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Commentary

Wilyman Report on Vaccines: How do We Handle the Next Pandemic, Small, Large or 'Predicted'?

Edward J. Steele*

Melville Analytics Pty Ltd, Melbourne, VIC, Australia

Corresponding author: Edward J. Steele, Melville Analytics Pty Ltd, Melbourne, VIC, Australia

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Abstract

Censorship and active suppression of science and medicine exercised on scale during the COVID-19 pandemic has prevented the wide circulation of legitimate scientific inquiry, critical analysis and discussion. Together with the vaccination failure itself, as foreshadow by Judy Wilyman, the officially sanctioned censorship is now the No.1 issue of our time. It has involved the lockstep behaviour of BigPharma, the Main Stream Media, Big Tech, Governments, Peak Medical, Scientific and Public Health authorities. How did this happen? What are the well spring roots of this extraordinary co-ordinated active suppression of legitimate alternative viewpoints and data analysis in science and medicine?

Introduction - Origin and Global Spread COVID-19

My scientific colleagues and I have been tracking and endeavouring to understand, and thus explain, the space origins and global spread of COVID-19 since late 2019 - early 2020 [1]. We have had to vigorously confront this censorship head on in order to get our scientific message and narrative into the public square. We have tried many 'publication' routes to circumvent the pernicious influence of media-sanctioned censorship, both popular press and scientific press.

Our first attempt, an article for the general reader intended for publication in *The Australian* newspaper was spiked - despite prior back and forth telephone negotiated discussion with then Editor John Lehmann in the first week of February 2020 - by the newspaper's Health Writer/Editor Natasha Robinson ... "because on peer review with your epidemiology and infectious diseases colleagues in Australia, no one believes your explanation" [2]. Of course, that was not the point at all, and I warned both Robinson and Lehmann in prior email and telephone communications that we should not be 'peer reviewed' and gave my reason: - a balanced and supposedly fair newspaper like *The Australian* should have simply let our scientific story ventilate in the public mix of explanations irrespective of the story clashing with conventional received wisdom.

However, it is now clear to many of us that *any deviation* from the main-stream narrative that COVID-19 jumped from an infected bat or pangolin virus reservoir at a Wuhan wet market or from a Wuhan virus research laboratory could not be ventilated. Our coherent and evidence-based explanation on COVID-19 space origins and global spread by global prevailing wind systems, as well as our analysis of the subsequent vaccination failures and adverse reaction rates has been actively suppressed by continuous mainstream censorship. It is evident that powerful webs of official corruption, influence and collusion between the main stream media have included: Big Tech (*Google*, *Facebook*, etc particularly in Australia by Rupert Murdoch's *News Corp*); BigPharma (pharmaceutical industry) pushing the vaccine rollouts around the world; National and Federal government endorsement of mandatory vaccinations by all political persuasions, and supported by administrators of our public health policies and pandemic responses. This was implemented through such government health administrative bodies which include: the TGA (Therapeutics Goods Administration, Australia), AMA (Australian Medical Association), ATAGI (Australian Technical Advisory Group on Immunisation), AHPRA (Australian Health Practitioners Regulatory Agency)- equivalent and similar bodies exist in most of the Western Democracies e.g. SAGE (Scientific Advisory Group for Emergencies, Gov. UK), FDA (Food and Drug Administration USA), CDC (Centers for Diseases Control USA).

The Wilyman PhD Thesis

My main motivation in reviewing Judy Wilyman's 2015 PhD thesis has been to further ventilate her important research, scholarship and evidence-based analyses on how the present public health catastrophe in the response to the COVID-19 pandemic, has unfolded from an evidence-based historical perspective [3]. It has deep historical roots in the commercial profit-inspired *modus operandi* of the pharmaceutical industry producing vaccines for at least the past 35-40 years.

The issue of how effective the mandated political coercion and lack of informed consent has been in the COVID-19 vaccine roll-out, particularly in Australia and Great Britain, has also been exposed repeatedly and separately by the independent Australian researcher Elizabeth Hart.

See: Compulsory Vaccination and the Media - The Australian Experience, 12 May 2015 or https://davidhealy.org/compulsory-vaccination-and-the-media-the-australian-experience/

Censorship of comments re vaccination policy by The Conversation, 24 April 2016, or https://elizabethhart.files.wordpress.com/2019/05/gmail-censorship-of-comments-re-vaccination-policy-by-the-conversation.pdf; and see her website on investigating the gross over-use of vaccine products and conflicts of interest in vaccination policy vaccinationispolitical.net. Finally listen to her forthright interview on mandated vaccine coercion by Governments, Big Business, Bill and Melinda Gates Foundation, and BigPharma on *TNT Radio* "Politically Incorrect", with Mike Tennessee & Richard (Dick) Carsson, Saturday 28 May 2022, https://tntradiolive.podbean.com/e/elizabeth-hart-on-politically-incorrect-28-may-2022/

Accordingly, in my review of the Wilyman thesis all relevant public domain papers and interviews are cited and listed with direct embedded URL links. These include references to: traditional peer-reviewed journal outlets; fast accelerated non-peer reviewed and thus non-censored outlets (*Virology Current Research, Infectious Diseases and Therapeutics*); URL links to actual interviews as Videos and /or Podcasts as important public records that can be cited legitimately and accessed on non-censored internet sites. These citation actions are because of the necessity for us to get our unfolding COVID-19 epidemiological and genetic data and analysis out into public domain, *unfiltered,* so other objective interested parties can then *peer review* our conclusions if they want to - nothing has been hidden or held back, including potential mistakes that will be revealed by further data and analyses in the fullness of time.

Recommended Wilyman Citations and Associated Key Published Papers

These are in Reference list but highlighted first here as a dot-point list:

- Wilyman, Judy, (2015) A critical analysis of the Australian government's rationale for its vaccination policy, Doctor of Philosophy thesis, School of Humanities and Social Inquiry, University of Wollongong, 2015. https://ro.uow.edu.au/theses/4541 [3] This is now published and updated (2020) as a book, main title "Vaccination: Australia's Loss of Health Freedom" by *Vaccinations Decisions* ISBN:978-0-6487674-0-5, http://vaccinationdecisions.net)
- First detailed public comment on Wilyman thesis by me on *TNT Radio* "Politically Incorrect". With Kerry Lonigan & Richard (Dick) Carsson Sat 7 May 2022 5.00PM (53 mins) - On Dr Judy Wilyman's PhD Thesis: – Exposing the profound corruption in mandating the roll out of untested experimental COVID-19 vaccines. https://tntradiolive.podbean.com/e/professor-edward-j-steele-on-politically-incorrect-07-may-2022/

In order to illustrate the nature of how effective such propaganda campaigns are implemented (and view the interview with propaganda expert Piers Robinson [4]) Wilyman highlights one clear exemplar with Human Papilloma Virus (HPV) vaccination to immunize young girls and women against cervical cancer led in Australia and globally as well by Professor Ian Frazer, Diamantina Institute, University of Queensland.

- Associated key published papers: Wilyman, Judy (2020) Misapplication of the Precautionary Principle has Misplaced the Burden of Proof of Vaccine Safety Science, Public Health Policy, and The Law Volume 2:23-33 November 28, 2020 Ethics in Science and Technology The Misuse of the Precautionary Principle in Government Vaccination Policy - by Judy Wilyman [5], or https://www.semanticscholar.org/paper/Misapplication-of-the-Precautionary-Principle-has Wilyman/ed068937c7275bc0e060139cc35e207bf390fede
- Miller NZ and Goldman S (2011). Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity? *Human Experimental Toxicology*, 30(9):1420–1428, September 2011 [6]. https://journals.sagepub.com/doi/pdf/10.1177/0960327111407644?fbclid=IwAR1IBTLaHPZy1w-0gTz1PHHPzS2Mj5koG0ISRsvyU_N9g0GYCjuPe8_e6W_8&

The Wilyman thesis is in two main parts: First a detailed description of all the cohesive corruption pathways brought about by the pharmaceutical (BigPharma) industry's commercial agenda in influencing government policy, university research funding (and thus the formal peer reviewed scientific literature), peak medical and regulatory bodies down to the medical coal-face of family doctors and medical specialists - who often get de-listed by the Australian Health Practitioners Regulatory Agency (AHPRA) if they question AMA/AHPRA directives on any of the COVID medical mandates (e.g. Queensland's Dr Robert Brennan who interviews Specialist Gastroenterologist Dr Andrew McIntyre on *TNT Radio* https://tntradiolive.podbean.com/e/dr-andrew-mcintyre-on-an-hour-with-robert-brennan-11-may-2022/). This topic occupies content at great depth and length in Chapters 2 through 8 inclusive. This is to be expected in a PhD thesis - great depth of analysis at all crucial levels. I read most but skipped sections that to me were repetitive or obvious, as adjudged by my prior 50 years of lived experience of research funding and its administration in universities and biomedical research institutes. Second a detailed review of the recent science on the foundations of the origins of epidemics and pandemics small, large or 'created'. This is reviewed and analysed in Chapters 9,10, particularly the roll out of the vaccines actually deployed in two succinct exemplar "created" or "low risk mortality" pandemics: Human Papilloma Virus (HPV) vaccines and protection against cervical cancer (Chapter 9) and the Swine Flu Pandemic 2009 (Chapter 10).

There is much overlap between these two themes and all chapters need to be read and understood to grasp the whole Wilyman achievement, particularly Chapter 2 first which introduces essential foundation concepts. On the issue of *actual origins* of genuine pandemics throughout history like the recent series of very familiar Influenza pandemics of the 20th Century - such as 1918-19 Spanish Flu and others such as Asian Flu 1957 and Hong Kong Flu 1968, including Swine Flu 2009 - Wilyman's explanations understandably rely on the mainstream narrative as represented in Hays [7]. This story is familiar: the original viral or pathogen origins begin in an undetected animal reservoir (e.g., chickens, birds, swine, bats, monkeys, camels etc.) and then rapidly jumps to humans by an accumulation of discrete genetic

mutations to become a human pathogen, and then rampant person-to-person spread (P-to-P). This traditional understanding of how pandemics emerge and spread in history is of course precisely what our recent work with COVID-19 challenges head on [1,8-10].) and is based, as indicated, on the prior ground breaking epidemiological analyses and historical examples of the 1979 book by astrophysicists and astrobiologists Fred Hoyle and N. Chandra Wickramasinghe now re-printed and updated [11,12].

The tendency of peak health authorities and infectious disease experts to prefix an animal name to the new emerging disease distorts our understanding of the real origins discussed by Hoyle and Wickramasinghe [11]. When a new pathogen comes in like this suddenly from space (protected in putative carbonaceous meteorite dust) some pathogen varieties may also equally infect animals and humans to varying degrees at the same time. That needs to be clearly understood. The full host-range and thus infectivity and spreadability (person-to-person) is unknown at that point. So on the emergence of genuine pandemics throughout history I would disagree with Judy's mainstream origins assumptions (based on Hayes [7]), but agree *with every other aspect* of her analyses - on vaccine non-performance, high incidence of adverse events, undone science and the powerful forces of political and financial coercion she describes in clear detail. The problem is, as she clearly shows, that several of the more recent pandemics have been insignificant and of *low risk to life* no more serious than seasonal Flu mortality (Swine Flu 2009, Chapter 10), or literally 'created' as with the roll out of the HPV vaccine to 'protect women against developing cervical cancer' (Chapter 9). This led me to question the effectiveness, and thus relevance, of *all* our prior work on COVID-19's space origin and subsequent spread by prevailing wind systems [1]. Even if our main recommendations are implemented on global near-Earth surveillance for incoming meteorite pathogens as well as the introduction of safe and effective oral-nasal vaccines for any future respiratory pathogen (cold or flu) the cohesive chains of BigPharma-controlled corruption would ensure all our work on understanding the origin and global spread of COVID-19 *would come to naught*.

This depressing thought means that pretty well all of Judy Wilyman's research recommendations (and Elizabeth Hart's independent analysis and conclusions) *need implementation*. This is the political challenge: *How do we break these causal corruption chains for the next really big global pandemic?* e.g., globally dispersed like COVID-19, even though only a low risk 'common cold' virus in the present case [1,9]. The biggest casualty is public trust in our political and health care institutions. Many of us have experienced it directly in Australia, particularly in Victoria where the public health system has frayed or collapsed due to incompetent government pandemic control policies. The cohesive web of corruption revealed by Wilyman's research is on a *massive scale*. Particularly all the fault lines revealed by the 'undone science,' yet sold as 'settled science' to a trusting public. To me the corruption chain is very clearly outlined and can be summarised in the bolded symbolic sequence:

BigPharma $$$<>Government/Politicians<>TGA/FDA, CDC <>AMA, AHPRA, ATAGI<>Research funding in Institutes and Universities<>Family doctors, specialists in hospitals at the medical frontline.

The excitation of fear among frontline doctors fearing de-listing by AHPRA has been staggering to witness by us all who have any medical condition requiring treatment. To be perfectly blunt all the authorities higher up the chain from the frontline have literally been 'bought off' so BigPharma can make huge profits. It is a gargantuan scandal, and the COVID-19 response has *been a massive public health failure.* So again, the question is – *How do we break these causal corruption chains in order to handle the next really big genuinely lethal global pandemic, which will inevitable come to our shores?*

The first requirement in Australia is that the TGA, the body the public trusts in approving new medicines and vaccines for human use *must not receive any funds at all from the pharmaceutical industry-* as is the case at present. It must be truly independent – and make the approval or rejection calls based on clear answers to questions like:

- What is the undone science with this medicine or vaccine?
- Does it protect human beings from the target disease or does it supply effective safe therapy for the disease or medical condition?
- How safe is this drug, medicine or vaccine really in the short, medium and long term?

Water-tight unbiased decisions *based on evidence* must be performed by the TGA - which is clearly not the case at present with COVID-19 vaccines, *which have not protected anyone anywhere in the world from catching COVID-19* as we have discussed [1,9,13,14]. Updates on the COVID-19 vaccine in-effectiveness on this issue by the current work of Judy Wilyman and associates can be viewed at *People for Safe Vaccines* https://www.peopleforsafevaccines.org.

The entrenched corruption actually enfeebles us - and weakens us, and destroys our ability to act in the public interest in real medical emergencies. We have been lucky with COVID-19. The fact is that COVID-19 is 'lethal' - resulting in death - for only a very small faction of the unvaccinated population, perhaps 0.1% of all those exposed to COVID-19 (in the "Immune Defenceless Elderly Co-morbid" portion of the human population). Prior to the vaccine roll-outs this was clear [1,9] even by Dr Fauci and associates [15]. Indeed, all the indications from the publicly available Australian medical COVID-19 epidemiological data analysed by Wilyman and associate Sandy Barrett indicates the COVID-19 associated death rate *actually increases* (in linear regression) *with increasing numbers of vaccine doses*, implying a *causal role* for vaccination itself increasing the COVID-19 associated death rate [16]. This conclusion follows the Omicron strikes since mid- Dec 2021 [1] - the serial vaccinations and boosters are not only ineffective in protection against contracting COVID-19 but are *actually causing COVID-19 associated death* in vulnerable citizens - this is an appalling public health outcome on a mass scale as vaccination have been widely mandated by intense coercion in Australia to protect people against COVID-19 and stop them spreading the disease.

Precautionary Principle

So, the "Precautionary Principle" [5] which in medicine itself clearly advises "First do no Harm" has been misused, abused and violated by all BigPharma, Governments, Politicians, Public Servants, Public

Health Officials and their main bodies in Australia such the AMA, TGA, AHPRA, ATAGI and others. To quote Wilyman [5]: "When the precautionary principle is reversed to put the burden of proof of harmlessness on the general public, instead of the pharmaceutical companies and governments then it can be used to protect the vested interests of industry in government vaccination policies and not the health of the general public." It represents a massive scandal and betrayal of trust in scientific medicine. One cannot 'gild the lily' on this - a blunt confrontation with reality is required by all officials involved in Australia responsible for public health care provision and vaccine roll outs, which were mandated and unleashed on a trusting public – a putative and experimental new generation mRNA Spike protein expression-vector supposed protective medicine that is ineffective as it provides no protective benefit, and is positively dangerous with high adverse event rates, because it was not adequately safety tested that is, the "undone science" as put by Wilyman [3]. The first step is to publicly admit this massive failure and then a genuine honest reform process to begin, to ensure it *never happens again in Australia or anywhere else in the world.* Other biomedical scientists are making the same call [17,18].

Dangers of All Recent Vaccine Roll-Outs of the past 30-40 Years

The health of our children these past 25 or so years has been weakened and compromised by repeated vaccination early in life, with different antigen types and adjuvants. We have known this for at least 10 years. Thus, the real rise in infant mortality rates in the first year of life (Sudden Infant Death Syndrome, or SIDS) is *causally related* (linear regression) *to the number of vaccine doses routinely given in the first year of life* Miller and Goldman [6]. This is the tip of the iceberg disaster and violation of the Precautionary Principle. See Tables 1 and 2 present in Miller and Goldman study [6].

Even a casual observer will ask: What of all those newborn children who do not die suddenly before one year of age? How many will carry chronic debilitating developmental diseases into later life (e.g., allergies, autoimmune disorders, autism-spectrum disorders, through full blown autism)? If vaccine-induced extreme outcome in the first year of life is death, the real rate of chronic maladies in survivors can only be imagined. The National Disability Insurance Scheme (NDIS) has been set up in Australia to handle the acknowledged rise in many debilitating chronic diseases over the past few decades – is there a connection between early life multiple and booster vaccinations (of all antigenic types) and the political need to introduce a NDIS program? (The question posed recently on *TNT Radio* by presenter Richard Carsson who made the connection live on air

https://tntradiolive.podbean.com/e/professor-edward-j-steele-on-politically-incorrect-07-may-2022/).

Thus in 2009 a country with almost the lowest Rank in SIDS, Sweden with an Infant Mortality Rate (IMR) at 2.75 Deaths per 1000 births each child had a total number of childhood vaccine doses of 12 (covering the standard series Diptheria, Tetnus, Pertussis, Polio etc). In Australia and the United States (including Canada and Netherlands) the number of vaccine shots in the first year of life rises to 24-26 with an IMR per 1000 births of 4.73 – 6.22 (latter rate is for the USA). If we assume that there are 10-20 times more living with chronic maladies this means at one extreme *one 1 in 8 children* in the United States may suffer a vaccine-induced chronic disease in later life. It is not surprising there has been a rise in chronic diseases in the generations born 20-30 years ago. This is a scandalous implication of the real world publicly available data published in 2011 by Miller and Goldman [6] and other data discussed and analysed by Judy Wilyman. This means that all vaccination of new born babies *must cease immediately*- if we are to retrospectively apply the Precautionary Principle as clearly articulated by Judy Wilyman [3,5] and the clear principle of seeking *Informed Consent* from a patient prior to a medical intervention outlined by Elizabeth Hart (vaccinationispolitical.net).

Creation of a Public Health Pandemic by BigPharma for Low-Risk Diseases with much UNDONE Science

Wilyman [3] in Chapters 9 and 10 analyses examples of low risk-to-life, yet created and beat up, recent Pandemics (Chapter 9 Human Papilloma Virus and Cervical Cancer; Chapter 10 2009 Swine Flu Pandemic) The sequence is familiar: create fear of a serious pandemic real or imagined, then roll out the campaign by government and big business by mandated coercion for mass vaccination "to protect yourself, your family and the community" against catching the disease. This sounds like a familiar story. The most successful campaign in my mind prior to the COVID-19 mass vaccination effort was the campaign to vaccinate girls and women with "a vaccine to protect them from developing cervical cancer".

Human Papilloma Virus (HPV) and Cervical Cancer

Human Papilloma Virus (HPV) is a sexually transmitted endemic disease across the developed and developing world. In women the virus infects and grows in the mucosal epithelial surfaces of the genital tract. It can, as a result of sexual activity, flourish also in the oral-nasal mucosa and upper respiratory tract and can be transmitted via infected penile surfaces. It is not normally known to spread via the blood or lymph to other tissues. There are some 18-20 HPV variant strains in circulation and two dominate (#16, #18) in both the developed and developing world. However, the global strain composition differs between the developed and developing world – in the developing world many other minor strains are prominent in circulation frequency. HPV infection and exposure is a known necessary co-factor for the development of cervical cancer in later life which is the crux of how Big Pharm *created* the global pandemic, namely 'exposure to HPV infection in the female genital tract causes cervical cancer later in life' ergo 'we need to immunise women and girls against HPV'. However, as Wilyman explains, while there is a precursor HPV association there are many other co-factors predisposing to cervical cancer such as general sanitation and public health measures, multiplicity of sexual partners, fresh water, nutrition and poverty, and general quality health care/surveillance (regular Pap smears). This precursor relationship is akin to UV light exposure in childhood tropical zones (particularly for the fair skinned) increasing the risk of suspicious skin moles in later life (*in situ* skin cancers) and thus leading eventually to malignant spreading melanoma if left untreated - all of which can be prevented by regular skin checks and excision of all suspicious moles. The same

efficacy for early detection and removal of suspicious cervical growths applies to prevention of cervical cancer. In the developed world the incidence is very low perhaps 0.1% of all those HPV exposed and the regular Pap smear surveillance catches them early. The same applies to the developing world but all the other co-factors listed play a role in high incidence of both HPV strains and cervical cancer.

There is no doubt that systemic intramuscular (jab in the arm) vaccination, given over several shots can reduced the targeted strain incidence in the cervical mucosal [19] – thus systemic immunisation can induce both IgG and secretory IgA and thus purifying immunity at mucosal surfaces in the genital tract [20]. But does such elimination of dominant HPV strains decrease the incidence of cervical cancer later in life? It is clear from Wilyman's analysis there is *no evidence for this second main claim* which is the whole scientific basis of the HPV vaccine roll out since 2006. And that is the 'necessary problem' which BigPharma created by a massive fear campaign in young girls and woman "to get the jab" or "you will die of cervical cancer". Given what has now happened with COVID-19 this sounds familiar. Front line doctors in the USA were co-opted in the education campaign and paid $4,200 to deliver 'townhall' public lectures on the necessity of women and girls "to get the HPV jab", PowerPoint presentations and talking points provided by the vaccine manufacturers. Indeed, reading all the evidence laid out by Wilyman (Chapter 9) there is NO evidence that HPV vaccination has had any impact on cervical cancer incidence. There was no HPV-Cervical cancer pandemic. That had to be literally created by BigPharma. And it is clear that the massive vaccination roll out for the HPV vaccine was a controlled-for-profit BigPharm fraud operation on a truly global scale. And, of course, safety testing for adverse events and vaccine injury in later life has not been systematically undertaken in the vaccinated versus unvaccinated groups (and probably never will be now).

For me personally I now understand how the COVID-19 vaccine roll out in Australia was so successful. Thus, our now departed Health Minister Greg Hunt and our now departed former Prime Minister Scott Morrison were publicly declaring *circa* mid 2020 that "Australia would be a fully vaccinated country to begin in the second half 2021 and to be completed by December 2021" – in order to keep us all safe. The propaganda campaign in the mass media led by *News Corp*, the major TV networks and the taxpayer-funded *ABC* was at saturation – necessary in all propaganda campaigns as we all well know [4]. I was distracted with many other COVID-19 issues at that time (mid 2020) – but I now understand how and why the Morrison government was so confident in achieving success "in vaccinating the entire country" by Christmas 2021. Like the clear end-destinations known in advance when laying down new tram tracks or new railway tracks, teams of specialist workers swing into action and roll out the tracks in record time like a well-oiled machine of co-ordinated linesman and operators. At all levels in the cohesive chain of corruption set up by BigPharma the global vaccine operation was ruthlessly rolled out, as indicated earlier: -

BigPharma $$$<>Government/Politicians<>TGA/FDA, CDC <>AMA, AHPRA, ATAGI<>Research funding in Institutes and Universities<>Family doctors, specialists in hospitals at the medical frontline.

Thus, all the established corruption chains and pathways were in place and President Trump's "Operation Warped Speed" just needed the greenlight. And given the association of the word "vaccine" in the trusting public mind with "safe protection against catching a deadly COVID infection that can kill you" most of the population complied with mandatory vaccination or forced tragically to comply or lose their employment.

The Swine Flu Pandemic of 2009 (Chapter 10)

A similar low death-risk seasonal Flu very much like COVID-19 emerged suddenly in parts of Mexico and then California in April 2009, and was hypothesized to have arisen first in domestic pigs then jumped to humans prior to P-to-P spread. The segmented Flu genome was a reassortment of derivatives of known bird, swine and human flu viruses combined further with a Eurasian pig flu virus- so it was a unique and complex segmented genome reassortment or shuffling of prior known genomic segments [21]. As it was also a variant of the H1N1 serotype, the same serotype as the Spanish Flu 1918-19, the WHO put the world on alert to further pandemic spread. And Swine Flu certainly did appear to infect many developed countries (incidence in Africa was low), but it was no more lethal than a seasonal influenza outbreak – the vulnerable patients very similar to the age and co-morbidity profile seen with COVID-19. The most vulnerable were the Immune Defenceless Elderly Co-morbids, the death rate being 0.1% of all those exposed to Swine flu 2009 (c.f. Steele, Gorczynski, Rebhan et al [9]). By August 2010 infection rates had subsided and then largely disappeared.

It is highly unlikely that the Swine Flu 2009 arose by mixed infections of pigs with multiple strains, then genomic segment shuffling at viral assembly during mixed cellular infections with the various precursor strains in the same infected cells. A direct experiment to test this origins hypothesis yielded negative results i.e., no fully assembled Swine Flu 2009 variant of H1N1 serotype emerged with the total combination of expected segments in any multiple infected test pigs [22].

In most flu seasons it is well known the vaccine protective efficacy is usually low and variable – one reason being that the vaccines are prepared for the variants in circulation in the previous season, thus during antigenically unmatched years [23]. There are other reasons, mainly the failure, as with all current ineffective COVID-19 intramuscular jab in the arm vaccines, to stimulate protective oral-nasal mucosal immunity involving secretory IgA and other aspects of cellular mucosal immunity including elevated Innate Immunity [1,14]. What then of the protective efficacy of the vaccination program roll out to protect against Swine Flu 2009 during that pandemic 2009-2010? Indeed, in closely reading Wilyman's summary of the machinations by the WHO and national governments in declaring a pandemic for this minor Flu illness in most infected people, it is not clear that the vaccine roll out *in anyway contributed to protecting anyone against Swine flu 2009*. A result strikingly similar to the lack of protective efficacy for the jab-in the-arm vaccine roll out against COVID-19 [13,14]. It was also clear from the global COVID-19 epidemiology and vaccination rate data that the pandemic as measured by the metric "% COVID-19 Associated death" was in steep decline via Natural Herd Immunity processes in 2020 and early 2021 *well before t*he vaccine roll out had

begun in many Northern Hemisphere infected zones [24]. It is hard to avoid Wilyman's major conclusion that the Swine Flu 2009 pandemic "was created for profit" – although global in its infection reach, it was so minor in severity the only motivation for a massive vaccine roll out would be the profit motive by BigPharma producing millions of vaccine doses as requested by national governments.

Has Judy Wilyman's Scholarship and Research been a Success? A Deep Dive read of Judy Wilyman's PhD Thesis (2015)

Apart from diligent PhD supervisors and commissioned academic peer-reviewers many of us do not have the time in our busy lives to actually read PhD theses -it can be heavy going. But this thesis was a clear exception. I did read it through and I learnt a lot and had the scales lifted from my eyes. Wilyman's work is the result of about 20 years research and analysis – it is extensive, systematic, scholarly, balanced, and thoroughly researched. In Wilyman's own words "The aim of this thesis is to examine the complex relationship between policy development and scientific knowledge in order to assess the adequacy of the Australian government's National Immunisation Program (NIP) in protecting public health." This goal has been overwhelmingly achieved. It is pretty clear to me, as a biomedical scientist with 50 years' experience trained in microbiology and immunology that Australia's immunization program needs a *complete re-think and overhaul at every level*: scientific, medical, administrative and political. And this conclusion would apply to all comparable developed countries that Australia likes to compare itself. This will be one of the few books that will still be read hundreds of years hence. The other is on the origins of suddenly emergent pandemics throughout human history - the 1979 science masterpiece by Fred Hoyle and N Chandra Wickramasinghe "Diseases from Space" [11]. Arthur Koestler, the great expatriate Hungarian and British writer, war correspondent, philosopher, historian of science and staunch fighter against communist totalitarianism (particularly in Soviet Russia), often used to state "He was writing for the reader of the future perhaps 100 years hence" – that was his benchmark and I agree with him. Judy's thesis will still be read and re-read hundreds of years from now, providing of course mankind does not self-destruct.

Two Final Thoughts

Immunology and protective vaccination programs need to return to their historical roots - mimic natural infection as much as possible, via portal of entry of vaccine and type: traditional defective whole virus or whole cell, attenuated fully safety tested vaccines. The elevation of local frontline mucosal Innate Immunity will assist all vaccine protective efficacy for those respiratory pathogens that enter first oral-nasally – current experimental data are very encouraging in this regard [25-27]. Professionals in Public Health at ALL levels, *should not accept money* at all from the pharmaceutical industry especially regulatory authorities such TGA, AMA, ATAGI, AHPRA and public health training Research Institutes and Universities with regard to the production and testing of medicines and vaccines. That would include such inducements as conference trips, public education lecture fees, and Research grants accepted with no strings attached to the pharmaceutical industry- BigPharma of course can do its own in-house research but has to be closely controlled and supervised in *any* financial support to universities and research institutes.

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Note in Proof

The scientific journey on vaccine efficacy and safety by the British clinical-biomedical scientist Dr Andrew Wakefield, has direct similarities to the scientific and academic journey on vaccine efficacy and safety of the Australian scholar Dr Judy Wilyman. Both their backgrounds are very different however, their conclusions are very similar, over similar time periods, and the cohesive corruption exerted by the BigPharma consortia as discussed above in both cases attempted to both destroy and smear them and the truthfulness of their scientific discoveries. The most recent interview June 9 2022 of Dr Andrew Wakefield can be found at

https://rumble.com/v17xp5j-andrew-wakefield-interview.html

The Unvaccinated versus Vaccinated study mentioned by Dr Wakefield is : Hooker BS, Miller NZ. 2020. Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders. SAGE Open Med. 2020 May 27;8:2050312120925344. doi: 10.1177/2050312120925344. eCollection 2020.

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