

NATURAL AND COMMON LAW TRIBUNAL FOR PUBLIC HEALTH AND JUSTICE

Indictment, 29 November year 2020

Evidence submitted by

Tribunal Judge

Dr. Judy Wilyman PhD

Summary and Relevance of Evidence:

Folder 1 – Provides the historical evidence that vaccines did not control infectious diseases and the design of Global Health Policies

- a) It includes the multifactorial etiology of viruses and bacteria. Viruses do not cause disease on their own. It is an interaction between the environment, host and the agent that determines pathogenicity. In developed countries with good public health systems most infections (99%) from any virus will be asymptomatic or mild creating natural herd immunity.
- b) This field of health is termed ecological medicine or social medicine because infectious agents are part of the ecosystem and humans live in balance with these organisms.
- c) Vaccines did not control these diseases and there is no empirical evidence that vaccines can prevent these diseases or that they are safe for most people. Polio and smallpox were not controlled by vaccines. This fact means that there is no justification for fast-tracking any vaccine.
- d) Herd immunity from natural infections controlled infectious diseases. Pandemics in developed countries are unlikely after 1950/60 due to improvements in public health and nutrition.
- e) Disease criteria and surveillance can be used to create an appearance of an increase in one disease and a decrease in another. Hence, scientists can create the appearance of greater numbers of one disease by changing disease diagnosis and surveillance.
- f) Global Health Policies are being designed by the corporate-public partnerships in the Global Alliance for Vaccine Initiates (GAVI). This includes the Bill and Melinda Gates Foundation (BMGF) and the Federation of Pharmaceutical Manufacturers Association, World Bank and many other corporate partners. Since the 1990's the WHO has not used independent science to design the *International Health Regulations* that were made legally binding in June 2007, with emergency powers that enabled health directives, designed by the corporate-partnerships in the GAVI alliance, to be implemented over the authority of sovereign governments.
- g) The WHO uses industry designed statistical models with non-transparent assumptions to determine the cost-effectiveness of vaccines. These vaccines are being recommended to all WHO member countries by representatives of the GAVI alliance and with financial incentives to encourage them to accept them regardless of their country's primary health requirements.

Folder 2 – Provides the evidence that governments have not funded the causality studies that would prove or disprove that chronic illness is being caused by the vaccines. This is referred to as 'undone science' in government vaccination programs. These studies would use inert placebos in the unvaccinated group.

- a) 1960 Nobel prize laureate in Immunology, **Frank MacFarlane Burnet**, stated that due to the multifactorial causality of viruses and bacteria, it may be that genetics, nutrition, psychological and environmental factors play a more important role in resistance to disease than the assumed benefits of artificial immunity induced by vaccination. He also predicted that due to our genetic diversity a consequence of mass vaccination campaigns might be genetic deterioration of the population. He postulated that in the long-term vaccination may be against the best interests of the state because it would destroy the genetic fabric of society. Autism and autoimmune diseases are evidence that this could be the case.
- b) The foreign DNA in all vaccines is known to be able to insert into our own DNA and cause mutations that lead to cancer. The foreign animal protein is also documented to induce autoantibodies that cause autoimmune diseases to develop several months or years after vaccination. Therefore, it is essential to get long-term safety data for all vaccines for 5-10 years *prior* to being used in mass vaccination campaigns and there is no justification for fast-tracking any vaccine because there is no empirical evidence that vaccines can prevent infectious disease outbreaks.
- c) Vaccines carry a serious risk for many people, and human health can only be protected if the Precautionary Principle is applied in policy design, in a format that puts the onus of proof of harmlessness of vaccines on the pharmaceutical companies/government and not the general public, as is currently the case.

Folder 3 – Provides evidence of the science showing the risks of vaccines that have been ignored by the GAVI alliance/WHO and governments in the design of global vaccination policies.

Folder 4 – Provides evidence of the lack of transparency and accountability of the science underpinning the Australian government’s vaccination program.

- a) This includes corruption in the Family Courts in Australia and the power of medical-industry lobby groups to provide false and misleading health information to the government and to the media.
- b) It also provides examples of the significant conflicts of interest that exist in the recommendation of vaccines on the Australian government’s program and that have led to coercive and mandatory policies without any scientific evidence being provided to the public to support these policies.
- c) My affidavits also include the international human rights codes that the Australian government violated by ignoring the science demonstrating the risks of vaccines due to epigenetics.

Folder 5 - There is no empirical evidence of a ‘Global Pandemic’ by a new Coronavirus in 2020. The situation was manipulated by changing the definition of ‘pandemic’ and through mathematical modelling with false assumptions.

- a) The declaration of a global pandemic in March 2020 was not based on empirical evidence, that is, real data. This claim was based solely on mathematical modelling by industry-partnerships in the GAVI alliance and the observed outbreaks of disease in some countries were not proven to be caused by the new SARS-Cov-2 virus.
- b) Locking down countries as ‘a precautionary measure’ before the virus entered the country, like Australia did, is unscientific and has never been used in history because it does not address the way in which viruses cause disease.

- c) The industry designed mathematical models were not based on empirical data of the transmission of this virus in all countries, hence the declaration (prediction) of a 'global pandemic' was based on false assumptions.
- d) The different environmental conditions and host characteristics in every country means that the virus will have different pathogenicity and virulence in each country.
- e) The US Government admitted this fact when they dumped the Gates/WHO/CDC predictive contagion model on 13 April stating 'the predictions were not based on real data'.

Folder 6 – Evidence that the PCR test cannot diagnose COVID19 disease.

- a) The PCR test cannot accurately identify the presence of infectious SARS-Cov2 or the viral load. There are many strains of coronavirus that cause the common cold and the test only identifies segments of the genome and not a whole virus.
- b) Using this test in healthy people is criminal because it does not provide any meaningful data about COVID19 **disease**. The high rate of false positives is allowing governments to claim they are 'asymptomatic' carriers (and quarantine them) when they have no symptoms at all and most likely they have a false-positive result with no virus present at all.
- c) Virus infections do not cause disease in 99% of people that are infected and even if there was a test that could accurately identify the virus, it would not indicate that you were *at risk of getting the disease* OR that you are *a risk to the community*. This is why it is so important to understand the multifactorial nature of how viruses cause disease in order to control the disease.

Folder 7 – Evidence that describes how the statistics have been manipulated by industry to give the appearance of a "global pandemic" by labelling deaths with co-morbidity as 'COVID19' instead of underlying causes, and by setting up thousands of surveillance stations to look for the virus in healthy people, with a PCR test that does not identify the disease and has a very high false-positive rate of detecting the virus.

- a) This statistical manipulation by industry was also used in the polio epidemic of 1954 and the Swine-flu 2009 pandemic.

Folder 8 – Evidence that a natural SARS-Cov -2 virus has never been isolated or purified by any country to prove that it is causing the disease called COVID19.

- a) Includes evidence that the new Coronavirus was genetically engineered in a Wuhan laboratory.

Folder 9 – Evidence that the COVID19 endpoints used in the trials do not provide evidence that the vaccine can prevent the virus called SARSCov-2 that is claimed to cause the disease.

- a) Dr. Saeed Qureshi, a senior research scientist with extensive knowledge in the regulation of drugs states:
'Arguably, there appears to be no need, at least on an urgent basis, for developing a vaccine or any other new therapies for the illness showing mild flu-like symptoms, which could be handled with already developed and available medications. Clinical trials have been conducted without scientifically valid study designs based on vague endpoints, and invalid analytical (PCR) tests that ought to produce useless conclusions and products.'

NATURAL AND COMMON LAW TRIBUNAL FOR PUBLIC HEALTH AND JUSTICE

Evidence submitted by
Tribunal Judge
27 November 2020

Dr. Judy Wilyman PhD

TITLE OF EVIDENCE FOLDER	NUMBER OF EVIDENCE FOLDER	EVIDENCE
The Historical Control of Infectious Diseases and the Design of Global Health Policies	1	Vaccines did not Control Infectious Diseases. PhD Thesis: Wilyman J. 2015. A critical analysis of the Australian government’s rationale for its vaccination policy. PhD thesis. University of Wollongong, Chapter 2 http://ro.uow.edu.au/theses/4541/
The Historical Control of Infectious Diseases and the Design of Global Health Policies	1	How Viruses Cause Disease. PhD Thesis: Chapter 2
The Historical Control of Infectious Diseases and the Design of Global Health Policies	1	Herd Immunity and the Hidden Statistics in Disease Diagnosis. PhD Thesis: Chapter 4 and Case Study: Chapter 10 Swine-Flu 2009 Pandemic.
The Historical Control of Infectious Diseases and the Design of Global Health Policies	1	Claims of Vaccine Safety and Efficacy are not based on Empirical Evidence PhD Thesis: Chapter 7 and Chapter 8
The Historical Control of Infectious Diseases and the Design of Global Health Policies	1	Global Health Policies are not based on Independent Science PhD Thesis: Chapter 3 and Chapter 6. Chapter 9 Part 1 and 2 Case Study HPV Vaccine (HPV)
Direct Dose-Response Correlation between Vaccines and Increase in Chronic Illness in Children has Never been Investigated by Governments.	2	Article: Wilyman J. 2020. Misapplication of the Precautionary Principle has Misplaced the Burden of Proof of Vaccine Safety. <i>Institute of Pure and Applied Knowledge</i> . Science, Public Health Policy and the Law. Vol 2: 4-22. (In Press)
Direct Dose-Response Correlation between Vaccines and Increase in Chronic Illness in Children has	2	Article: November 2020 Lyons-Weiler J and Thomas P. International Journal of Public Health and Research. Comparing the Health of Vaccinated

Never been Investigated by Governments		Children to Unvaccinated Children IJERPH Free Full-Text Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination (mdpi.com)
Evidence of Death and Chronic Disease Caused by Vaccination and Ignored by Governments.	3	Article: 1913. The Nobel Prize in Physiology of Medicine 1913. Charles Richet Nobel Lecture <i>Vaccines and Anaphylaxis</i> . December 11 1913 Charles Richet - Nobel Lecture: Anaphylaxis (nobelprize.org)
Evidence of Death and Chronic Disease Caused by Vaccination and Ignored by Governments.	3	Article: Arumugham V, Trushin MV. 2019. Role of NMDA receptor autoimmunity induced by food protein containing vaccines, in the etiology of autism, type 1 diabetes, neuropsychiatric and neurodegenerative disorders Zenodo 23 February.
Lack of Transparency and Accountability in Australian Government Vaccination Policy	4	Affidavit: 2018 Dr. Wilyman Expert Witness Report Affidavit. Federal Circuit Court of Australia Brisbane 1 August 2018.
Lack of Transparency and Accountability in Australian Government Vaccination Policy	4	Affidavit: 2018 Dr. Wilyman Rebuttal Affidavit to Peter McIntyre's affidavit that was submitted on 24 September 2018.
Lack of Transparency and Accountability in Australian Government Vaccination Policy	4	Affidavit: 2018 Peter McIntyre's Affidavit submitted 24 September 2018.
Lack of Transparency and Accountability in Australian Government Vaccination Policy	4	Affidavit: 2020. Wilyman J. Expert Witness Report Affidavit. Family Court of Australia 18 February (Still Pending)
No Evidence that Novel Coronavirus 2019 (SARS-Cov2) was or is a 'Global Pandemic'.	5	Article: April 13, 2020. Kirkman. US Surgeon-General Adams dumps Bill Gates / Who / CDC 'Predictive Contagion' Model'. U.S. Surgeon General Adams dumps Bill Gates / WHO / CDC 'Predictive Contagion' Model - Geopolitics - Oil Price Community
The PCR Test Cannot Diagnose Disease	6	Article: 2020. Crowe, David. Flaws in the Coronavirus Pandemic Theory. Infectious Myth 6 June Flaws in Coronavirus Pandemic Theory (theinfectiousmyth.com)

The PCR Test Cannot Diagnose Disease	6	Article: Facts about COVID-19 Disease and Novel Coronavirus 2019 (SARS-Cov-2) THE-COVID-TIMES-2-updated-200514.pdf (vaccinationdecisions.net)
The PCR Test Cannot Diagnose Disease	6	Article: Portuguese Court Rules PCR tests Unlawful and Unreliable Portuguese Court Rules PCR Tests as Unreliable & Unlawful to Quarantine People - Global Research Global Research - Centre for Research on Globalization
Manipulation of Disease Statistics and surveillance to 'Create a Global Pandemic'	7	Article: Wilyman J October 2020 'Creating a Global Pandemic'. Masters of Health Magazine Masters of Health Magazine October 2020 (joomag.com) Includes Similarities to the Statistical Manipulation in the Polio Outbreak of 1954
SARS-Cov 2 Virus has not been Isolated and Purified to Prove Causality of COVID19 Disease	8	Article: 4 November 2020. Dr. Saeed Qureshi and John Sullivan, The Science that Exposes the COVID19 Virus as a Hoax, <i>Principia Scientific International</i> , The Science that Exposes the COVID19 Virus as a Hoax Principia Scientific Intl. (principia-scientific.com)
Evidence that SARS-Cov-2 is a Genetically Engineered Virus	8	Article: COVID19 Virus Engineered in a Lab: Effective Vaccine 'Unlikely' Renowned European scientist: COVID-19 was engineered in China lab, effective vaccine 'unlikely' Blogs LifeSite (lifesitenews.com)
COVID19 Vaccine End-points do not Prove Efficacy	9	Article: 21 November 2020. Dr. Saeed Qureshi, 'Should FDA and other authorities approve the SARS-Cov-2/COVID-19 vaccines? – A scientific perspective.'
COVID19 Vaccine End-points do not Prove Efficacy	9	Article: November 2020. An analysis of the Key issues with the Pfizer Protocols for Efficacy - PFIZER-Key-Issues.pdf (vaccinationdecisions.net)