

I would like to register my opposition to managing information online via the proposed legislation.

I oppose this legislation on the following grounds:

1. Science and medicine are never settled and is always evolving. Therefore, there must always be room for transparent debate in a culture of curiosity rather than our current culture of dogma, cancellation, and intolerance for the 'unpopular' of the day.
2. The MEAA Journalists Code of Ethics
3. The principles of informed consent.
4. The principles of democracy
5. A review of the last three years and how misinformation and disinformation has been defined and with harmful consequences.

I must stress that I oppose online hate speech, (the definition of which should not extend to simply holding a view that is different to others and which is expressed respectfully), online abuse, bullying, threats, or unsubstantiated defamation. Areas which online platforms have been and remain, in some parts, loathe to regulate and/or act upon.

1. **Science and Medicine:** The first point I would like to make is that no one entity, individual or Government should be the sole authority on any truth. And when it comes to science and medicine, as we should have tragically learned these last few years, there should never be assumptions made that anything at a given point in time, is absolute and final.

In fact, every high school science student is taught to 'test a hypothesis' and then retest.

Similarly medical students are taught that half of everything they are taught will be wrong in five years post their graduation. To keep arriving at best practice, the medical and scientific world has always understood the need to be humble, to debate, and to be prepared to be wrong in the interests of others.

In fact, one could argue that this is why medical journals exist - to consider the views and experiences of peers and colleagues.

So how is that we now appear to be subscribing to the view that 'science' is easily settled? For history is littered with evidence that this is not so. And that great harm can and has been done through thinking that it is.

"The medical establishment — comprising of doctors, regulatory authorities, licensing bodies, patenting offices and of course the pharmaceuticals — is often seen as the last word on health practices. It is considered an infallible institution immune to error. However, its track-record reeks of fatal blunders which call into question its credibility". (Bayraktar 2016)

Following is some of the significant medical mistakes which have cost humanity dearly. (Text is reproduced from [this article](#)), which, thanks to the ability to challenge them more openly, were reversed in either their general acceptance or banned altogether.

## **Promotion of smoking by doctors**

In the US, doctors and Big Tobacco were complicit in promoting cigarettes from the 1930s to the 1950s.

Tobacco companies paid physicians, throat doctors in particular, to recommend smoking as a remedy for throat irritation and to perpetuate the notion that smoking was healthy.

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Cigarette advertisements in medical journals were the norm. Images of doctors smoking in print ads were a common marketing ploy.

*The Journal of the American Medical Association (JAMA)* published its first cigarette advertisement in 1933 "after careful consideration of the extent to which cigarettes were used by physicians in practice." The advertisements ran for two decades.

*The New York State Journal of Medicine* also ran ads by cigarette brand Chesterfield with the claim that its product "just as pure as the water you drink."

### **Dr Freeman's 'icepick lobotomies'**

Dr Walter Freeman was the developer of the 'icepick' lobotomy, a form of brain surgery he advocated as a panacea to mental illness.

All told, he performed 3,500 lobotomies from 1937 to 1967. The procedure had a disastrous 14 per cent fatality rate and the outcomes for survivors varied dramatically: some were left permanently crippled, others lived in a perpetual vegetative state.

Dr. Freeman's trigger-happy attitude towards lobotomy caused his long-time research partner Dr. James Watts to leave their practice due to the high rate of unwarranted lobotomies and cruelty he observed.

Freeman had questionable criteria as to who was a good candidate for the procedure. He administered the lobotomy for complaints as minor as neck pain.

Children were even subjected to the procedure for perceived low intelligence or hyperactive behaviour.

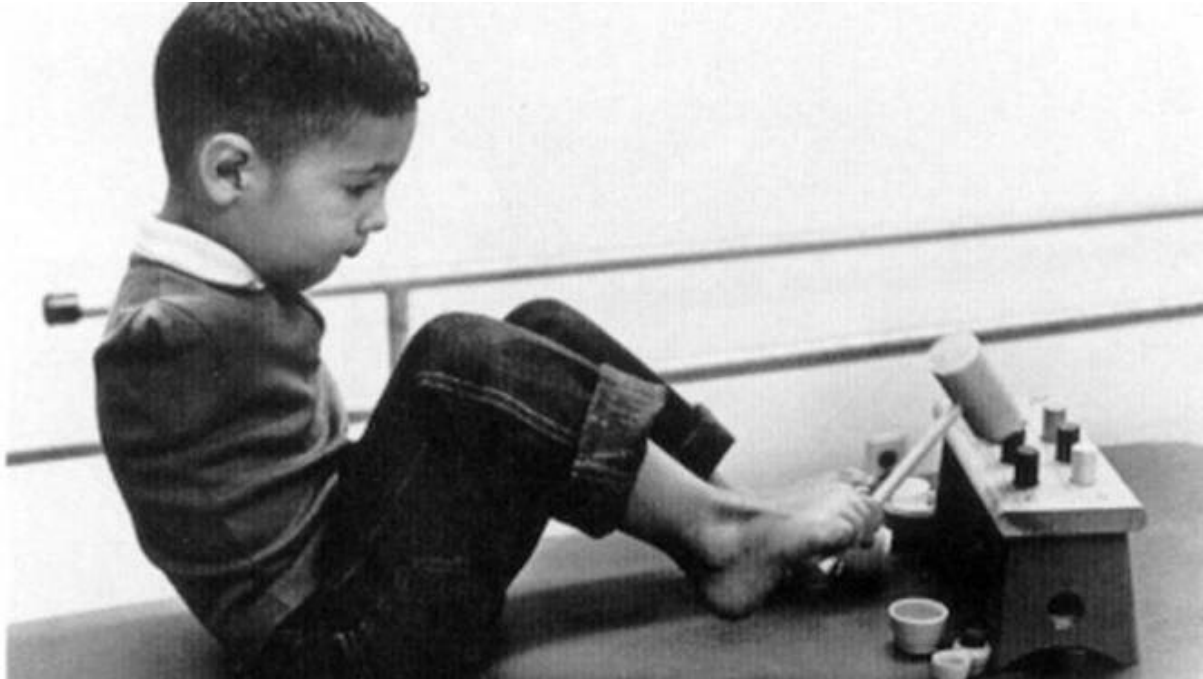
### **The thalidomide catastrophe**

The drug thalidomide, created in Germany by the Grunenthal group, was heavily marketed to pregnant women for morning sickness in the 50s and 60s.

It was available in 46 countries until it was banned in 1961 following a massive spike in the birth of infants with physical deformities worldwide to women who had taken the drug while pregnant.

At least 80,000 babies died before birth and 20,000 were born without limbs due to thalidomide. The consumption of thalidomide by pregnant women resulted in a wide range of birth defects including severe deformity of the limbs or in extreme cases, the absence of limbs.

Reports suggest the companies which distributed and produced the drug in various countries were aware of the side effects that maimed thousands of babies in the womb worldwide but ignored them for the sake of profit.



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The thalidomide catastrophe maimed thousands of babies and killed far more: it remains one of the greatest man-made global disasters.

### **The Vioxx scandal**

Vioxx was a painkiller approved for use by the FDA in 1999; it led to the death of 60,000 people in the US.

The Archives of Internal Medicine reveals American pharmaceutical company Merck concealed data for years that proved Vioxx caused an alarming increase in the risk of heart attacks and strokes. Merck's revenue from Vioxx was 2.5 billion dollars.

In 2004 the drug was removed from the market.

An FDA scientist raised concern early on when he discovered the damaging effects of vioxx, however, **his discovery was suppressed by his bosses.** US government officials have questioned the relationship between Merck and the FDA.

David Graham who works in the FDA's Office of Drug Safety told *Forbes Magazine*, "If the judgement is that there's blood on Merck's hands," Graham added, "There's blood on the FDA's hands as well."

He drew comparisons between the fatalities caused by Vioxx and the number of those who died in the Vietnam War, which also totalled 60,000. He lamented the institutional bias at the FDA that led to those deaths.

"People should turn to Congress and demand a drug safety system that is free from corporate influence – and a distinct center for drug safety."

### **War on dietary fat**

In an about-face on fat, the US dietary guidelines advisory committee [removed](#) its previous recommendations against fat and cholesterol consumption in its most recent report.

The medical establishment had for decades advised against the consumption of fat and cholesterol, which in turn led to a higher consumption of carbohydrates and sugars. Studies show this change in dietary habits had a strong correlation to soaring rates of diabetes, obesity and heart disease.

### **When life-saving practices are rejected**

Dr Ignaz Semmelweis was a Hungarian obstetrician who theorised in 1850 that physicians transferred perpeural disease — known as childbed fever — to women in the maternity ward due to the common practice of doctors at the hospital delivering babies after conducting barehanded autopsies on diseased corpses.

He came to that conclusion after observing a high rate of deaths in the hospital maternity ward in comparison with the low death rates at the clinic where babies were delivered by midwives.

Semmelweis went on to implement a handwashing protocol in the maternity ward, which proved successful. It resulted in death rates declining from 18 percent to 2.2 percent.



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Austrian physician Dr Semmelweis

Though he was armed with numbers on his side, he only received minimal support. Most colleagues resented him for suggesting they were the cause of their patients' deaths.

And as news of his handwashing protocol spread, he was increasingly the target of derision in medical circles throughout Europe. He was regarded as a pariah for challenging the status quo.

Eventually his mental health was called into question and his colleagues had him admitted to a mental hospital where he was beaten. He succumbed to his injuries just days later.

Over the last three years I have been astounded at the willingness of the Australian government and the Australian people to close their minds to the practice of real science whilst simultaneously choosing to ignore the real and potential vested interests in those promulgating our public health approaches. And then, to continue to avoid reflection, or the clearly obvious contradictions, fallacies and beyond poor outcomes levelled against the Australian people. A problem, which may have been averted had there been more willingness to listen to a range of expert voices, whose dire predictions sadly have manifested.

Not only were our regulators, bureaucrats and politicians unwilling to do this, our media and the social media platforms who have clear conflicts of interest, embarked upon a censorship campaign the likes of which Australia has never seen. Preventing Australians from being able to make more informed choices.

The evidence for this is everywhere, and I suspect will have been more articulately and extensively collated and referenced in other submissions. So, I will endeavour to provide something new, notwithstanding the need to add that we should not need a plethora of medical or scientific evidence beyond our own eyes. To use the vaccines for example (and I have been vaccinated for other illnesses and so have my children), we were told they were *safe and effective*.

The sheer existence of the Vaccine Compensation Scheme is acknowledgement enough that they were never completely safe for everyone, and the sheer unprecedented volume of adverse events reported to the TGA DAEN, surpassing ALL other vaccines combined is further evidence of this. Regardless of how many theories are posited as to how they cannot all be related to the vaccine, these novel agents, were until only last month, listed on the TGA's [Black Triangle Scheme](#). Which by my definition, means that ANY adverse event following their administration ought to point first at the agent.

What we have seen, across online news and social media channels, has been a removal of posted speaking of these adverse events, with the EXPRESS reason given that they would 'upset' people or impact upon vaccine uptake or undermine public health policy. The net effect of which, has been to hide the extent of injuries. And we now have an unexplained excess mortality in 2022 of 12%, with at least a third of these unrelated to Covid. "Of the non-covid-19 excess deaths, ischaemic heart disease, cerebrovascular disease, diabetes, dementia, and cancer were all higher than predicted by between 2% and 17% (Barrett 2023). Australian media seems to have no appetite or willingness to investigate this extraordinary increase, and anyone who tries, no matter how qualified to do so, is labelled, censored or deplatformed.

The passing of this legislation will give even more impetus and legitimisation to practices which have seen Australian's making decisions in a vacuum.

I have submitted numerous Freedom of Information requests this past year. The most distressing of dataset responses regarding safety, is FOI 4217, which requested the total number of fatal outcomes reported after vaccination in Australians under 18 years. There were 17, although the TGA disputes 8 of them. These Australian children were aged 5 and 15. And whilst they did not provide what I had asked for, which was the time frame between injection and death, they did in the determination provide the following data:

***"Nine of the reports included in the document are published in the DAEN – medicines. The timeframe between vaccination and death was reported to the TGA for 5 of these cases, with the reported timeframe being 4 days for 2 cases, and 5, 13 and 17 days for remaining 3 cases."***



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Case no.	Report Date	Sex	Age	Medicine (Onset Time in Days)	Reaction	Decision reason for rejected cases (blue highlight)
734187	10/05/2022	Male	5	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Abdominal pain; Cardiac arrest; Eosinophilia; Eosinophilic myocarditis	
734749	12/05/2022	Male	5	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Cardiac arrest	Duplicate report
724925	28/03/2022	Male	6	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Adverse event following immunisation	Causality unassessable/ unclassifiable (hoax report)
696384	18/01/2022	Male	7	COVID-19 Vaccine (TNS) (COVID-19 Vaccine (Type not specified)) - Suspect [REDACTED]	Adverse event following immunisation	Causality unassessable/ unclassifiable (hoax report)
719838	11/03/2022	Male	7	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Cardiac arrest; Generalised tonic-clonic seizure	
763500	3/01/2023	Male	7	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Cardiac arrest	Duplicate report
724023	25/03/2022	Female	9	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Cardiac arrest	
725202	29/03/2022	Female	9	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Cardiac arrest	Duplicate report
733723	6/05/2022	Male	10	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Adverse event following immunisation	
647663	20/10/2021	Female	14	Spikevax COVID-19 vaccine - (elasomeran) (elasomeran) - Suspect [REDACTED]	Brain injury; Cardiac arrest; Dizziness; Encephalitis; Headache; Multiple organ dysfunction syndrome; Nausea; Pyrexia	
744306	11/07/2022	Female	14	Spikevax COVID-19 vaccine - (elasomeran) (elasomeran) - Suspect [REDACTED]	Immunisation reaction	
695048	15/01/2022	Male	15	COMIRNATY COVID-19 vaccine (tozinameran) - Suspect [REDACTED]	Adverse event following immunisation; Head banging	

For those reading this, what if these were your children?

***Would you have preferred to have known this prior to vaccinating your own children believing that these injections were completely safe and effective?***

Whilst only this past week, the [TGA issued a warning](#) regarding Turmeric after 1 fatality, and was covered by multiple media outlets, the fact that 17 reports of DEATH following the administrations of a Black Triangle, provisionally approved ( at that time ) Covid injection, in a population with minimal to no substantial mortality risk , and which occurred in at least five children at the intervals above received NO media coverage. What parent, had they known this, would have felt that the Covid 19 vaccines were safe and effective. Drs who tried to make their concerns known to both their patients, Government, professional colleges and other appropriate forums were vilified as pariahs, and worse, removed from practice and remain so. There has been no public warning issued by the TGA. No media. And therefore no public outcry.

The other element to the FOI above is that the TGA notes that they only have timeframe information on five of the 9-17 children. Whilst at the same time claiming that EVERY death is investigated thoroughly. Journalists who have tried to raise this with their editors have reported being shut down. And the complex web of vested financial interests has likely exerted significant influence on these decisions.

If we believe that our nation has the right to prevent people from being informed enough to make the appropriate considerations relevant to their own unique health and personal circumstances, we have fallen to a most shameful low, that this bill will only plunge us further beyond.

**“Vaccination alone is not effective at stopping infection or transmission of the virus from person to person”**

**Chief Health Officer Paul Kelly July 19, 2022**

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As far as being *effective*, such that these products would prevent infection and transmission to the extent that they were mandated in most employment sectors (although despite ‘following the settled and allegedly irrefutable science’ each state appears to have interpreted it differently. An unvaccinated barista in Melbourne was a threat to the public, however a barista in the ACT was not!) there has never been compelling or significant evidence to support this ‘information’. In fact, there is more evidence to the contrary. The first is, our own lived experience. According to the [Worldometer Australia’s COVID cases](#) are 11, 743, 116. And we all know people who have had been repeatedly infected.

However, looking more deeply at the evidence upon which mandates were predicated, Australians have been asked to ‘follow the health advice’ for the past three years, with those well placed to question it due to their eminent qualifications, labelled everything from anti vaxers to conspiracy theorists.

Their questions one could argue, continue to be vindicated, given Australia’s marked deviation from the ratified [2019 Australian Health Management Plan for Pandemic Influenza](#), and the unfolding reality that most measures have failed to deliver on their promises.

Information received via official comment and Freedom of Information requests to various state health departments however are yet to reveal what evidence, if any, they hold to justify the inconsistently applied past and current vaccine mandate requirements across the nation.

Whilst former NSW Premier Dominic Perrotet was publicly reiterating on radio that “There is no evidence that vaccines prevent transmission,” the acting federal health minister Senator Katy Gallagher was responding to Senator Ralph Babet’s queries regarding COVID-19 vaccine safety with “It’s not just an individual decision...and about keeping yourself safe, it’s about keeping other people safe from...the virus...It’s a community responsibility to be vaccinated.”

A response which appears at odds with advice received from the Therapeutic Goods Association (TGA) and Pfizer itself.

The Therapeutic Goods Administration (TGA) is responsible for ‘evaluating, assessing, and monitoring products that are defined as therapeutic goods’ and falls under the governance of the federal Department of Health and Ageing.

A spokesperson from the TGA stated, “Transmission effects are not an approved indication of these vaccines as these were not analysed in the initial clinical trial studies. This is clearly stated in the Australian Public Summary Report (AusPAR) for each vaccine candidate.”

Referring to this information for the Pfizer vaccine the [Australian Public Assessment Report for BNT162b2 \(mRNA\) \(Jan 2021\)](#) states, ‘In addition to the unknown longer-term safety and unknown duration of vaccine protection, there are other limitations with the submitted data.’ The document explains that questions which were not yet addressed at the time of the vaccine roll out included:

‘Vaccine efficacy against asymptomatic infection and viral transmission’; Vaccine data in pregnant women and lactating mothers; Vaccine efficacy and safety in immunocompromised individuals; Vaccine efficacy and safety in paediatric subjects (< 16 years old).’

On October 10 2022, in the European Parliament Janine Small, Pfizer representative, also responded in answer to a question about whether their COVID – 19 vaccine was tested for transmission with “Did we know about stopping immunisation (sic) before it entered the market?

No.”

A formal response was received from ACT Health granting partial access to five emails in Sep 2021 from ACT Chief Health Officer Kerry Coleman. However, the content of these emails was completely redacted (blacked out) with the following comment:

“Partial redactions have been made to the documents where it contains information that I consider, on balance, to be contrary to the public interest to disclose .... The information contained in these folios is

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partially comprised of personal information and information obtained through confidential discussions including information that relates to other jurisdictions and business affairs of other agencies. The disclosure of this information is highly likely to cause harm by prejudicing the deliberative process of government by discouraging the AHPPC committee from providing full and candid advice and could reasonably be expected to prejudice intergovernmental relations”.

And other jurisdictions? Ambulance Health Victoria responded that they do not hold any medical or scientific evidence upon which they based COVID Vaccine mandates and take direction from Health Victoria. Health Victoria responded with 260 pages of no substantial evidence other than repeating that the vaccines were necessary to prevent transmission and infection. This response took them over 6 months to provide.

Health Western Australia replied via comment, “The department advises that we are unable to provide copies of any scientific papers as this would be a breach of copyright laws.”

The South Australian Department of Health and Wellbeing has not responded with any information despite a Freedom of Information request being lodged at the end of September 2022. It is now almost 12 months, and I am awaiting an internal review of over three months duration. NSW Health responded after 6 months with the following:

“The information within this point is widely available in the public domain including peer reviewed and published reports and the NSW Ministry of Health does not hold any records other than these publicly available information to respond to this part of the request, pursuant to section 58(1)(b) of the GIPA Act.

Queensland Health responded to a FOI request with “Queensland Health does not conduct specific research or hold the documented evidence that relates to COVID-19 vaccines. This component of your application would be best directed to the Australian Department of Health and ATAGI.”

ATAGI is the Australian Technical Advisory Group on Immunisation and provides technical advice to the Minister for Health and Aged Care on the immunisation program for COVID-19 vaccines.

Dr Christopher Blythe, Co-Chair of ATAGI, stated however in December 2021 that “ATAGI has not provided a recommendation for mandates at any time.”

A spokesperson for the TGA, on mandatory vaccinations, replied, “The TGA does not give clinical advice, nor does it make recommendations or decisions about the use of medicines, health products or treatments.”

Whilst the state governments appear to defer to ATAGI and the TGA for evidence and guidance regarding the need for vaccine mandates, it is difficult to locate any medical or scientific basis for this.

I use these FOI's to illustrate the paucity of evidence used to qualify the public health directions and subsequent media corroboration, with no apparent legitimate due diligence or fact checking. Yet the statement of ‘safe and effective’ remained the single acceptable truth, and all else challenging it, not matter what sound facts were used, were considered ‘mis/dis information’.

Australians trusted their officials and their media, and many have been harmed and worse.

***This bill will only serve to reinforce this mechanism, and prevent alternate voices from being heard, considered and acted upon where appropriate.***



## 2. *Journalism Code of Ethics:*

### MEAA Journalist Code of Ethics

*Respect for truth and the public's right to information are fundamental principles of journalism. Journalists search, disclose, record, question, entertain, comment and remember. They inform citizens and animate democracy. They scrutinise power, but also exercise it, and should be responsible and accountable.*

MEAA members engaged in journalism commit themselves to:

*Honesty*

*Fairness*

*Independence*

*Respect for the rights of others*

Journalists will educate themselves about ethics and apply the following standards:

1. Report and interpret **honestly, striving for accuracy, fairness and disclosure of all essential facts**. Do not **suppress relevant available facts**, or give distorting emphasis. Do your utmost to give a fair opportunity for reply.
2. Do not place unnecessary emphasis on personal characteristics, including race, ethnicity, nationality, gender, age, sexual orientation, family relationships, religious belief, or physical or intellectual disability.
3. Aim to attribute information to its source. Where a source seeks anonymity, do not agree without first considering the source's motives and any alternative attributable source. Where confidences are accepted, respect them in all circumstances.
4. **Do not allow personal interest, or any belief, commitment, payment, gift or benefit, to undermine your accuracy, fairness or independence.**
5. Disclose conflicts of interest that affect, or could be seen to affect, the accuracy, fairness or independence of your journalism. Do not improperly use a journalistic position for personal gain.
6. **Do not allow advertising or other commercial considerations to undermine accuracy, fairness or independence.**
7. Do your utmost to ensure disclosure of any direct or indirect payment made for interviews, pictures, information or stories.
8. Use fair, responsible and honest means to obtain material. Identify yourself and your employer before obtaining any interview for publication or broadcast. Never exploit a person's vulnerability or ignorance of media practice.
9. Present pictures and sound which are true and accurate. Any manipulation likely to mislead should be disclosed.
10. Do not plagiarise.
11. Respect private grief and personal privacy. Journalists have the right to resist compulsion to intrude.
12. Do your utmost to achieve fair correction of errors.

*Guidance Clause: Basic values often need interpretation and sometimes come into conflict. Ethical journalism requires conscientious decision-making in context. Only substantial advancement of the public interest or risk of substantial harm to people allows any standard to be overridden.*

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The last three years has seen an extraordinary departure from adherence to these journalism ethics. The public campaigns to demonise those who are not in lock step with the prevailing narrative, whether it be on public and individual health policy, climate, the Voice, gender politics, are without precedence.

Personally, many journalists may be unaware of their unconscious bias. Professionally there have been constraints placed upon them. The [Trusted News Initiative](#) made this even more difficult. Under these past devices, and should the new bill be passed, how do we suppose that journalists can adhere to their codes of ethics to ensure that balanced reporting occurs? How can journalists hold powerful interests, whether they be corporate, government or individuals, to account in this legislated milieu?

It has not been able to occur these last three years. It will be nigh impossible moving forward.

### **3. Informed consent.**

As a retired critical care health professional with over 25 years' experience, informed consent was the foundation of my practice. It is communicated in the Australian Charter of Health Care Rights.

Along with privacy, Australians have not been afforded free and informed consent on a range of health and other issues. Free consent cannot occur where there is coercion or explicit or implied threats or consequences for non-compliance.

This bill will further enshrine a one-sided argument for whatever the Government of the day sees fit. With no ability for qualified individuals, to posit evidence-based arguments publicly, and no ability for member of the public to express concern, reveal their own lived experience or ask reasonable questions about policies imposed upon them, how can any of us claim that we are making informed decisions?

We need to have access to diverse experience and views in order to make the best decisions, as well as to hold our policy makers to account.

### **4. Democracy.**

["Democracy:](#) A democracy is a society in which the citizens are sovereign and control the government."

How can Australians exercise their democratic rights and functions in a society which sanctions only certain points of view?

Over the last three years, we have seen breaches to democratic rights I would never have imagined possible.

And because I did my due diligence via official and credible sources and made a choice to deviate from the narrative as to what I did with my own health and knowing that I was not a risk to others because of that same due diligence, I first experience what it feels like to be afraid of my own Government, and to be alienated from and excluded from society.

I made an informed choice. And my health continues to be well as a result and despite being told the opposite.

If this bill passes, how can we be assured of our collective and individual rights to be heard, and to be respected in our views? How can we either share or have access to information that helps us to make informed representation to our local, state and federal governments?

### **4. The last three years.**

If this bill passes, misinformation/disinformation will constitute anything not approved or agreed upon by the Government of the day.

When it comes to public health, those who are not wed to dogma, or who do not find the answers too confronting to pose the questions, are aware of significant public health errors.

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Examples include:

1. Infection and transmission. We were first told that the vaccines would prevent both. They did not. And were never designed or tested to prevent transmission. Yet the public were sold the intervention on the basis that they would, and this would therefore prevent others becoming ill. They did not. And in fact many who were never at risk of severe complications, were exposed to risks they did not need to take.
2. Safe. The extraordinary database of adverse event on the TGA DAEN are testament to this. Groups such as COVERSE evidence tragic outcomes which should be receiving support, and redress.
3. Masks – a Cochrane meta-analysis confirmed what the 2019 pandemic preparedness plan had already concluded, that masks were not shown to have any significant effect. Yet those who had posited this early in the pandemic, were labelled, and censored.

I wish I had more time to list these extensively.

***I trust that those of you entrusted with this task on our collective behalf, will conclude on the basis of the submissions you receive that the definitions of mis information and dis information are so subjective, open to bias, and the influence of both corporate and political pressure, that on this premise alone, a bill could not be passed due to the lack of this fundamentally clear foundation.***

Additionally, we must not allow our ability to be transparent, respectful and curious, for the purposed of evolution, growth and best practice to be strangled.

I implore you to withdraw this bill in its current form.

The consequences of its passing will be an assault on all of us for generations to come.

And will form part of the undoing of any government which seeks to enforce it.

Bernadette Ryan

ACT.

