

Preface to SUBMISSION

Material cited as relevant to **The Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023** (“the Bill”) on the website of the **Australian Government Department of Infrastructure, Transport, Regional Development, Communications and the Arts** are the following:

Website:

<https://www.infrastructure.gov.au/have-your-say/new-acma-powers-combat-misinformation-and-disinformation>

It is stated on the above website that “These powers are consistent with the key recommendations in the [ACMA's June 2021 Report to government on the adequacy of digital platforms' disinformation and news quality measures](#)” (“ACMA Report”)

<https://www.acma.gov.au/report-government-adequacy-digital-platforms-disinformation-and-news-quality-measures>

ACMA misinformation report Fact sheet 1: key research findings [Fact sheet 1](#)

https://www.acma.gov.au/sites/default/files/2022-03/ACMA%20misinformation%20report_Fact%20sheet%201%20-%20key%20research%20findings.pdf

ACMA misinformation report Fact sheet 2: code framework - [Fact Sheet 2](#)

https://www.acma.gov.au/sites/default/files/2022-03/ACMA%20misinformation%20report_Fact%20sheet%202%20-%20code%20framework.pdf

Relevant documentation referenced on the website:

The [Guidance Note](#) for the exposure draft Bill provides an explanation of the key parts of the Bill. For a short explanation of some of the Bill's key elements, please see the fact sheet.

- [Exposure Draft Communications Legislation Amendment \(Combating Misinformation and Disinformation\) Bill 2023](#)
- Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023—fact sheet
- [Communications Legislation Amendment \(Combating Misinformation and Disinformation\) Bill 2023—guidance note](#) (“Guidance Note”)
- https://www.infrastructure.gov.au/sites/default/files/documents/communications-legislation-amendment-combatting-misinformation-and-disinformation-bill-2023-guidance-note-june2023_2.pdf

Abbreviations are given in the following **Submission** for any of the above reference material relied upon.

SUBMISSION

Re: Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2023 (“the Bill”)

Far reaching in its implication, for the reasons I set out below, though time constraints limit a more thorough analysis, **I oppose this Bill**, or any legislation that may be formulated to replace it. There is nothing that will rescue legislation created on a **flawed foundation** with such **wide implications**.

Commonly fostered as benevolent, once rights are removed, they are extremely difficult to reinstate, yet easy to extend. Fortunately, we still live in a democracy that permits me to tell this cautionary tale.

This Bill extends a policy of secrecy amid policing proclaimed online “misinformation” and “disinformation”. With its graduated set of powers to penalise, this Bill poses a threat to the rights of free expression, self-determination, freedom of thought, conscience and religion.

The proposed legislation obliges a government appointed agency to police certain users of the internet, pursued with the aim of imposing penalties in the event of communications the government doesn’t like, while excusing government and elect press from the same legal standards. Consequently, avoiding for government the cost implications of contesting a decision in court but not anyone else, while the government has greater financial means to pursue legal action.

The Bill explicitly excludes: “*content authorised by an Australian Federal, State, Territory or Local Government*” (page 29 [Guidance Note](#)); “*Content authorised by the government of the Commonwealth, a State, a Territory or a local government area will be exempt from the powers. For example, this could be social media post*” (page 13 [Guidance Note](#)). Consequently, any information in any communication disseminated after it has been authorised by the government at any government level even if it is false, deceptive, or misleading, avoids punishment.

Those pursuing illegitimate rule or totalitarian control are able to do so by the manipulation of public opinion, made much easier with the regulation of information and its exchange. Begging the question: Is the proposed legislation aimed to protect Australians or enforce government policy and rule?

The Australian Media and Communications Authority (ACMA) is the agency appointed by government that will create and enforce new industry standards for digital platforms, creating a monopoly over the communication of information deemed appropriate for the public’s consumption. While requirements to register users opens participants and whomsoever they communicate with to legalized surveillance.

Choice of digital platforms available under a voluntary participatory regimen is preferable to the proposed complete scrutiny by Big Brother, still affording the means to those who desire guidance.

The Bill facilitates the scrutiny and censorship of information not just pertaining to the touted issues of **public health** (bearing in mind the mass censorship of contrary analysis relating to Covid-19 from qualified and relevantly experienced professionals) **but also foreign policy and by extension opinions from political parties**. There would have been no revealing of lies about Iraq having weapons of mass destruction (e.g., Chilcot Report). Devoid of open debate, the escalation of unsupportable wars not of our choosing.

While asserted to not apply to individuals, it will impact all Australians by enforcing a regimen suppressing speech on social media and digital platforms that undermines current (inherently changeable) government claims.

Enacting legislation allows for amendment and extension, potentially without public input or prior knowledge and to include anyone in its scope of reach (not merely digital platform providers), whatever current promises may be made to contain its’ impact.

Freedom of Speech

The objective of the Bill is to turn opinion, even speculation, into punishable misinformation and disinformation. Thereby, enabling control of the narrative by a few regarding a potentially ever-expanding or changing preferred target of communications and without Australians having access to information for the purpose of determining if it is appropriate or not.

Since when has it been criminal to express or communicate what may be considered minority opinion?

Government is correct to associate information with "harm," but not for the reasons given.

The ability to express ourselves through language and share information and ideas differentiates us in the animal kingdom. Once you initiate its removal where will that lead us? Behind the sheep in front?

You cannot be made safer by suppressing communication. It is a potent force in exposing untruths, correcting lies, and combating injustice. Where information is guarded and sanitised the government becomes protected from challenge or criticism. Consequently, the real power of information lies in its effectiveness in holding those in authority accountable, with the ability to depose illegitimate regimes.

This bill is leading us down a precarious and costly path in its attempt to: *"force social media platforms to censor "misinformation" and "disinformation" that is "harmful"*. These are all vague terms: - open to broad interpretation (and misinterpretation!) and problematic to causally connect (to harm).

The very concept of defining misinformation and disinformation is an impossibility, not to mention impractical. Any attempt to establish it in a system of punitive reprisal is an encroachment on democracy (if not the downfall of one) and free speech, the most basic of human rights and desires.

There are extremely rare circumstances where we are obliged to give our life or liberty for another or the collective, unless we choose to. To initiate the end of unfettered communications between the citizenry of a country is contrary to what embodies and enables a free society and what Australians have flaunted and fought for. It is a slippery slope to totalitarianism.

The intention of this proposed legislation is to extinguish individual responsibility, in effect to dumb us down and steer us to a predetermined conclusion, like lambs to slaughter.

What is initially heralded and penalised as misinformation, provides the means to remove informed consent and subsequently becomes the basis for involuntary decision making over our very person, including invasive experimental medical procedures void of informed consent, abhorred on previous occasions (Nuremburg comes to mind).

There will be no way of determining for oneself if the dictates ensuing are based on what is factually correct or in our interests. The Bill's success evident by a sought after total isolating consensus, not from the perpetuation of **truth**, rather **out of fear of reprisal**.

It will be impossible to inculcate an ever-adaptable mechanism to limit asserted misinformation and disinformation as those criteria inevitably metamorphize, while leading to more and more asserted cautionary constraints and repertoire of ever-extending all-encompassing punishable acts (as we all get used to curbing our communications. Private messaging next? Perhaps we can't be discerning enough to vote? which ironically may be true if information and discourse is to be censored under threat of penalty).

Though, even proposing adaptability is contradictory to the premise of the Bill. Misinformation infers there is truth, yet that truth can change over time?

Scholars have grappled with, and written about, the implications of denying free speech for centuries, concluding that it is far more dangerous to restrict it. John Stuart Mill is just one many.

It is conceded in the [ACMA Report](#) itself (page 49) the importance of protecting freedom of expression:

*“Digital platforms provide a vital avenue for the open exchange of opinion, speech, information, research and debate and conversation as well as creative and other expression across the Australian community. Signatories should not be compelled by Governments or other parties to remove content solely on the basis of its alleged falsity if the content would not otherwise be unlawful.”*⁸

The **Australian Law Reform Commission** has this to say:

Free speech is enshrined in the U.S. Constitution and Article 19 of the **Universal Declaration of Human Rights**, which our country helped draft. As both governments and social media are capable of misinformation, open unfettered discourse can equally expose lies. Attempting to regulate truth in communications will not protect democracy, it will suppress it.

The free flow of information and ideas informs political debate.

People are more ready to accept decisions that go against them if they in principle can seek to influence them. Freedom of speech acts as a brake on the abuse of power by public officials. It facilitates the exposure of errors in the governance and administration of justice of the country.

R v Secretary of State for the Home Department; Ex Parte Simms [2002] 2 AC 115, 126 (Lord Steyn).

Australian law has recognised that free speech on political matters is necessary for our system of representative government: Freedom of communication in relation to public affairs and political discussion cannot be confined to communications between elected representatives and candidates for election on the one hand and the electorate on the other (though it appears our own parliamentary representatives have already been censored). The efficacy of representative government depends also upon free communication on such matters between all persons, groups and other bodies in the community.

Australian Capital Television v Commonwealth (1992) 177 CLR 106, 139 (Mason CJ). See also **Nationwide News v Wills (1992) 177 CLR 1, 74 (Brennan J).**

Beginning with a series of cases in 1992, the **High Court** has recognised that freedom of political communication is implied in the **Australian Constitution**. This freedom ‘enables Australians to exercise a free and informed choice as electors.’ Similar to law in other countries, though our Constitution does not protect a personal right, rather the freedom acts as a restraint on the exercise of legislative power by the Commonwealth. Though, it does say something important about retaining such right.

Australian Capital Television v Commonwealth (1992) 177 CLR 106;
Nationwide News v Wills (1992) 177 CLR 1;
Lange v Australian Broadcasting Corporation (1997) 189 CLR 520, 570;
Wotton v Queensland (2012) 246 CLR 1;
Hogan v Hinch (2011) 243 CLR 506;
Adrienne Stone, ‘The Comparative Constitutional Law of Freedom of Expression’ (University of Melbourne Legal Studies Research Paper 476)

Bills of rights and human rights statutes protect free speech in the United States, United Kingdom, Canada and New Zealand. Free speech is also provided for in the **Victorian Charter of Human Rights and Responsibilities** and the **Human Rights Act 2004 (ACT)**.

https://www.alrc.gov.au/wp-content/uploads/2019/08/fr_129ch_4_freedom_of_speech.pdf

Along with other democracies, Australians have held themselves out to the world as a shining example of a free society. Imposition of the prohibitions proposed by this Bill have been admonished when employed in other societies of the dictatorial kind.

The ascertainment of “misinformation” and correspondingly “truth”, and consequential partiality

The proposed legislation may be promoted with the intent of holding only digital platform services to account but individuals using those systems will be impacted and potentially significantly more by any expansion of such legislation in the future by implementation, interpretation or legislative amendment.

The possibility is heralded by the first line under the title “**The Issue**” on the submission website:

“Misinformation and disinformation pose a threat to the safety and wellbeing of Australians, as well as to our democracy, society and economy.”

and within the contents of the commissioned [ACMA Report](#) and provisions within the Bill for a graduated set of powers.

The [ACMA Report](#), however, fails to provide evidentiary support for this proposed restrictive legislation: the conclusions reached are based on mere assertion and opinion of what comprises misinformation. This is covered in more detail below, pages 11, 18. Requiring misinformation to be “*verifiably*” false, misleading or deceptive in the proposed legislation will not resolve the issue of bias.

What are asserted as categories of “misinformation” for the purposes of the [ACMA report](#), being devoid of an evidentiary base, indicative of mere opinion, result in circular reasoning and constitute a significant potential for partiality in the implementation and enforcement of the proposed legislation.

We are not to expect that the referenced “*professional news*” and “*reputable news outlets*” in the Bill will be held to the same standard and suffer the same punitive consequences. What constitutes “reputable” and “professional” is subjective opinion. Defining professional news content to some regulatory body or standard is limiting and has its own potential for manipulation and bias.

Opinion is fallible no matter where it originates. Asserting something as misinformation or disinformation, of itself, does not make it true or elevate it to a position of truth because of who proclaims it so, most particularly by those holding power or their agents.

Determining what constitutes misinformation tends to be subjective, raising concerns about who is tasked with deciding same. It is easy to anticipate this authority will come from the political camp and professionals that currently govern, in itself precipitating bias.

Further, no individual can know everything, what makes just a few more, whether pronounced an expert or not, think they can know so much about what could potentially be a never-ending parade of subject matter. Even limiting the Bill’s application to a single or limited subject matter can still lead to significant inequity and harm, as exemplified below. It would also indicate partiality and inequity.

Misinformation is a matter of perspective: there are more than likely at least 2 sides deliberating on any issue, consequently any asserted arbiter of truth is merely taking a side or choosing a view. Deeming one view misinformation is indicative of bias. As the free and unfettered exchange of information has been held (at least until now it seems) necessary to determine “truth”, prohibiting and penalising information pertaining to an opposing view erodes into that process.

The innate difficulty in determining misinformation, due to the scale of it, is acknowledged in the report. Yet inferring, given sufficient opportunity, individuals can themselves be discerning as more information emerges:

“Given the constantly shifting nature of misinformation, difficulties in assessing falsehoods, and the challenges in accessing relevant data, it is not possible to quantify the true scale and volume of misinformation in Australia.” (Page 17 [ACMA Report](#))

That it is even possible to determine misinformation and thus disinformation, is an ambitious claim, as it denotes that initially there requires a determination of the “facts”. **Here lies the crux of the issue.**

That the ascertainment of truth is achievable by a single authority, free of bias or conditioning toward prevailing views, magnifies the dilemma of such an aspiration. The arbiter of fact would need to possess extraordinary capabilities in the sciences and on a vast array of subjects raised on digital platforms. For instance, there are different opinions held within the same profession and amongst our representatives in parliament. It would also be naive to presume that the only source of correct information can originate in the government arena.

That it is of such a moral impediment for those proposing this legislation as to require the imposition of punitive sanctions, though named civil penalties, in an area of such scale and uncertainty, where only a small number will feasibly be disposed to punishment. Employing a **civil test** (balance of probabilities) as a determinant for misinformation or disinformation, will make it even easier to enforce government authority, while the censorship employed removes us further from fact or truth.

Before elevating something from mere opinion to fact (if at all feasible) and before any formal punitive process is initiated, there is required to have been a determination of what will constitute misinformation and disinformation. There is no persuasive evidence provided to support what are the deemed examples of misinformation contained in the ACMA Report or, consequently, what that will be for the purposes of the proposed legislation (see pages 11, 18 for details).

The determination of truth or fact extends far beyond opinion and traditionally requires a court process, judge or tribunal of fact to determine in punitive matters. More significant penalties are indicative of more serious wrongs or crimes and a higher test to determine culpability is applied. The process is time consuming, the expertise required to properly facilitate justice is expensive. Truth is not found through expedience or deeming via legislation, which merely reduces costs by limiting time spent on an inquiry into fact finding.

Undeserved punitive action is itself a form of significant harm, of the kind the Bill purports to spurn.

I participated in the court and legal system for more than 40 years, over 20 years as a lawyer. I have also witnessed proposed and, on occasion, instated incremental theft of our freedom, sold as safety.

I am well aware of what constitutes evidence and how that differs from mere opinion (for which, in the Justice system, there are rules for the presentation of, where relied upon in evidence) **in the establishment of fact or truth, that is, at least as far as fact or truth can be ascertained with any certainty:**

Various tests operate in the law to determine culpability. A “balance of probabilities” is generally employed by the trier of fact for deemed lesser civil wrongs; stricter liability in some instances such as traffic offences; proof “beyond reasonable doubt” for each element of a criminal offence. The degree of application may be reduced even further, in the event a not unusual cost saving expedience route is taken, for instance: reliance upon civil penalties, which makes fault finding easier due to the lesser standard of proof applied; reversing the burden/onus of proof to the alleged wrongdoer, which limits the presumption of innocence; limiting the length of hearing time provided to present your case.

Affording significant consideration where penalties are proposed, and civil rights assailed.

In the Australian legal system, where opinion is in issue, we have an adversarial process during which opposing expert opinion (for which there usually is) is presented by the participants. In court proceedings experts from one side of the issue argued will in some instances be permitted to listen to the opinion of those on the other side, to see where concession may be achieved, inferring there is capable of being an element of truth in every opinion.

The right to a fair trial and fair hearing and the application of civil penalties

The right to a fair trial and fair hearing are protected by article 14(1) of the International Covenant on Civil and Political Rights (ICCPR). The right applies to both criminal and civil proceedings.

Though this government guide is neither binding nor conclusive of issues of human rights compatibility, see **Guide to Framing Commonwealth Offences, Infringement Notices and Enforcement Powers**, September 2011 edition, available at: <https://www.ag.gov.au/legal-system/publications/guide-framing-commonwealth-offences-infringement-notices-and-enforcement-powers>
<https://www.ag.gov.au/sites/default/files/2020-03/A%20Guide%20to%20Framing%20Cth%20Offences.pdf>

Civil penalties are proposed under the Bill. When applying a civil penalty, the individual penalised may not have been subjected to discovery (though privilege against self-incrimination may be unavailable), imprisonment, conviction disclosure requirements or the stigma of a criminal conviction, but civil penalties closely resemble fines and other punishments imposed on criminal offenders, particularly if there is added compensation orders. In my experience the civil route may lead to greater financial penalty, particularly when opposing an advocate with potentially unlimited funding.

The process by which civil penalties are imposed is non-criminal, lacking many of the procedural safeguards built into the criminal process to protect the citizen from arbitrary use of state power, which becomes an added imperative in the consideration of this Bill, where harm is equally possible (to that touted to be possible from misinformation) by the censorship this Bill will instigate.

A court dealing with a criminal charge normally has an additional requirement in establishing guilt: that the defendant had the requisite mens rea, including the intention to cause harm, where that is a constituent of the offence. In the event this leg of the legal process is thwarted, the potential impact of the legislation may be manifold. The Bill provides:

7 Misinformation and disinformation

- (1) For the purposes of this Schedule, dissemination of content using a digital service is misinformation on the digital service if:
- (a) the content contains information that is false, misleading or deceptive; and
 - (b) the content is not excluded content for misinformation purposes; and
 - (c) the content is provided on the digital service to one or more end-users in Australia; and
 - (d) the provision of the content on the digital service is reasonably likely to cause or contribute to serious harm.

In light of the Bill's potential flawed premise and, consequent, expected implementation, without having to establish intent to so "cause or contribute to serious harm", the consequences would be furthermore unjust and injurious.

In proceedings that employ the civil rules of practice and procedure there is a serious risk of penalties being wrongly imposed: liability for contravening legislation need only be established on the civil standard of proof: on a balance of probabilities. In other words, it is easier to establish liability, though not truth or fact.

Deterrence is not enhanced by punishing the innocent, and in this particular situation acts to reinforce more censorship and loss of freedoms.

Consequently, claims that legislated civil penalties are necessary "in the public interest" or to prevent "antisocial behaviour", again subjective criteria, may do considerably more harm than good. particularly when legislation is demonstrated to have a false foundational basis that can be applied discriminately.

<https://www.austlii.edu.au/au/journals/UTasLawRw/1994/14.pdf>
https://www.aph.gov.au/-/media/Committees/Senate/committee/humanrights_ctte/guidance_notes/guidance_note_2/guidance_note_2.pdf?la=en&hash=7D924E6F330668005C288BCDCDAC6ADE1719502D

A matter of opinion

In all the circumstances legislators would want to be certain that communicated opinion in the public digital arena requires legislative intervention.

There are always opposing or different opinions regarding any subject matter.

Groups, subject to the same environmental influences, may tend to agree more, but isn't that equally applicable to those grouped in government organisations? Indicative of the potential for bias in judging others. For example:

*“the (Chilcot) Report suggests that **Government:** Had a propensity for ‘groupthink’ – when a group of people conform in their thinking to the extent that their decision-making has an irrational or dysfunctional outcome – reflecting insufficient challenge and a lack of diversity of thought. Didn't properly understand the situation it was getting involved in.”*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674545/TheGoodOperation_WEB.PDF

Concurrently with that expounded above, it is noted: politics foments views and sides; technology is growing exponentially; science and medicine are not static, nor ever settled. The significant investment in research conducted in too numerous fields to count is indicative of a never-ending accumulation of information and, in principle, knowledge. Views alter as research progresses. It takes times, including decades to be accepted or adopted into mainstream use, meanwhile, in the event legislation is enacted, punishments may have been levelled.

From thinking outside the box, the greatest discoveries have been made, suggesting that oft the minority opinion becomes the prevailing view of the day (e.g., the Earth is spherical).

There is also an ethical element involved in the scientific, technological and medical process and its' implementation that all Australians are entitled to be involved in, particularly when those disciplines are merging and envisioned to be invasive, potentially affecting our very ability to survive.

In any other era public debate on relevant to the day subject matter would have been an imperative. Through this Bill, such debate will easily be quashed by an erosion of available information.

As a lack of evidence of causation is not evidence of a lack of causation, there is a necessity to uphold an individual's right to inform themselves and share information, particularly where the subject matter impacts them individually: the more invasive or experimental the more extensive the deliberation.

Further, there is surely an entitlement for any opinion or view formed by an individual to be based on a different criterion to what others base theirs, such as conscience, religion, culture or one of the various positions different fields of the sciences take.

It is evident that those countries in the developed world, wherein its citizens participate in the free exchange of information and ideas, able to pursue unfettered, creative and industrious pursuits, have become better off materially and mentally (free from fear of reprisal that would be experienced under any sort of dictatorship).

It is not through governments that new ideas and technology emerge that consequently benefit us all, it comes from individuals through the creative process. Would it be wise now, when it could be said we have reached a pinnacle of existence, to dictate what information and the ideas they contain can be communicated?

It can be easily concluded that:

- (i) Open free discussion and debate is imperative to promote truth, fairness and justice, even security.
- (ii) The sheer impossibility of reaching any so called “truth” for the purpose of informing “misinformation” (false, misleading, or deceptive) or “disinformation” (the purposefully detrimental sharing of information) and, by legislative extension, so as to cause harm: *“that content is reasonably likely to cause or contribute to serious harm”*.

Digital Platforms - an erroneous mechanism and aspiration

It would appear in the condemnation of digital platforms, contrarily, we have handed over decision making to those very platforms in regard to what constitutes misinformation and raised them to be trier of fact and ultimate expert on matters of science and medicine (by way of proclaimed “third-party fact checkers”, an endorsed equivalent it seems to the justice system without the usual accreditation and scrutiny).

Alongside, creating partnership and conflicts of interest, through financial donations, with favoured news outlets.

“platforms have: invested in third-party fact-checking organisations to proactively identify and flag false information on their service....provided financial assistance and grants to news outlets and government and not for-profit organisations to bolster the spread of credible information and news” (page 98 [ACMA Report](#))

In the alternative it is proposed that government, via its own agents, be both the determinant of truth and retaliator.

While the proposed legislation would be excluding alternate information and views, it will potentially be reinforcing, what was once said to be undesirable, a monopoly by large digital platforms alongside government.

Providing for a regulatory body or similar as overseer: no matter how initially good intentioned and whether asserted as independent or not, has the potential to become co-opted, corrupted and ineffective via, amongst other things, revolving doors between industry and the body regulating it. Recompensed positions of employment alone are sufficient to incur dependency and loyalty from the payee to the payer (see [Appendix](#) for further details).

Community

Unfettered community is pivotal to the enjoyment of personal freedoms on which democracy, as we know and appreciate, rests. Digital platforms and social media are modern town squares and where there can be expected the expression of a variety of opinions.

Precipitously, after many generations, communications between citizens are being considered a bad thing and require significant penalties to curb opinions contradicting reigning government attitudes?

The internet is relied upon by professionals and individuals alike for research and exploration. For many: an opportunity to express feelings and concerns, which subject matter could now be elevated to punishable misinformation.

Do we currently ensure that in every sentence spoken with friends and work colleagues they contain only fact or truth (someone's "truth")? A rather onerous task I would suggest, though, one we may very well have to look forward to.

The digital platform is community for people. This is acknowledged in the U.S. Supreme Court case ***Packingham v. North Carolina*** decided 19 June, 2017: social media platforms are the "*modern public square*". https://www.supremecourt.gov/opinions/16pdf/15-1194_0811.pdf

In an era of promoted pandemics, enforced lockdowns and restrictions, digital community can be anticipated to be relied upon even more. Where will it lead if there is only the mundane to consider and explore or we are too afraid to do so during such crises?

Misinformation (in other words, sections of society holding differing opinions and stances) is par for the course in any democracy upholding its' freedoms. While it has existed, we have managed to survive and provide ourselves with a comparatively rich, safe and industrious life (depending upon how the individual chooses to approach it and subject to the information they avail themselves of).

Is a punitive regimen being legitimised merely because our community is larger now and seen as less manageable? I don't anticipate that restricting freedoms will make it more so.

Premise for and impact of the Bill: demonstrated bias and placing the Bill in context.

It is evident that the implementation of this proposed stifling legislation may cause a decline of society through lack of stimulus to individual achievement, while detrimental to our health and quality of life.

This is indicated by the **categories of communications** purported to be misinformation or disinformation in the [ACMA Report](#), revealing the type of subject matter the proposed legislation will be implemented against. The selected few publicised in the report consist of well-known controversial subject matter worthy of open discussion and public debate (if individuals actually undertook their own investigation, they would easily recognise this), definable as: prophylactics (vaccines), communication systems (5G) and environmental issues (climate).

Labelling and boxing information on such topics into "*conspiracy theory*" (even though conspiracy crimes do exist) in an attempt to derogate and isolate it from consumption, further demonstrates bias.

This bill must also be placed in **context** to determine its potential impact if enacted:

1. Unlike other nations, we do not have in Australia enshrined constitutional or other legal protections guarding our human rights. This includes freedom of speech. Limiting our ability to challenge incursions.
2. Concerns being raised amongst academics in regard to the editing and censorship of formerly accepted, even revered, literature, tantamount to proverbial book burning. When perhaps such literature, not conforming to any "woke" agenda, should remain as a reminder in the setting it was written.
3. The data for the [ACMA Report](#) informing the Bill was obtained during a time when many Australians were put in fear over a declared asserted novel harmful pathogen and, consequently, unknowable, even to governments. Yet apparently necessitating restrictions, lockdowns and isolation, when imposed in other circumstances are known to have psychological impact and could have influenced the opinions given at the time (e.g., acceptance of what was possibly proposed to them as being misinformation, though there is a lack of specificity in this regard) and the outcome of ACMA's report.

4. Initiation of controls tantamount to mandating (dictating) an invasive medical procedure to enable an individual to earn a living and support a family during 2021 and 2022. Previous conditional legislation such as: 'No Jab No Pay' and 'No Jab No Play'. Where a perceived rather than proven potential for harm qualifies for the implementation of policy or legislation that impacts our bodies and income.
5. There is a presumption in today's societies that harm does not exist until proven otherwise, though, which harm may take considerable time to be recognized, that is, if there are the financial resources available to pursue validity for same and concerns raised are not ignored.
6. A climate of righteous expedience, cost saving, but contrary to ensuring justice.
7. **Public private partnerships** (Government and private enterprises together influencing or dictating all-encompassing global policy. Though such private enterprises are oft touted as philanthropic, benefit financially).
8. We are advancing through a digital age, which if completely incorporated into society as touted, its' citizens captured (such as via limiting or eliminating cash, digital I.D.'s, facial recognition and CBDC's), enables the means to absolute surveillance and control.
9. That government is becoming ever increasingly reliant upon secrecy, while it is the opposite for countries' citizens, whose lives are more and more scrutinized. While online activities have granted social engineers an all-seeing predictive eye with which to program us. What will prevent deemed misinformation and disinformation falling under such purview? On this point:

The Australian government is currently undertaking a review of secrecy provisions across Commonwealth laws to address concerns raised by multiple reviews about the number, inconsistency, appropriateness, and complexity of Commonwealth secrecy offences, while it is reported that in one year, tech giant Google received over 6,300 requests from Australian authorities to disclose user data. In this regard, by way of example, I refer you to:

<https://www.alrc.gov.au/publication/secrecy-laws-and-open-government-in-australia-alrc-report-112/3-overview-of-current-secrecy-laws/specific-statutory-secrecy-provisions/>
<https://www.ag.gov.au/crime/publications/review-secrecy-provisions>

Google Transparency Report

https://transparencyreport.google.com/user-data/overview?hl=en&user_requests_report_period=series:requests,accounts;authority:AU;time:&lu=user_requests_report_period

ACMA will be charged under the Bill with determining what information Australians can and can't see on digital platforms. How this will impact other means of communication in the future we are yet to see. The target is "misinformation": information that is "*false, misleading or deceptive*" and "*reasonably likely to cause or contributed to serious harm*".

As a consequence of the material provided in support of the proposed law, we are alerted as to what will constitute misinformation or disinformation (to what further degree would be a lesson to come).

The digital platform rules may require a digital platform provider to register and retain records relating to such information. Considering the preconceived beliefs by authorities as to the type of content that constitutes misinformation and its' asserted capability for harm, there is no comfort afforded by any claims of privacy when government or its agents has access to punishable information.

Identified in the [ACMA Report](#) is **controversial subject matter** consistently discussed among professionals and the public (at least to anyone more widely read and not merely parroting current policy directives) pertaining to: **5G, climate, public policy and vaccination**, all currently under government domain and, consequently, requiring the free flow of information imperative for representative government. The areas touted as misinformation also rife with potential financial and other conflicts of interests.

In brief: vaccines do cause harm and death; this is reflected in around 19 other countries having no-fault compensation schemes for those injured by them. This includes the country where vaccines are produced, the U.S.A, and are considered unavoidably unsafe: *Bruesewitz v. Wyeth LLC*, 562 U.S. 223 (2011). I refer you to the U.S. legislation: *The National Childhood Vaccine Injury Act of 1986*. Most countries, including Australia, have adverse events reporting systems, albeit (though expediently) passive ones.

Our government acknowledges that *“adverse events are under-reported around the world, with estimates that 90-95% of adverse events are not reported to regulators.”*¹

<https://www.tga.gov.au/news/media-releases/new-web-service-helps-consumer-reporting-side-effects>

As a lawyer having practised in this area, I am quite aware of the controversy surrounding vaccination and familiar with the many highly qualified professionals, researchers and scientists around the world who hold differences of opinion to that currently informing public policy. Numerous professionals continue to speak out, including those who have been involved in the pharmaceutical industry and vaccine manufacture. Existing media censorship has limited access to this information. While mere opinion (from organizations like GAVI, a public and private partnership, moved by medically unqualified financial donors, who themselves stand to gain by the sale of vaccine products to the world) has been promoted.

Government appointed experts do not have a monopoly on opinion, nor should they, as Government is the only authority that can by rule of law quell freedom.

Where authority is unable to demonstrate an ability to distinguish between opinion and fact, they or their appointed agents should not be the barometer for misinformation.

It would be impossible to provide here a comprehensive analysis on subjects raised as misinformation in the ACMA Report. Consequently, it should not be left to one agency to do this. The **Appendix** that follows provides examples of the types of information that could easily be labelled misinformation in the event the Bill is passed, including a revealing examination of recorded Commonwealth and State government statistics and reports, appearing in the literature prior and subsequent to mass covid vaccination (following which significantly more harm is statistically observed, conveniently blamed on variants, while Australians were coerced into having vaccines that didn't prevent the asserted disease or harm – whether the consequence of a new disease or the new vaccines employed to protect us from it).

By this legislation it is not proposed to merely reinforce the current framework, rather extend it, and add significant penalties. Once treading this path there is likely no containing it. Which means that there will be no alternate platform remaining to explore subject matter, unlike there currently is. Maybe not even to explore the impact of the Bill, if enacted.

It will be tantamount to having a programmed entity, like ChatGPT, the source of and response to all enquiry: we put the question, a programmed entity answers it. We have no measure with which to ascertain the accuracy of what has been elicited. Neither will we have information about its programming.

The alternative to restrictive legislation

By exclusion you misinform. By inclusion you demonstrate openness and transparency, attracting the authoritative attention evidently desired by government.

Reliance upon digital platforms is equally indicative that people are observant and discerning, see public policy as exclusionary or dictatorial requiring explanation and exploration. Hence, the benefit of a participatory process rather than exclusionary which limits decision making to a single authority.

Perhaps rather than bring in further restrictions to our liberties, the government foster a truly informative role by acknowledging a wide spectrum of recognized professional opinions, together with evidence supporting their position, and provide the reasoning as to choosing which opinion (it can only ever be opinion) is to inform public policy, simultaneously addressing concerns raised by those professionals.

Alongside, truly encourage public participation in any decision-making process that has the potential to impact on the freedoms we have managed to sustain for more than a century. Rather than what we saw during the declared pandemic: a reduction in those participating in the decision-making process. As it is reasonable and sensible in such circumstances to question decisions being made on our behalf in isolation, particularly about an asserted novel and unfamiliar disease.

Purported harm requiring legislative solution – a premise of the Bill.

Harm is identified as:

“Harm means harms which pose an imminent and serious threat to: A. democratic political and policymaking processes such as voter fraud, voter interference, voting misinformation; or B. public goods such as the protection of citizens' health, protection of marginalised or vulnerable groups, public safety and security or the environment.” (Page 52 ACMA Report)

The definition of harm in the Bill is highly subjective, encompassing anything deemed hateful, disruptive, or harmful to various aspects such as society, democracy, environment, and economy. These terms are open to interpretation and bias. When:

If concerned about information precipitating: violence, property damage, illicit content or other forms of harm, then there are already laws and measures in place in that regard. While threats, harassment and vandalism are already punishable when proven under proper evaluation of the evidence pursuant to law.

It can likewise be argued that similar harms may occur as a consequence of secrecy and by the elimination of informed choice, which is what freedom of speech sustains.

Some would say that requiring an invasive medical procedure, only provisionally granted, not typically tested and of a new type, might be considered a form of physical abuse because of its potential to cause unknown physical harm. And particularly so when under threat of loss of employment or their business and means to earn a living and support a family. This arguable tenet requires an unfettered exchange of information.

As a consequence of: (i) the provision of insufficient verification for what is proclaimed misinformation in the ACMA Report, together with (ii) assertions that it was a matter for the individual whether to be vaccinated or not, despite threat of unemployment - there is an inference that information necessary for decision making in regard to bodily integrity may end up excluded by this Bill.

Basically, we can expect to be told by paid government professionals what to think and say, due to censorship of those professional opinions lacking such endorsement and whose evidence will thus be excluded from digital platforms. Without unhampered discourse on issues of bodily integrity, we can anticipate the derogation of innate rights in respect to our own bodies. Contrary to the acknowledged necessity for informed consent provided for in the Australian Immunisation Handbook.

Those people who believe that it is the role of Government to ensure the public is not exposed to misinformation, as is intimated in the [ACMA Report](#), is not necessarily synonymous with saying government, or by its agents, should be the sole authority on any subject matter. Those individuals can go to that authority for their information and disregard any contrary information they happen to come across. No harm results in the eyes of those favouring the authoritarian approach. The asserted authority merely needs to guide them there (which has occurred on-line over the past 3 years) should they have difficulty accessing same.

Alternatively, if you truly find the content of digital platforms and social media detrimental to you or your family, simply avoid or limit its use. Vote with your feet (or, in this instance, hands).

A basic premise of economics is that demand creates supply. Those business will soon conform to the wishes of the public when it hits their presence in the digital world and pockets, and without having to create complex, open to partiality, legislation.

This is how you claim the system you want. Sometimes taking individual responsibility means going without for a while, though, for something better, as occurred when our predecessor not only went without, but risked "*life and limb*" going to war to secure the freedom we have today.

Exposure to risk can in effect safeguard us and our freedom.

It should be borne in mind that there is risk in everything we do: driving a car, using public transport, air travel, even playing sport. Individuals should have the choice as to whether they want to take what are perceived to some as risks, similarly in mitigating those risks, particularly when it comes to the sanctity of our bodies and in how we live our lives.

It should be a matter for digital platforms themselves if they wish to go down any censorship route, I anticipate they will eventually lose following as the consequence of any lack of true discernment as to what patrons truly want. Those willing to 'risk' viewing (not necessarily endorsing) information on platforms who refrain from censorship, can then do so. Everyone wins and human rights remain intact.

Whereas:

Any declaration that reducing civil rights is for our protection disregards warnings from history and literature.

Limiting access to information and its exchange by an authoritarian dictatorship of permissible information, in the face of reprisal:

- (i) limits (more than intended due to the fear of crossing the line) the acquisition of knowledge, understanding and empathy (which we need more of not less to be a truly civilized and proud society), and,
- (ii) particularly when considering the controversial subject matter exemplified in the ACMA Report as representative of misinformation, is an eventual road to: Corporatocracy, totalitarianism and enslavement.

Is this a safe or equitable position to be in?

The inference we can't be trusted, only government can, suggests that authority cannot be abused, when government is the only authority capable of eroding rights and privileges.

If information can be powerful, it can be equally if not more powerful in the hands of government, where there can be limited or no opportunity to correct or challenge an injustice.

If the reporting process and content of the Report informing the legislation is to be kept confidential, what hope is there for the process of determining misinformation or disinformation, once the Bill is ensconced in law.

Where it is merely alleged that misinformation and disinformation causes harm, there is historical evidence that governments of the dictatorial mode can cause significant harm. Isn't that why we have promoted our society as democratic and free, while condemning those that are said not to be?

To assert that by not following government claimed authoritative advice, for instance during the recent declared pandemic, poses an immediate and serious threat to an individual's health and safety, upon statistical examination I would suggest that the opposite may be demonstrated (see **Appendix**).

There could be said to be unnecessary deaths a consequence of the invasion of Iraq due to a flawed premise by those in authority.

Individuals should understand that democracy with all its benefits does not come as a free ride. Responsibility lies with each of us, by participating in the process itself, which is recognized, for example, by this opportunity to make a submission and by being an informed voter. (Would you hand all your money over to a financial advisor and not check from time to time on their competence and that your money hasn't diminished).

This proposed legislation will, contrarily, act to reinforce helplessness and a victim mentality, if not laziness in Australia's citizenry.

Introduction of the proposed legislation could polarise Australians rather than bring us together, turning community into a battlefield of information denunciation (or more particularly, personal denigration), with the potential for branding and retaliation, something sought to be avoided by the legislation.

It is hoped by this bill there is no suggestion that individuals lack intellect so as to be incapable of discernment, which would also lead to the conclusion that similarly would those individuals in authority establishing codes of conduct the rest are required to adhere to as they too must rely on others (including specialized) opinion.

While many an historical sage was self-taught, would it not be preferable to truly educate individuals and so learn how to be judicious? What is the point of long years of education if we are said to be unable to navigate this world, including new technology and matters of science?

We didn't learn to ride without the occasional tumble or mishap and overtime with experimentation and practice we excelled. The same readily applies to exploring information, with guidance rather than coercion.

Devoid of intellect we are dumbed down ineffectual soldiers marching together, into the future, in rank and file, dictated to by an Orwellian Ministry of Truth.

In conclusion, the only way to combat misinformation is to publicly refute it, not censor it. By standing up to scrutiny it automatically becomes authoritative.

The pursuit of knowledge and understanding, not safety at its expense

The perceptive and exploratory would like the opportunity and enjoyment of discovery. If in the pursuit of knowledge and an understanding of our world, perhaps even of truth (in the realization that truth is a difficult thing to ascertain, opinion often easily substituted for truth), a pursuit undertaken by many since antiquity (evidenced in disciplines of science, philosophy and literature, which sources I am sure I don't need to name).

Scientists, academics and philosophers, not all necessarily schooled, through the ages have provided us with an immense amount of information on a variety of subjects, yet the differing views and opinions held have never been said to harm us, rather, to educate us. Except perhaps of the dictatorial variety. I would suggest the knowledge consequently accumulated over centuries, diverse and ever evolving as it may be, has enhanced our lives.

The search for knowledge and understanding requires a free flow of information, as well as the sharing of ideas. Information shared for the most part may be mundane or incorrect but can still facilitate such aspiration as it enables discernment. Those individuals unfamiliar with these concepts should be the last sitting in judgment of others as they have likely not ventured on the search for information and understanding of subject matter sought to be censored.

Expertise is the consequence of experience and acquiring information and knowledge from a wide and variety of sources, including contrary sources (how else can they be tested and negated). There is no original authoritative source on any subject matter. How can there be one in determining what is misinformation.

A confounding factor in determining misinformation is that there are different paradigms of belief and approaches to life, which an opposing belief system may construe as misinformation.

Some individuals favour a spiritual approach to life, yet even religions have differing views.

In resisting a material perspective of the world, which for the most part science and medicine prefers (though this is changing for instance because of the study of quantum physics), are those individuals to be censored and penalised for questioning prevailing authority on a given subject? Such path is equally likely to lead to "scientism" and missing crucial information in assessing and understanding the world we live in (the whole aim of science).

As I know many others do, I personally want the freedom of thought, exploration, expression, communication and to be able to discern for myself what is capable or not of enriching my life.

I want to gain understanding and get as close to the truth as possible (and why wouldn't we avail ourselves of such an opportunity in this age, where a variety of information is more accessible than ever before, but those advancing this legislation wish to throw away). That is why perhaps others with a similar inclination or need are often called "*truthers*", though the term is disparaged in the [ACMA Report](#) (conveniently boxed into conspiracy theory to discourage the uninformed going there). Yet it is contradictory to suggest people seeking the truth would not endeavour to be discerning.

This legislation, together with the chosen few who will be sitting in judgment, dictating truth for all, can only stifle the acquisition of knowledge and understanding, merely through threat of punishment before there is even a chance to test in court what constitutes misinformation, that is, finances and legal standing permitting (which ordinary Australians are unlikely to have despite the impact the proposed legislation would have on them).

Lack of specificity: opinion, assumption and circulatory arguments relied upon in support of the Bill.

There is little transparency afforded in advancing this Bill. Forewarning how the proposed legislation is to operate?

The [ACMA Report](#) is vague in qualifying misinformation: relying upon unsubstantiated opinion, assumption resulting in circulatory arguments and reasoning in the promotion of the government and its' agents as arbiter of misinformation and, correspondingly, "truth".

The arguments proffered, and illustrations following, establish an improper premise for punitive legislation:

1. The assumption that, despite some concerns of a relatively small sample group over ordained misinformation, Australians would, if the full implications were understood, truly concur with going so far as to implement legislation prohibiting and basically making unlawful the communication of information and, consequently, conversation between them on digital platforms. That is: no longer upholding basic freedoms of speech and communication in some predefined areas decided by government or a government agency, conceivably later to be extended. Abruptly abandoning democracy for dictatorial principles.

While: 44% of those asked believed "*false or misleading information is unavoidable and it is just something we must live with*"; 25% had no opinion in this regard (page 37); "76% believe platforms should be doing more" to reduce false or misleading misinformation. However, this does not necessarily translate to legal prohibitions on free speech and enforceable civil penalties (page 36).

2. Of those **2,659** adult Australians surveyed between 19 December, 2020 and 18 January, 2021 for the [ACMA Report](#), the specifics of representations made to participants are unclear.

The supposition that the lay public would be able to distinguish opinion from fact and, consequently, what constitutes misinformation, that is, without being told beforehand (assumably by the appointed agency enquiring). Even professionals ensconced in their own specialities might be unaware of the way the opinions regarding misinformation advanced in the survey were concluded, though content to accept what was declared misinformation for the purpose of the survey.

3. This is particularly evinced in regard to "covid": scientists, medical practitioners and those in authority lacked factual information in early 2020 about an asserted **new disease** called Covid-19 caused by a continually **mutating novel** virus (when deaths attributed to said virus, purported to be a relative of the cold virus, were low, and comparable to disappearing flu deaths, that is until mid-2021 after a mass vaccine campaign, see [Appendix](#)). Followed subsequently by the provisional grant of **pioneering vaccines** in early 2021.

The truth not clearly ascertainable at that point in time to anyone. Thus, it could be said that misinformation relied upon for the questionnaires was based on mere assumption, but it is proposed that we shouldn't be allowed to discuss it (what impacts us) on the internet?

4. Though surveys may be considered reflective of the wider community, this is not certain. Put in context, only 2,659 Australians were surveyed and either during or shortly following a period of repetitive psychological media fear mongering (that statistics didn't support; the PCR test an inappropriate indicator of actual disease impact, see [Appendix](#)) and prior to the clear impact observed by mid-2021 following mass vaccine uptake:

*“This study was undertaken by the News and Media Research Centre (N&MRC) at the University of Canberra. The quantitative component consisted of a nationwide representative survey of **2,659 adult Australians**, undertaken between **19 December 2020 and 18 January 2021**. The qualitative component consisted of 12 focus groups with a total of 60 participants, undertaken across February and March 2021, with participants recruited based on a mix of demographic characteristics, geographic locations, and media habits.” (Fact Sheet 1)*

*“This study was undertaken by creative consultancy **We Are Social**. This project sought to examine the scale and drivers of **4 distinct online misinformation narratives in Australia (antivaccine, anti-5G, anti-lockdown and QAnon)** over a 12-month period (**April 2020 to March 2021**). It consisted of an examination of over 60,000 public conversations across Facebook, Instagram, Twitter, YouTube and Reddit, identification and analysis of 291 Australian conspiracy-driven pages and groups on Facebook and Instagram, and a manual review of misinformation narratives on TikTok and Telegram. **This research informed the ACMA’s report to government but will not be made public** as it contains sensitive information pertaining to public figures and user accounts.” (Fact sheet 1)*

The ACMA sought cost information for both 2019 and 2020 calendar years from carriers for costs directly related to addressing (or incurred as a direct result of) 5G or electromagnetic energy dis- or misinformation. In April 2021, AMTA distributed the final survey on behalf of the ACMA and co-ordinated responses from members. Telstra, Optus, TPG Telecom and AMTA all provided the ACMA with high-level cost inputs, allowing us to estimate the financial impact across the industry.” (Fact sheet 1)

*“The ACMA’s misinformation report provides an overview of the Australian Code of Practice on Disinformation and Misinformation and an assessment of whether, in our view, it had met the expectations **set out by the government** as at the end of June 2021” (Fact sheet 2)*

5. It is claimed in support of the Bill that misinformation of the kind documented in the **ACMA Report** “pose a threat to the safety and wellbeing of Australians, as well as to our democracy, society and economy.” The designated “misinformation” and, consequently, pre-determined set of “facts” and causal impact lack specificity: there is an absence in the Bill’s supportive material of any tested convincing evidence to support a contention that the nominated information is deserving of the label “misinformation” or in what manner it was determined to be misinformation or cause the purported harm.

Without this specificity of evidence, contending certain subject matter is misinformation takes it no further than mere opinion. Frustrating any ensuing allegation that the pre-determined nominated misinformation is cause for concern and a threat to Australians. Consequently, it is also not a leap to contend that in these circumstances we can’t rely upon the governments appointed agency to be an independent arbiter of misinformation in the event the Bill is enacted.

6. There is a lack of specificity in the ACMA Report for the generalised claim of 5G misinformation, suggesting predetermination by the report instigator and author. It is arguable that communication and discussion about 5G is reasonable when placed in context, though yet again portrayed as if there was no current debate on the issue, when there has in fact been significant global debate on the issue among professionals and concerned citizens for some time. 5G has not been scientifically tested for its long-term impact, rollout commenced globally around the time the covid pandemic was declared. Though there are varying “5G” systems being introduced. (See Appendix)

7. Besides a lack of specificity of evidence upon why particular information was deemed incorrect, other than the reporting government agency thinks so, use of terms such as: “*authoritative source*” and “*conspiracy theories*” “*conspiracy-driven*” further lack context and specificity of the factual evidence relied upon. Specificity is further lacking regarding asserted harms: “*acute*” and “*chronic*”. They are all conclusive terms and, without more, unsubstantiated opinion.
8. The suggestion that providing links to sources of information communicated deemed “misinformation” is somehow a bad thing and unpersuasive. Yet providing foreign examples of asserted harm irrelevant to Australia, such as the Capitol Hill riots.
9. While the inference that “*small*” and “*alternative*” platforms would not be authoritative. Small is not inherently bad, geniuses are few, minority views have prevailed over time (the earth is a globe). It may rather be indicative of only the few who undertake their own research or think for themselves.
10. The justification given (page 11 [ACMA Report](#)) that:

“the Australian adult population continue to access news on social media on a regular basis. A further 23% of Australians nominated social media as their main source of news – a figure that has been steadily rising each year”

is equally indicative of Australians being discerning and explained by the somewhat circular argument:

“A lack of trust in authoritative sources does, however, appear to be an indicator of whether or not someone believes in COVID-19 misinformation” (page 10 [ACMA Report](#)).

Here we see assumptive pronouncements: “*authoritative*” (who and by what measure was this decided?).

11. The assertion that “*misinformation narratives can result in a wide range of acute and chronic harms, including the erosion of trust in authoritative sources and democratic institutions over time*”, beside a lack of specificity and an assumptive circulatory argument, suggests again that the fault may lay with those very asserted authoritative sources.
12. Hence, a lack of trust in proclaimed “*authoritative sources*” is what is required to be addressed, not more authoritarianism. Perhaps there are good reasons for this lack of trust. While those employed by government may be more easily inculcated to accept the narrative of that institution, others to avoid being labelled “*conspiracy theorists*”. There are ample highly qualified professionals expressing different opinions, perhaps they and the evidence supporting what they have to say should be acknowledged in any decision making:

“A lack of trust in authoritative sources does, however, appear to be an indicator of whether or not someone believes in COVID-19 misinformation. Those who were ‘misinformed (high)’ about COVID-19 had much lower levels of trust in scientists and health professionals, and much greater trust in generally less reputable health and lifestyle websites and blogs, and news found on social media (Figure 5). This accords with other recent Australian research that shows belief in COVID-19 misinformation is closely associated with lower institutional trust.¹³” (page 11 [ACMA Report](#))

The underlined in this paragraph contains a further example of unsubstantiated opinion and the absence of specificity.

13. The following claim could equally be said to apply to government institutions:

“There are a range of social and cognitive biases that drive people to engage with misinformation, such as in-grouping, political fragmentation, and identity-based conflict. Research suggests people may be driven to engage with misinformation on ideological grounds or to defend their worldview, even if they do not believe the content.” (Page 24)

14. The Bill is in global lockstep, indicative it isn't necessarily what citizens want, but a global authoritarian consensus (i.e. potentially having no factual basis, simply agenda):

“United Nations Communications Response initiative to combat the spread of disinformation and misinformation is launched” (page 103)

*“The ACP highlighted how an “August 2018 Five Eyes Ministerial gathering on Queensland’s Gold Coast took aim at ‘faster identification and removal of illicit content’ and limiting ‘coercive acts of **interference** and disinformation’.”*

<https://citizensparty.org.au/print/pdf/node/1662>

15. The acceptance that the determinant for truth has been left, and will continue to be left, to digital and social media platforms, when there is a lack of specificity as to the process and evidence relied upon by them for concluding truth and hence misinformation (though the inference is that it was guided by government policy).

16. The inferred authorities on misinformation are those either: regulated directly or indirectly by government, or influenced by government decision making, such as those: financially dependent on government and medical practitioners (who are required to conform to their own regulatory body, itself swayed by government policy, for fear of being unable to practise), evidenced by censorship and users of digital platforms being directed elsewhere:

“credible information”, “trusted sources such as the WHO and Red Cross” (Facebook);

“the Australian Red Cross Twitter account and resources”(Twitter);

“Twitter introduces a timeline prompt to link Australian users with the Australian Government Department of Health’s COVID-19 landing page providing information on vaccines and vaccination” (page 120);

“Facebook launches a global policy prohibiting advertising that discourages vaccination: Under the policy, advertising that advocates a particular position on the government’s policy on vaccines would not necessarily contravene Facebook’s Community Standards”;

“TikTok places restrictions on advertising on its platform, including a prohibition against advertising that advocates against vaccination”;

“Only official government apps and verified health apps which provide medical or support services related to COVID-19 or which support local responses, may leverage COVID-19 related keyword searches in the Google Play Store”; (page 103)

*“Facebook launches the Facebook Coronavirus Information Center, providing a centralised location for users to access news and information about COVID19. In Australia, the Center includes official Australian Government information.” (Page 102) **one has to ask did an Australian prepare this report?***

17. Observed in the [ACMA Report](#) are financial ties (indicative of partnerships with government and potential conflicts of interest) **between digital and claimed credible mainstream platforms, where financial incentives are employed in the effort to denounce deemed “misinformation”.**

“Platforms have ...provided financial assistance and grants to news outlets and government and not-for-profit organisations to bolster the spread of credible information and news” (page 98)....“Google provides a \$15 million ‘Ad Grant’ to the WHO to provide public services announcements about the pandemic.²¹⁰ Google has also provided \$4.8 million in Ad Grants to the Australian Federal Government and Department of Health and \$48 million to Australian not-for-profits,²¹¹ and \$250 million in Ad Grants to more than 100 government agencies throughout ¹¹⁶ | ^{acma} ²¹² Google, How you’ll find accurate and timely information on COVID-19 vaccines. ²¹³ Cormac Keenan, Head of Trust & Safety, TikTok, Refreshing our policies to support community wellbeing. ²¹⁴ Guy Rosen, An Update on Our Work to Keep People Informed and Limit Misinformation About COVID-19 – About Facebook. ²¹⁵ Twitter Safety, COVID-19: Our approach to misleading vaccine information. ²¹⁶ Twitter Safety, Updates to our work on COVID-19 vaccine misinformation. ²¹⁷ Kara Hinesley, Twitter launches a search prompt with the Australian Red Cross. 2020. Google also announces it will provide \$1.5 million for the creation of a COVID-19 Vaccine Media Hub by the Australian Science Media Centre.²¹².” (Page 115)

18. It is a circulatory argument to claim that digital platforms are incurring expense when they have undertaken a task either under coercion, with the encouragement of government or even in partnership with same. They still managed to make financials donations in support of this cause.
19. Under the current voluntary code there occurred censoring of elected members of parliament, that is, representatives chosen by the people, an onslaught against democracy itself, providing little confidence in the enactment of the flexible and modifiable proposed legislation:

*“Facebook permanently removes Craig Kelly MP’s Facebook and Instagram accounts for repeated violations of its COVID-19 misinformation policy. A Facebook spokesperson noted: ‘We don’t allow anyone, including **elected officials**, to share misinformation about COVID-19 that could lead to imminent physical harm or COVID-19 vaccines that have been debunked by public health experts. We have clear policies against this type of content and have removed Mr Kelly’s Facebook Page for repeated violations of this policy’.²⁴¹ “(page 120-121)*

20. We are unable to validate the conclusions of the [ACMA Report](#) as research informing it was to remain confidential per the report and [Fact sheet 1 and 2](#). The misinformation qualifying process suffers from similar limitations. Collectively indicative of the partiality the process of implementation may take, should the Bill be enacted into legislation.

“The ACMA acknowledges that some signatories have provided confidential data points to inform this report. While this has assisted in the development of this report, we consider this data should have been included in published reports” (page 74 report)

“The ACMA expected DIGI to undertake a full and open consultation on the code. On release of the draft code, despite reaching out directly to a wide range of stakeholders, DIGI made little effort to attract a broader range of public views. It did not put out a media statement, post an update on its social media channels, or pursue any other public communication avenues to increase awareness of the consultation process beyond those organisations it had originally identified” (page 42 report)

“Secondly, the ACMA is concerned there was a lack of opportunity for stakeholders to provide comment on the content and drafting of the final code. A recurring observation among submitters was that that they would have preferred if DIGI had engaged earlier or sought additional comments on a final draft before launching the code” (Page 43 report).

APPENDIX

5G

5G has only had a recent roll-out. There has been little if no opportunity to observe its impact. What criteria is there for declaring discussion about it unreasonable? Are all new ideas, including communications around new technology, to be automatically labelled misinformation.

Available at the following links are just some, including authoritative, concerns raised:

<https://bioinitiative.org/>

<https://ehtrust.org/wp-content/uploads/Scientist-5G-appeal-2017.pdf>

<https://ehtrust.org/former-president-of-microsoft-canada-frank-clegg-on-safety-5g-wireless-technologies/>

<https://betweenrockandhardplace.wordpress.com/reports/>

https://betweenrockandhardplace.files.wordpress.com/2016/07/bioem2016_report-_dl_final1.pdf

<https://betweenrockandhardplace.files.wordpress.com/2017/03/brief-report-on-gaps-in-the-knowledge.pdf>

<https://betweenrockandhardplace.files.wordpress.com/2017/07/report-from-bioem2017.pdf>

<https://www.gsma.com/spectrum/wp-content/uploads/2019/09/5G-Spectrum-Positions.pdf>

Report of Partial findings from the National Toxicology Program Carcinogenesis Studies of Cell Phone Radiofrequency Radiation in Hsd: Sprague Dawley® SD rats (Whole Body Exposures)

<https://www.biorxiv.org/content/10.1101/055699v3>

ORSAA

<https://www.orsaa.org/resources.html>

<https://www.blumenthal.senate.gov/newsroom/press/release/at-senate-commerce-hearing-blumenthal-raises-concerns-on-5g-wireless-technologies-potential-health-risks>

Climate

There have been elected parliamentarians who disagree with the premises that CO2 causes global warming: for example: **Senator Malcom Roberts**, who has a web site dedicated to his research. There are also other professionals with some standing who have provided different opinions to those currently impacting public policy, including: Green Peace founder **Patrick Moore** and **Dr Nils-Axel Morner**, a leading expert on sea levels and who served on the UN IPCC:

<https://www.climate.conscious.com.au/>

<https://www.climate.conscious.com.au/docs/BaldwinBirminghamReport.pdf>

<http://co2coalition.org/>

A global network of more than 500 knowledgeable and experienced scientists and professionals in climate and related fields

<https://clintel.nl/brief-clintel-aan-vn-baas-guterres/>

A Copenhagen Climate Treaty

<https://unfccc.int/resource/docs/2009/smsn/ngo/157.pdf>

THE STATISTICS - Covid-19

It is demonstrated in the government's own statistical records that lockdowns, other restrictions and vaccination, though conveniently increased vaccination uptake, inconveniently for the public proved unsuccessful in combating the impact of disease attributed to Covid.

Australians have a right to question public policy in a democracy, particularly where a balance of risks must be weighed up and informed consent given to an invasive unproperly tested novice medical procedure.

The **Australian Bureau of Statistics (ABS)** has been prolonging the release of their Provisional Mortality Statistics.

The latest **Causes of Death Australia** was released 19th October 2022, the reference period 2021.

Otherwise, we must rely upon the **Provisional Mortality Statistics**.

Below is a simple examination of deaths in Australia recorded as attributed to covid-19 prior to and following mass vaccination when we see a marked and obvious increase.

Deaths have less confounders than rates of disease:

The PCR test, for example, is looking for a small genetic sequence match said to belong to SARS-Cov-2 the virus said to cause Covid-19, which test can produce more positive results the greater the number of amplification cycles the sample is put through. It is a quantitative test and does not diagnose disease.

There are also observed excess deaths since the introduction of mass covid vaccination.

New South Wales A Snapshot as of June 2021 *(screen shots are expandable)*

Prior to mass vaccine uptake in NSW, where there was only a relatively short period of lockdown in March 2021. It could be argued that there was either no deadly virus or the restrictions imposed were better than the vaccine. However efficacious claimed to be during the limited trial period, the vaccines administered demonstrate a lack of effectiveness in the real world, whether attributed to variants or not.

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-surveillance-report-20210611.pdf>

COVID-19 WEEKLY SURVEILLANCE IN NSW
EPIDEMIOLOGICAL WEEK 22, ENDING 5 June 2021
Published 10 June 2021

Overview

Table 1. Number and proportion of COVID-19 cases in NSW by likely source of infection to week ending 5 June 2021

	2020		2021		
	Jan – Jun	July – Dec	year to date 1 Jan – 5 June	last 4 weeks 9 May – 5 June	last 7 days 30 May – 5 June
Overseas acquired	1,893 (59 %)	714 (46 %)	615 (92 %)	64 (100 %)	12 (100 %)
Interstate acquired	67 (2 %)	23 (1 %)	0	0	0
Locally acquired	1,237 (39 %)	808 (52 %)	51 (8 %)	0	0
Total	3,197 (100 %)	1,545 (100 %)	666 (100 %)	64 (100 %)	12 (100 %)
Variants of concern*	–	10	274 (41 %)	26 (41 %)	1 (8 %)
Deaths	52	4	0	0	0

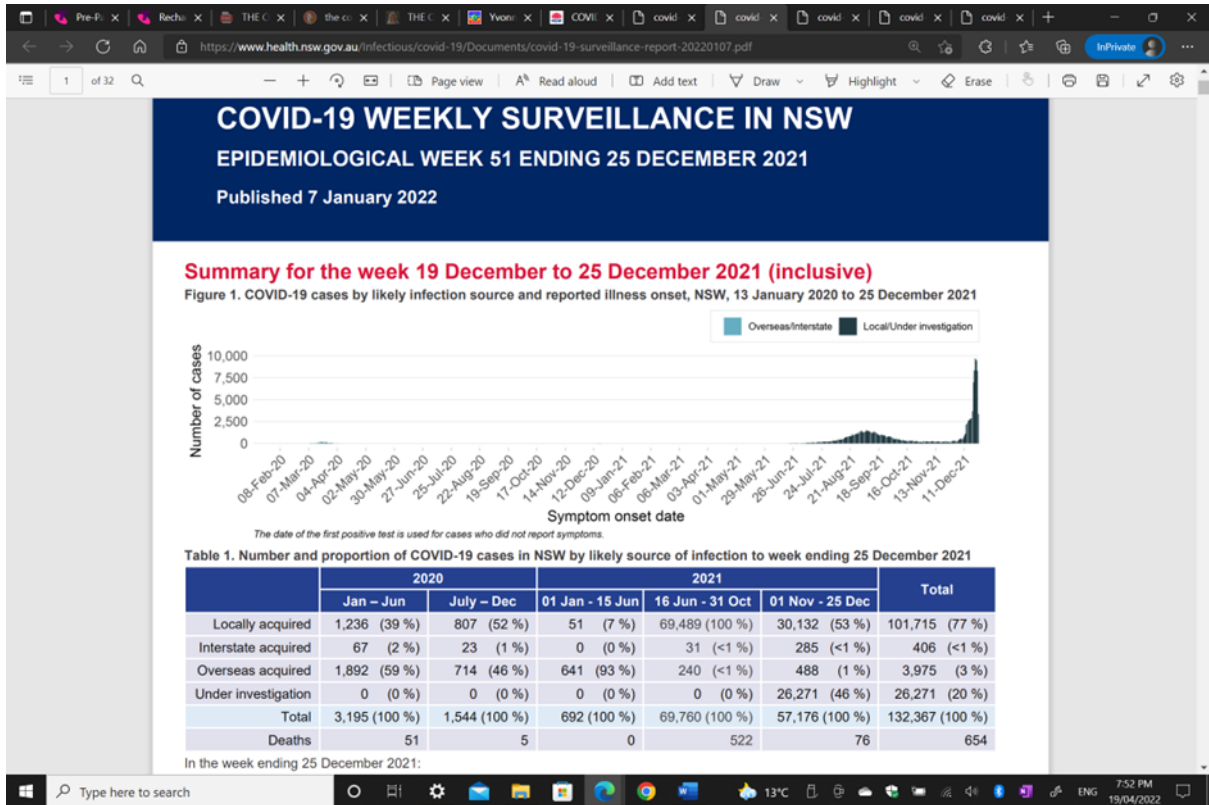
* the reporting of COVID-19 variants of concern in NSW commenced on the 29 November 2020

Summary for the week ending 5 June 2021

NSW weekly surveillance report published 7.1.22 – table screen shot is expandable.

This is the last weekly report showing deaths for each 6-month period from beginning 2020 and cumulative totals. Consequently, no further prior and after comparisons can be made in the one report.

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillance-report-20220107.pdf>



In summary, it can be seen from the above two tables that:

There were **372 deaths** (likely more, due to delay in confirmation) reported in NSW Health Media Release 28.9.21:

https://www.health.nsw.gov.au/news/Pages/20210928_00.aspx

670 deaths attributed to covid-19 in NSW as at 1.1.22

https://www.health.nsw.gov.au/news/Pages/20220101_00.aspx

1,912 deaths attributed to covid-19 in NSW as at 1.3.22

https://www.health.nsw.gov.au/news/Pages/20220301_00.aspx

2,626 deaths attributed to covid-19 in NSW as at 19.4.22

https://www.health.nsw.gov.au/news/Pages/20220419_00.aspx

2,694 deaths attributed to covid-19 in NSW as at 24.4.22

https://www.health.nsw.gov.au/news/Pages/20220424_00.aspx

Commonwealth:

CWLTH and ABS REFERENCE SOURCES relied upon for the summary that follows:

<https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics> - updated daily

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics>

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics>

<https://www.health.gov.au/resources/collections/covid-19-outbreaks-in-australian-residential-aged-care-facilities#june-2021>

<https://www.health.gov.au/resources/publications/covid-19-outbreaks-in-australian-residential-aged-care-facilities-4-june-2021>

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-2020-oct-2021>

<https://www.abs.gov.au/articles/covid-19-mortality-1>

<https://www.abs.gov.au/articles/covid-19-mortality-2>

<https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-31-january-2022>

<https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>

For a comparative glance of covid and other causes of death go to the first link and download the monthly xl document at the end and then compare to 2019 figures at the second link below:

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-2020-oct-2021>

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019>

The rate of increase in asserted covid deaths can be seen on a month- by-month basis in the **Australian Provisional Mortality Statistics**, Reference period **Jan 2020- Oct 2021**, by downloading the monthly dashboard xl document accessible at the bottom of the report, a screen shot follows:-

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-2020-oct-2021>

Australian Bureau of Statistics
3303.0.55.004 Provisional Mortality Statistics, Australia, Jan 2020 - Oct 2021
 Released at 11.30am (Canberra time) 22 December 2021

Table 2.1 Doctor certified deaths, Number of deaths, selected causes, by age and sex, by state of registration, 2020-21 monthly data by date of occurrence

	January	February	March	April	May	June	July	August	September	October	November	December
Total doctor certified deaths	11,488	10,659	11,866	11,850	13,151	12,956	13,849	13,480	12,723	12,362	11,338	11,717
Total doctor certified deaths - 2021	11,267	10,873	11,882	11,760	12,318	11,646	12,627	13,000	12,031	11,780	11,338	11,717
Total doctor certified deaths - 2020	10,911	9,978	11,081	11,010	12,060	12,204	13,247	13,511	12,589	12,055	11,005	11,118
Total doctor certified deaths - 2015-19 average	10,444	9,601	10,727	10,771	11,600	11,790	12,887	13,066	11,909	11,644	10,620	10,821
Total doctor certified deaths - 2015-19 maximum	11,412	10,401	11,469	11,357	12,486	12,912	13,982	14,612	13,004	12,295	11,388	11,281

Specified causes of death (by underlying cause)

	January	February	March	April	May	June	July	August	September	October	November	December
COVID-19 - 2021	0	0	22	64	9	3	136	452	143	16	7	1
COVID-19 - 2020	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory diseases - 2021	973	870	968	1,042	1,250	1,216	1,287	1,275	1,104	1,068	1,068	1,005
Respiratory diseases - 2020	1,032	954	1,112	1,012	1,034	996	1,025	1,058	1,053	923	913	1,005
Respiratory diseases - 2015-19 average	971	850	945	985	1,177	1,249	1,491	1,724	1,584	1,306	1,068	1,005

In the Australian Provisional Mortality Statistics, dashboard download deaths by monthly occurrence 2015-2021

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/latest-release>

Australian Bureau of Statistics
Provisional Mortality Statistics, Jan 2022
 Released at 11.30am (Canberra time) 28 April 2022

Table 4.3 Doctor certified deaths, Number of deaths, selected causes, 2015-21 monthly data by date of occurrence

	January	February	March	April	May	June	July	August	September	October	November	December
All doctor certified deaths	10,446	9,601	10,727	10,824	11,887	11,786	12,903	13,477	12,481	11,644	10,620	10,821
2015	10,446	9,601	10,727	10,824	11,887	11,786	12,903	13,477	12,481	11,644	10,620	10,821
2016	10,828	9,984	10,796	10,884	11,908	12,055	12,887	13,259	12,352	12,295	11,387	11,087
2017	10,988	10,061	11,174	11,216	12,015	12,249	13,983	14,613	13,004	12,147	10,985	11,133
2018	10,884	9,850	11,244	10,776	12,311	12,384	13,617	13,089	11,974	11,971	11,177	11,321
2019	11,428	10,420	11,495	11,364	12,500	12,923	13,415	13,436	12,554	12,233	11,275	11,280
2020	11,268	10,875	11,885	11,761	12,322	11,648	12,633	13,008	12,034	11,783	11,364	11,764
2021	11,567	10,521	11,922	11,881	13,176	12,999	13,908	13,563	12,916	12,999	12,158	12,329

COVID-19

	January	February	March	April	May	June	July	August	September	October	November	December
2020	0	0	22	64	9	3	137	452	143	16	7	1
2021	2	1	1	2	0	0	10	84	268	404	244	196

Respiratory diseases

	January	February	March	April	May	June	July	August	September	October	November	December
2015	905	812	833	938	1,097	1,100	1,401	1,677	1,477	1,235	952	927
2016	906	822	926	939	1,076	1,154	1,383	1,650	1,355	1,122	999	999
2017	985	861	946	1,057	1,166	1,272	1,613	2,218	2,112	1,398	977	1,023
2018	1,024	844	1,010	956	1,217	1,238	1,333	1,465	1,311	1,230	1,161	1,018
2019	1,036	912	1,017	1,037	1,332	1,463	1,727	1,633	1,462	1,300	1,128	1,062
2020	1,032	955	1,112	1,034	996	1,026	1,060	1,053	923	914	1,007	1,007
2021	976	875	975	1,040	1,226	1,217	1,294	1,281	1,121	1,120	997	1,031

Influenza and pneumonia

	January	February	March	April	May	June	July	August	September	October	November	December
2015	176	170	157	180	198	207	289	444	373	240	187	187
2016	163	148	172	178	227	220	289	448	425	361	250	186
2017	192	166	174	224	207	259	386	779	826	420	212	207
2018	206	199	201	190	257	279	305	285	296	273	252	216
2019	210	174	184	260	357	438	522	506	409	313	228	205
2020	180	164	237	232	189	189	192	186	153	131	124	147
2021	131	140	149	141	209	193	254	226	167	220	138	160

Pneumonia

	January	February	March	April	May	June	July	August	September	October	November	December
2015	171	165	156	174	183	201	264	359	296	213	183	180
2016	159	143	164	171	221	213	262	333	289	262	214	171
2017	174	155	161	212	205	245	317	376	353	267	187	195
2018	202	162	194	181	253	278	299	267	272	256	238	199
2019	180	154	157	199	250	287	336	317	260	251	214	194
2020	169	170	219	228	189	188	191	190	153	131	124	147
2021	131	140	149	141	209	193	253	226	167	225	138	160

In summary:

Looking at the latest **ABS Provisional Mortality Report** and **daily Commonwealth reports** (providing a snapshot which varied daily), for which the reference sources are listed above:

There were 7,311 deaths attributed to covid Australia wide as at the 4.5.22, while only 911 deaths attributed to covid prior to the commencement of mass vaccination. 905 deaths recorded Australia wide for 2020 and 912 (a further 6) deaths recorded to the beginning of June 2021, following which a significant rise: **2,698** deaths attributed to covid-19 as at **18.1.22**; **4,201** as at **7.2.22**; **6,693** as at **15.4.22**, correlating with a massive surge in vaccine and subsequent booster uptake.

<https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-31-january-2022#deaths-due-to-covid-19-in-australia>

It should be borne in mind, of the 911 deaths attributed to covid-19 Australia wide recorded in **2020**, **678 occurred in aged residential care.**

<https://www.health.gov.au/sites/default/files/documents/2021/06/covid-19-outbreaks-in-australian-residential-aged-care-facilities-4-june-2021.pdf>

Most deaths occurred around typical flu season, while Flu and pneumonia deaths decreased in **2020 and 2021** (nil flu deaths from July 2020, until a single death was recorded in July 2021 and another in October 2021, while there were 1080 deaths attributed to flu in 2019).

<https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-31-october-2021>

Death rates reduced from Oct/Nov 2020 to mid-July 2021, even though this included a flu season period. Following the mass vaccine campaign there was a significant upsurge in deaths attributed to covid in Australia, including into the summer months. It would appear that we were no longer just seeing a replacement for flu, but, applying Occam's razor, potential vaccine harm.

Most deaths attributed to covid having acute respiratory symptoms listed as a consequence, in addition to **other conditions** listed on the death certificate (**91.0%**). There were significantly more deaths recorded attributed to respiratory diseases **other than covid** in 2020 and 2021.

<https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-31-january-2022>

There were **15,805 all cause deaths recorded in January, 2022** (registered by 31 March, 2022), **2,865 or 22.1% more than the historical average.** Increases were seen for cancers, heart disease, cerebrovascular disease and dementia - similar health outcomes to reported **Adverse Events** (AE's) following the administration of covid vaccines.

Despite high vaccination uptake in Australia, after cancers, doctor-certified **deaths due to COVID-19** were the **second most common cause of death in January 2022.**

Excess deaths

The situation post-mass vaccination with respect to excess deaths and reported adverse events following vaccination:

There were **190,775** deaths which occurred in **2022**. This is significantly higher than usual and is not considered to be a typical year for mortality in Australia.

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-apr-2023>

COVID-19 is still a significant contributor to increased mortality:

[Download](#)

Excess mortality as a percentage above expected by jurisdiction, 2020-23

	2020	2021	2022	2023
Australia	-3.1	1.4	10.9	9.1
New South Wales	-4.1	0.1	10.7	8.6
Victoria	-0.9	3.4	13.2	12.0
Queensland	-4.3	0.8	10.1	7.8
South Australia	-3.2	0.5	9.2	8.9
Western Australia	-3.9	0.6	6.2	6.1
Tasmania	-3.6	5.8	13.6	17.3
Northern Territory	1.5	6.8	10.6	np
Australian Capital Territory	-4.3	-2.8	12.1	8.9

a. Data is provisional and subject to change.
 b. Years are based on a sum of ISO weeks derived from the weekly modelling. There are 53 weeks in 2020. There are 52 weeks in 2021 and 2022. Excess mortality has been estimated for the first 12 weeks of 2023.
 c. Deaths in 2023 are deaths that occurred by 26 March and were registered and received by the ABS by 31 May 2023.

Introduction

Excess mortality measures have been a common statistical tool used around the world to understand the full

See the table below for the SDRs over the pandemic period from all causes of death and from COVID-19. See the methodology section for a 10 year time series of SDRs by state and territory.

[Download](#)

Number of deaths and standardised death rates by jurisdiction, 2020-22

	Number of deaths			SDRs		
	2020	2021	2022	2020	2021	2022
All deaths						
Australia	162,675	172,096	191,049	495.6	508.9	547.7
New South Wales	52,888	55,678	62,284	489.9	501.7	546.3
Victoria	41,032	43,072	47,557	484.9	498.3	536.2
Queensland	31,935	34,358	38,544	510.8	529.0	568.5
South Australia	13,789	14,426	15,935	510.5	519.3	556.9
Western Australia	15,082	16,093	17,422	471.1	481.6	502.7
Tasmania	4,408	4,802	5,141	534.3	562.9	584.1
Northern Territory	1,142	1,206	1,281	695.8	717.1	737.4
Australian Capital Territory	2,399	2,461	2,885	524.1	519.8	585.6
Deaths from or with COVID-19						
Australia	915	1,415	13,154	2.6	4.3	36.3
New South Wales	64	653	4,790	0.6	6.2	40.2
Victoria	813	741	3,442	9.0	8.7	37.1
Queensland	4	3	2,321	np	np	33.3
South Australia	4	4	1,044	np	np	34.4
Western Australia	11	0	931	np	—	26.1
Tasmania	17	0	335	np	—	38.0
Northern Territory	0	1	85	—	np	57.9
Australian Capital Territory	2	13	206	np	np	41.0

a. Data is provisional and subject to change.
 b. Years are calendar years, not based on ISO weeks.
 c. Deaths from COVID-19 have been coded to ICD-10 code U07.1, U07.2 or U09. Deaths with COVID-19 have an associated cause of any of ICD-10 codes U07.1, U07.2 or U09.
 d. Includes all deaths that occurred and were registered by 31 May 2023.

<https://www.abs.gov.au/articles/measuring-australias-excess-mortality-during-covid-19-pandemic-until-first-quarter-2023>

A similar spike in deaths among workers has been reported as being observed by **U.S. insurance companies**.

OneAmerica Insurance CEO: Deaths Increase 40% Among People Ages 18-64

'Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic. So 40% is just unheard of...'

By Wire Editor January 3, 2022

Possibly related to vaccination??

<https://headlineusa.com/oneamerica-insurance-ceo-deaths-increase-40-among-people-ages-18-64/>

In response to the emergence of COVID-19 the **WHO** issued **new emergency codes** to be used when coding causes of death for statistical purposes.

Pre-existing chronic conditions were reported on death certificates for 12,126 (**81.2%**) of the 14,941 deaths due to COVID-19 deaths outlined in this report.

Download

Deaths due to COVID-19 by year and month of occurrence (a)(b)(c)(d)(e)

Year of death occurrence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	0	0	23	79	12	3	145	473	146	16	8	1
2021	2	1	1	2	0	0	13	98	316	440	260	218
2022	1,641	1,031	422	713	919	873	1,394	1,112	446	249	453	938
2023	734	221	248	406	581	303	na	na	na	na	na	na

Includes COVID-19 death registrations only. Numbers will differ to disease surveillance systems.
 Includes all COVID-19 deaths (both doctor and coroner certified) that occurred and were registered by 30 June 2023.
 All deaths due to COVID-19 in this report have been coded to ICD-10 code U07.1 COVID-19, virus identified; U07.2 COVID-19, virus not identified as the underlying cause of death; or U10.9 Multisystem inflammatory syndrome associated with COVID-19.
 Data is provisional and subject to change.
 Refer to the [methodology](#) for more information regarding the data in this table.

Deaths due to COVID-19: Age and sex

- Males had a higher number of registered deaths (8,205) due to COVID-19 than females (6,736 deaths).
- The highest number of COVID-19 deaths occurred among those aged 80-89 years (5,621). For females, the age group with the highest number of COVID-19 deaths was those aged over 90 years.
- Males aged under 80 years had a higher number of deaths than females (2,925 compared with 1,651).
- The median age for those who died from COVID-19 was 85.7 years (84.0 years for males, 87.6 years for females).

<https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-30-june-2023>

ABS MORTALITY REPORTS

Causes of Death Australia released 19.10.22 – reference period 2021.

Australia recorded **significantly lower than expected mortality during the first year of the COVID-19 pandemic with death rates reaching historical lows**. Deaths decreased across many causes, but the **decrease in respiratory disease deaths was most notable**.

The roll out of COVID-19 vaccines began in February 2021.

All top five leading causes of death are non-communicable diseases (they are not passed from person to person).

The majority of deaths (92.3%) assigned as being due to the COVID-19 vaccine have open coronial cases meaning they are in scope of the ABS revisions process.

Influenza and pneumonia did not appear in the 20 leading causes of death for the first time in the ten year time series.

There were 1,122 deaths from COVID-19, ranking as the 34th leading cause of death. Pneumonia was the most common acute disease outcome and was present in 60.0% of COVID-19 deaths in 2021, compared with 31.2% of COVID-19 deaths in 2020.

There were 2 people who died from influenza, which is the lowest number of annual flu deaths on record. This compares to 55 in 2020 and 1,076 in 2019.

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021>

Provisional Mortality Statistics Reference period Jan - Dec 2022, released 31/3/23.

In 2022, there were **190,394 deaths** that occurred by 31 December and were registered by 28 February 2023, which is **25,235 (15.3%) more than the historical average**.

There were 10,095 deaths due to COVID-19 in 2022 (9,732 doctor certified and 363 coroner-referred). A further 2,901 deaths were due to other causes but had COVID-19 as a contributing factor (i.e. were deaths "with COVID-19").

For all deaths:

- In 2022, there were 190,394 deaths that occurred by 31 December and were registered by 28 February 2023. This is 25,235 deaths (15.3%) more than the baseline average.
- In December there were 15,345 deaths, 2,017 (15.1%) above the historical average.
- 13,446 of the deaths occurring in December 2022 were doctor certified and 1,899 were coroner referred.
- The age-standardised death rate (SDR) for December 2022 was 43.3 deaths per 100,000 people, above the baseline average of 40.9.

There were 190,394 deaths that occurred in 2022 and were registered by 28 February 2023. All months had a higher number of deaths compared to the preceding 3 years.

Download

Number of deaths by month of occurrence, 2019-22

	2019	2020	2021	2022
January	13,192	12,995	13,368	16,257
February	11,971	12,513	12,022	14,073
March	13,176	13,546	13,624	14,727
April	12,993	13,300	13,574	14,845
May	14,185	14,025	15,035	16,466
June	14,658	13,269	14,876	17,139
July	15,183	14,479	15,903	18,279
August	15,286	14,858	15,395	17,698
September	14,269	13,689	14,759	15,704
October	14,010	13,430	14,966	15,232
November	12,845	13,034	14,032	14,629
December	13,046	13,508	14,422	15,345

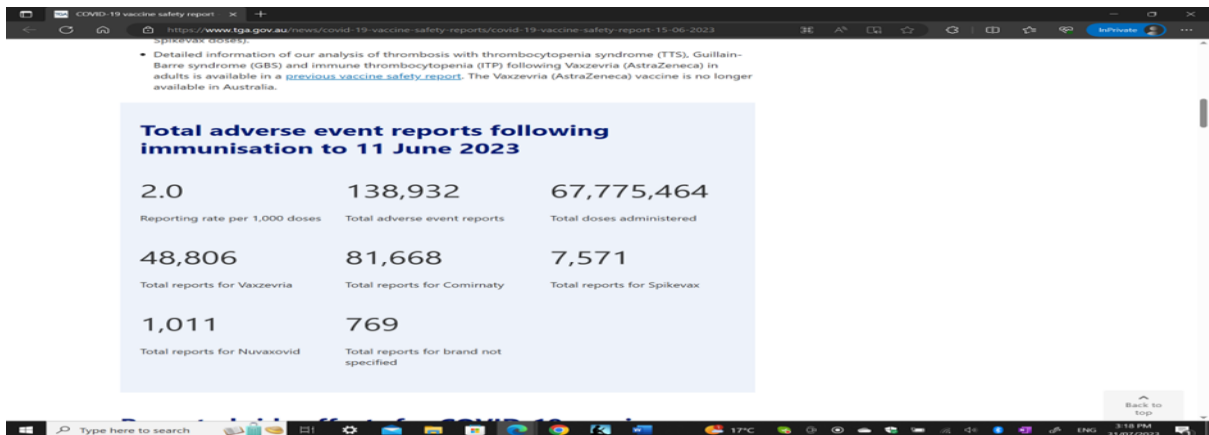
a. Doctor certified and coroner-referred deaths are included.

b. Data is by date of occurrence.

<https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-dec-2022>

Reported Adverse Events:

Total adverse events reported to TGA in Australia as at **11.6.23 138,932**:



<https://www.tga.gov.au/news/covid-19-vaccine-safety-reports/covid-19-vaccine-safety-report-15-06-2023>

It is generally acknowledged that adverse events are under-reported around the world, with estimates that 90-95% of adverse events are not reported to regulators.¹

<https://www.tga.gov.au/news/media-releases/new-web-service-helps-consumer-reporting-side-effects>

Potential for covid vaccine harm now being disclosed under U.S. court order and Freedom of Information, while governments around the world provided vaccine manufacturers with indemnity for liability for these vaccines.

<https://phmpt.org/>

https://phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf

Western Australian Vaccine Safety Surveillance – Annual Report 2021

“The increase in vaccine administration resulted in a significant increase in reports of AEFI, with WAVSS receiving 10,726 individual AEFI reports in 2021, up from 270 in 2020. Of these AEFI, 10,428 (97%) occurred after a COVID-19 vaccine.”

<https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Immunisation/Western-Australia-Vaccine-Safety-Surveillance-Annual-Report-2021.pdf>

Pfizer-Biotech Periodic Safety Update report #3

Reported by Robert F Kennedy Jnr, environmental lawyer, on his website:

Confidential EU Documents released by BioNTech to the European Medicines Agency (EMA), pursuant to Freedom of Information legislation (filed by TKP an Austrian science and politics blog. reveal that cumulatively, during the clinical trials and post-marketing period up to June 18, 2022, a total of 4,964,106 adverse events were recorded. The documents included an appendix with further details about the specifics about the identified adverse events.

<https://tkp.at/wp-content/uploads/2023/03/3.PSUR-1.pdf>

<https://childrenshealthdefense.org/defender/confidential-eu-documents-deaths-pfizer-biontech-shots/>

Can we really blame the significant rise in deaths following mass vaccination uptake on variants when methodology utilised isn't truly scientific?

In the limited time available to me to complete the Appendix to this Submission, I provide the following summary of scientific papers relied upon to inform a pandemic, which summary contents can be evaluated for yourself by reading the scientific papers themselves.

Below appears a reference source list of the **scientific papers** relied upon around the globe to assert a novel virus, SARS-Coc-2, as the cause of an asserted new disease named Covid-19.

These scientific papers, asserted as demonstrating (in vitro) isolation of a novel virus and informing a pandemic at the time, relied upon unscientific methodology, lacked controls and evidence of causality (Koch's, or even the lesser River's, postulates).

Bearing in mind that viruses are expected to exist, but not readily, if ever, found.

Lack of evidence for a novel virus referred to as SARS-CoV-2 and lack of any novel disease called Covid-19 is identifiable by:

- No proper and complete isolation of any **whole and intact virus** to which a true surrogate endpoint (in this case genetic sequences used for the PCR test) can then be matched.
- The **cytopathic effects** observed during culturing of samples, [samples taken from just a few subjects, where there was unknown, if any, controls with which to compare results], asserted as indicative of a pathogenic virus, are easily attributable to poisoning and/or deprivation of nutrients (noting that in the Australian paper referenced below they had to add Trypsin, which is harmful to kidneys, cells used for culture, to result in the CPE typically asserted as evidence of a virus). Neither are these observed cytopathic effects, which are held out as evidence of the existence of a novel virus, unique in electron microscopy.

Appearances Can Be Deceiving - Viral-like Inclusions in COVID-19 Negative Renal Biopsies by Electron Microscopy <https://kidney360.asnjournals.org/content/1/8/824>

- Selected disordered genetic fragments obtained from culturing human samples are assembled **in silico** (modelled by programmed computer software) aligned to a presupposed bat/coronavirus provide the subsequently registered genetic sequences relied upon for the PCR test, so as to confirm those sequences came from a specific virus.
- genetic sequences that are not novel, when conducting an **NIH Blast** search.

The Basic Local Alignment Search Tool (BLAST) is publicly available, allowing anyone to compare published nucleotide sequences with all those stored by the U.S. National Institutes of Health (NIH) genetic database called GenBank: <https://blast.ncbi.nlm.nih.gov/Blast.cgi>

While lacking evidence in those scientific papers as to the asserted virus SARS-Cov-2 causing a disease called Covid-19, other pertinent factors include (ascertained in reference sources and links provided previously):

- A wide array of symptoms that could be attributed to any disease.
- At least 91% of comorbidities in those asserted to have died from covid-19 prior to mass vaccination.
- Changes to statistical collection methodology, coding/prioritizing covid-19 as a cause of death.
- Attributing cases, with no illness present - testing positive didn't reflect illness.
- By ignoring the first 7- 14 days following a vaccine dose, it excludes from analysis the possibility of vaccine ineffectiveness - an equivalent explanation to that of having already contracted the virus or any other argument for excluding the 7–14-day period following a vaccine dose.
- Potential inadequate treatment administered potentially exacerbating deaths.
- Reliance upon an inappropriate test to determine disease impact and inform a pandemic, further creating circulatory arguments based upon assumption – the PCR test is not diagnostic, it amplifies genetic sequences to find them, with varying results based on cycle thresholds used. Thresholds employed above 35 are said to create false positives but were still employed.

Asserted foundational Isolation Papers:

Article Open Access Received 7 January 2020 **Published: 03 February 2020**

A new coronavirus associated with human respiratory disease in China.

Wu, F., Zhao, S., Yu, B. *et al.* *Nature* **579**, 265–269 (2020). (a single patient)

[Nature](#) volume 579, pages265–269(2020) <https://doi.org/10.1038/s41586-020-2008-3>

<https://www.nature.com/articles/s41586-020-2008-3>

supplementary materials

<https://www.nature.com/articles/s41586-020-2008-3#Sec13>

A pneumonia outbreak associated with a new coronavirus of probable bat origin.

Nature **579**, 270–273 (2020). Zhou, P., Yang, XL., Wang, XG. *et al.*

Affiliations with The University of Sydney, Sydney, New South Wales, Australia.

Received 20 January 2020 Published 3 February, 2020

<https://doi.org/10.1038/s41586-020-2012-7>

<https://www.nature.com/articles/s41586-020-2012-7>

addendum published 17 November 2020

<https://www.nature.com/articles/s41586-020-2951-z>

A Novel Coronavirus from Patients with Pneumonia in China, 2019

Na Zhu, Ph.D., et al for the China Novel Coronavirus Investigating and Research Team.

Editor's Note: This article was published on January 24, 2020, at NEJM.org. Though shows in citation as February, 20, 2020

<https://www.nejm.org/doi/full/10.1056/NEJMoa2001017>

<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2001017?articleTools=true>

supplementary material:

https://www.nejm.org/doi/suppl/10.1056/NEJMoa2001017/suppl_file/nejmoa2001017_appendix.pdf

Identification of Coronavirus Isolated from a Patient in Korea with COVID-19

[Jeong-Min Kim^a](#), et al

Received: February 13, 2020 Revised: February 18, 2020 Accepted: February 19, 2020

Original Article *Osong Public Health and Research Perspectives* 2020; 11(1): 3-7.

DOI: <https://doi.org/10.24171/j.phrp.2020.11.1.02>

<https://ophrp.org/journal/view.php?doi=10.24171/j.phrp.2020.11.1.02>

Australian paper and registered sequence:

Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with COVID-19 in Australia.

First published: 01 April 2020 <https://doi.org/10.5694/mja2.50569>

[Leon Caly¹](#), et al PMID: 32237278 PMCID: [PMC7228321](#) DOI: [10.5694/mja2.50569](#)

<https://pubmed.ncbi.nlm.nih.gov/32237278/> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7228321/>

<https://onlinelibrary.wiley.com/doi/full/10.5694/mja2.50569>

supporting information (more specific details of the actual research undertaken):

<https://onlinelibrary.wiley.com/action/downloadSupplement?doi=10.5694%2Fmja2.50569&file=mja250569-sup-0001-Supinfo.pdf>

One patient, no healthy subject as a control. There had been no sharing of any intact whole virus, so we are dependent upon China's asserted sequencing of a novel virus registered and

shared globally. Notice how they needed to **add Trypsin** (harmful to kidneys used in the cell culture) to get the CPE typically asserted as evidence of a virus.

The State of the Science

Editors of the world's most respected medical journals, **Dr. Richard Horton, Editor-in-chief of the Lancet** and **Dr. Marcia Angell, physician, and long-time Editor-in-Chief of the New England Medical Journal**, have made public statements declaring a significant amount of published research is unreliable at best, if not false, even fraudulent. **Professor Joseph Ross of Yale Medical School** is reported to hold the view that the entire evidence base has been perverted.

It appears the whole peer review process is now relied upon to maintain the status quo of science, prevent advances and anything that challenges the established view, including the exclusion of things that do not fit that view.

<http://nsnbc.me/2015/06/19/shocking-report-from-medical-insiders/>
<https://journal-neo.org/2015/06/18/shocking-report-from-medical-insiders/>
<https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2815%2960696-1.pdf>

Philanthropic power

Philanthropic power has increasing significant influence on agenda-setting and the funding priorities of international organizations, including program priorities of the World Health Organisation's (WHO), governments and global development policy. Particularly large philanthropic foundations, through the sheer size of their grant-making, networking and advocacy capabilities (*most notably the Rockefeller Foundation and the Bill & Melinda Gates Foundation*).

Philanthropic power significantly influences the setting of WHO's program priorities.

"it is not only "big business" but also "big philanthropy" that has an increasing influence in global (development) policy, particularly large philanthropic foundations...Through the sheer size of their grant-making, personal networking and active advocacy, large global foundations, most notably the Rockefeller Foundation and the Bill & Melinda Gates Foundation, have played an increasingly active role in shaping the agenda-setting and funding priorities of international organizations and governments....The findings of the study range from the foundations' application of a business model to the measurement of results, their influence on policies and agenda-setting, the fragmentation and weakening of global governance, and the lack of transparency and accountability mechanisms."

The U.S. government is the largest state member funder of WHO. The Gates Foundation is the largest non-state funder of the WHO, having donated more than \$2B in earmarked grants to the international health agency since 1998. Because the Gates Foundation grant money is earmarked for specific programs, such as vaccine purchase, delivery and promotion, the Gates Foundation significantly influences the setting of WHO's program priorities. Australia's vaccination policies have been designed from the recommendations provided by the World Health Organisation (WHO) under Global Health Policies. The WHO receives these recommendations from an advisory group called the Global Alliance for Vaccines and Immunisation (GAVI).

The **Global Alliance for Vaccines and Immunisation (GAVI)** is an advisory group that includes the World Bank, the International Monetary Fund, the Federation of Pharmaceutical Companies, the Rockefeller Foundation, the Bill and Melinda Gates Foundation and many other private-public partnerships. This group cannot provide objective science that is in the public's best interest due to its promotion of corporate interests in government policies and global economic markets. It cannot

provide objective advice about disease control because many of these private-public organisations profit from the vaccines they recommend to the WHO.

And Through the WHO's International Health Regulations (guided by the GAVI alliance) all countries, regardless of their public health needs, have been required to sign up to a set of actions that they will take if the WHO declares a 'pandemic'.

Most representatives on vaccine advisory boards have financial or other conflicts of interests (COI) with pharmaceutical companies. For instance, prior to becoming the head of Gavi in 2011, Dr. Berkley worked for the U.S. Centers for Disease Control and Prevention (CDC), Rockefeller Foundation, the Carter Center and served on the Boards of Vaxinnate Corp, Napo Pharmaceuticals and Powderjet Pharmaceuticals.

<https://www.globalpolicy.org/component/content/article/270-general/52829-philanthropic-power-and-development-who-shapes-the-agenda.html>

https://www.globalpolicy.org/images/pdfs/GPFEurope/Philanthropic_Power_online.pdf

<https://www.bloomberg.com/profile/person/2390911>

<https://www.businesswire.com/news/home/20090506005234/en/VaxInnate-Corporation-Closes-30-Million-Financing-Wellcome>]

Conflicts of Interest

To begin with there are inherent conflicts of interest in conventional medical practice from the licensure of pharmaceuticals (drug companies *undertake their own studies to present to the TGA for licensure*) to the revolving door between regulatory bodies and those employed in the pharmaceutical industry. As examples: Dr Julie Gerberding (*named woman of the year in 2018*) was Director for the Centers of Disease Control and Population (CDC) from 2002 to 2009 when Joining Merck & C Inc and becoming executive vice president for strategic communications, global public policy and population health. Also holding stock in that company.

Terry Nolan, chairman of the Australian Technical Advisory Group on Immunisation (**ATAGI**) 2005 to December 2014 declared having been a member of a CSL vaccine advisory board, receiving nominal payments as well as support for conference attendance from CSL Ltd, Novartis and GlaxoSmithKline. He was also the chief investigator of the clinical trial for CSL's Panvax influenza vaccine in 2009 while on the government's primary advisory boards for vaccination policy-decisions and deputy chairman of the National Health and Medical Research Council (**NHMRC**) that determines funding allocation for research projects. (Nolan T, McVernon J, Skeljo M, Richmond P, Wadia U, Lambert S, et al. Immunogenicity of a Monovalent 2009 Influenza Vaccine in Infants and Children: A Randomised Trial. *Jama*. 2010 Jan 6;303 (1): 37-46: Supplementary online content.)

Yours faithfully,

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