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Submission to the Senate Standing Committee on Community Affairs on the Australian Centre for Disease Control Bill 2025 and a related bill

September 26, 2025

**Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600**

Dear Committee Secretary,

We welcome the opportunity to contribute to the Community Affairs Legislation Committee's inquiry into the Australian Centre for Disease Control Bill 2025. Australians for Science and Freedom is an independent organisation committed to promoting transparency, accountability, and integrity in public health policy.

Health is produced locally, and actions that promote health are those taken locally. Therefore, the sole reasonable rationale in our view for creating an Australian CDC is to improve coordination and communication about potential health threats, including de-identified data sharing, with Australian communities, so that individuals and groups in those communities can take any actions they feel are appropriate to their circumstances. No national body should be given the power to compel actions at the local level.

While we appreciate the potential value of this proposed national body, we are concerned that the Bill, in its current form, concentrates significant powers in the office of the Director-General (DG) without adequate oversight, independent accountability, transparency, or safeguards. On top of this, the Bill points to no cost-benefit review of the creation of this new body, inviting questions about whether the ACDC will in fact promote public health on net to a degree that is justified by the cost of setting it up.

The experience of COVID-19 clearly demonstrated that unchecked power, slow review mechanisms, opaque justification of advice absent of risk/benefit analysis, and insufficient scrutiny can undermine both public health outcomes and public trust. We therefore submit that the Bill requires significant amendment to ensure that the Australian Centre for Disease Control (CDC) both strengthens the health of the Australian public and is subject to democratic accountability.

Lessons from COVID-19

The COVID-19 pandemic revealed serious governance weaknesses that must inform the design of any new public-health institution:

- Unquestioned authority: Regulators and officials exercised far-reaching powers, yet decisions were difficult to challenge. When review mechanisms were invoked, policy changes often came too late to prevent harm.
- Suppression of debate: Practitioners and citizens who raised legitimate questions about policy or science were discouraged, silenced, or penalised.
- Opaque decision-making: Key public health advice was delayed or withheld, limiting the public's ability to assess whether interventions were proportionate.
- Human rights impacts: Extended emergency powers were exercised with little oversight, producing sweeping restrictions on liberty.

To ensure the Australian CDC avoids the systemic failures seen during COVID-19 and remains fit for emerging challenges, several structural safeguards should be embedded in the Bill. These measures do not expand the CDC's powers, but ensure that its decisions are transparent, diverse in perspective, and demonstrably based on the best available evidence.

- Diversity of advice. All advisory committees must include a mix of expertise beyond bureaucrats and contracted consultants, including frontline clinicians, data analysts, civil society, and small business representatives, to prevent insular decision-making.
- Transparency of dissent. Where advice to the Director-General or Advisory Council is not unanimous, the full range of views must be recorded and published, so that concerns cannot be buried.
- Procurement and sovereignty safeguards. Exclusive vendor or international arrangements should not be entered into without parliamentary review. Contracts must include technology-transfer or local-manufacturing provisions to preserve national capacity.
- Audit of models and algorithms. Any modelling or optimisation tools used to justify restrictions, triage, or resource allocation must be independently audited for proportionality, human-centred design, and transparency.
- Clear remit. The CDC's role in environmental health should be confined to protecting Australians' health, not shaping energy or economic policy. Its focus must be on actionable, local risk forecasts and transparent adaptation measures.

The proposed Bill fails to incorporate binding checks, balances, transparency, and mechanisms to recalibrate measures if rights are being eroded or if government action strays beyond necessity.

Areas of Concern in the Bill

1. Lack of Economic Justification

The Bill provides no rationale for the creation of the Australian CDC, whereby the expected public health benefits from creating this new body are compared against the cost of its creation. Without a justification demonstrating that the expected benefits not only exceed the costs but do so to a degree commensurate with other public health investments, taxpayers cannot have confidence that this new national body is a wise investment in their health.

2. Appointment, Authority and Accountability of the Director-General

The DG is appointed solely by the Health Minister, can serve for up to five years (with renewal possible), and holds extensive powers including directing individuals to provide information, issuing emergency data declarations, and making arrangements with foreign governments or international organisations. These powers are far too broad, and are not subject to taxpayer oversight.

Without parliamentary involvement, the DG is insufficiently accountable to the legislature or the public. The absence of limits on consecutive terms opens the door to entrenchment of power.

3. International Arrangements Without Oversight

The Bill allows the CDC and DG to make arrangements with international bodies without parliamentary approval. This is indefensible in a democratic country like Australia. These powers must be subject to parliamentary scrutiny to protect national sovereignty and democratic accountability.

4. Weak Transparency Requirements

The Bill establishes a “duty to publish” advice, but exemptions are broad. For example, withholding advice is permitted if disclosure risks “social stigma.” Such grounds are unacceptably vague and undermine the intent of transparency. Moreover, allowing up to 30 days for publication reduces the timeliness and utility of advice for both policymakers and the public. Between 2020 and 2021, health orders were updated and superseded on a weekly and often daily basis, making them a moving target for transparency and accountability.

5. Emergency Powers and Data Access

The DG has wide powers to compel the provision of information and override secrecy laws. During an emergency, data sharing declarations may be issued without immediate oversight. While rapid access to data is important for local actors to be effective, data sharing must be voluntary and in de-identified format.

6. Definitions – Section 5(h): Health Effects of Climate Change

The Bill defines “public health matters” to include, at Section 5(h), “the health effects of climate change.”

This inclusion is problematic for two reasons:

- Unnecessary and duplicative: The preceding clause, Section 5(g) “environmental health,” already captures the health effects of climate change. The Department of Health itself recognises climate change as falling within environmental health: <https://www.health.gov.au/topics/environmental-health/about/climate-change>
- Risk to public trust: At a time when public confidence in health institutions is fragile, singling out climate change risks politicising the Bill. Some in the community may perceive this clause as an attempt to expand public health powers under the banner of climate policy. In legislation designed to build trust through accountability, such duplication risks undermining that very goal.

We therefore recommend that Section 5(h) be removed, leaving environmental health (5(g)) to encompass relevant climate change effects.

Principles for Reform

A. Provide a transparent, robust cost-benefit justification for the creation of an Australian CDC.

B. Strengthen Oversight and Reduce Power of the Director-General

- Require DG appointments to be confirmed by a parliamentary committee following a merit-based process.
- Limit DG tenure to two terms.
- Limit the DG to an advisory role only.

C. Ensure Genuine Transparency

- Publish all public health advice, with supporting cost-benefit justification, to the website immediately on announcement.
- No exemptions should be permitted absent an independent expedited review to determine whether genuine national security or personal safety grounds for exemption exist.

D. Make Advisory Council Appointments Fair and Inclusive

- Use a public nominations process overseen by an independent selection panel.
- Ensure diversity across expertise (community leaders, members of the community, and professionals in clinical practice, epidemiological science, Indigenous issues, social science, data science, and human rights).
- Limit council members to three-year terms, renewable once only.

E. Safeguard Data Use

- De-identify all data immediately upon receipt, reducing the risk that individual citizens' data will be used to punish or reward them for compliance with health advice.
- Guarantee timely access to de-identified data for use by external researchers without undue administrative hurdles.
- Impose penalties for unjustified reporting delays.
Require all emergency data requests to be tabled in Parliament, together with cost-benefit justification, within 7 days as a precursor to approval.

F. Limit Emergency Powers

- Sunset clauses: emergency directives should automatically expire after 30 days unless extended by Parliament, with extensions also expiring after 30 days.
- All advice must be justified by cost-benefit analysis based on actual data (not merely computer modelling output).
- Compulsory information requests should be subject to independent review (e.g., by Administrative Appeals Tribunal) and this should be performed within a designated timeframe.

Conclusion

The Australian Centre for Disease Control could strengthen Australia's response to certain types of health threats. Yet this possibility has not been supported by a cost-benefit analysis, meaning that the present Bill may not promote Australian public health. If the safe guarding of public health is not the demonstrable outcome resulting from the enacting of this Bill, then it is unjustified and in-fact dangerous because it may further entrench bureaucratic power. An example of this is the sweeping powers granted to the Director-General with inadequate checks, transparency, or safeguards, setting Australia up for a repeat of the destructive policy mistakes of the covid era.

COVID-19 taught us that unquestioned, centralised authority, slow accountability mechanisms, and lack of transparency damage both public health and trust.

Respectfully submitted,

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