cancer cases.

The majority of cervical intraepithelial neoplasias do not develop into tumours.

83% of cervical cancers occur in developing countries.

Cancer latency of 10-30 years post HPV infection makes the thesis of causality far-fetched.

X) Case Study: 'Swine Flu' 2009 Pandemic (pp. 293-319)

Influenza A is said to “jump species”.

Influenza was “discovered” in 1933.

XI) Conclusion (pp. 320-337)

Appendices (pp. 338-392)

In 1920, Eli Lilly invented thimerosal. The Greeks stored food in large jars over the year.