



## A submission by **COVERSE** on the *Combatting Misinformation and Disinformation Bill 2024*<sup>1</sup>

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### About **COVERSE**

We are the national peak body representing Australians who have been adversely impacted by the COVID-19 vaccines. Our science-led organisation is 100% controlled and operated by COVID-19 vaccine-injured Australians and is a charity registered with the Australian Charities and Not-for-profits Commission.<sup>2</sup> Full details of our organisation and activities can be found on our website at [coverse.org.au](https://coverse.org.au).

We have no conflicts of interests and have not accepted any funds from government, medical groups, or pharmaceutical corporations.

### Summary

**COVERSE** previously made a submission to the Department of Infrastructure, Transport, Regional Development, Communications and the Arts regarding the *Exposure Draft Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2023*.<sup>3</sup>

An unredacted<sup>4</sup> copy of that document is included as part of this current submission. Rather than repeat its full content, we ask the Committee to read it as part of our submission.

The major point worth reviewing in that prior submission is that misinformation management by social media, governments and public health bodies has already proven arbitrary and harmful to Australian citizens, and has frequently not accorded with the basic principles of the scientific method, disallowing:

- Emerging science,
- Contentious yet valid science,
- Minority yet scientifically valid opinions.

Examples of government-promoted 'science' that later turned out to be incorrect (in part or whole), and where contrary, and in many respects life-saving, information has been inappropriately censored, include government-approved statements that:

- a) Adverse reactions to COVID-19 vaccinations are mild and short lived.
- b) The vaccine antigen (the "spike" protein) from the COVID-19 vaccines does not persist in the body.<sup>5</sup>
- c) Females and older males are not in the risk category for heart inflammation from the mRNA vaccines.

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<sup>1</sup> [www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Environment\\_and\\_Communications/MisandDisinfobill](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Environment_and_Communications/MisandDisinfobill)

<sup>2</sup> [www.acnc.gov.au/charity/charities/ef2b7613-c6d1-ed11-a7c7-00224893b304](https://www.acnc.gov.au/charity/charities/ef2b7613-c6d1-ed11-a7c7-00224893b304)

<sup>3</sup> [www.infrastructure.gov.au/sites/default/files/documents/acma2023-31795-coverse.pdf](https://www.infrastructure.gov.au/sites/default/files/documents/acma2023-31795-coverse.pdf)

<sup>4</sup> Ironically, the Department redacted factually accurate portions of that submission that referenced an open access peer-reviewed scientific article, prior to the Department publishing our submission on their website.

<sup>5</sup> See **COVERSE's** submission to Parliament's Inquiry into Long Covid for further detail and references. [coverse.org.au/long-covid-inquiry](https://coverse.org.au/long-covid-inquiry)

d) The COVID-19 vaccines stop transmission.<sup>6</sup>

That all of these core government messages had to be revised, highlights the extent to which vaccine safety messaging has not tracked according to robust science. In turn, the expanding scope of scientific work in this space has been and continues to grow. There are now many thousands of peer reviewed studies of COVID-19 vaccine reactions in the medical literature. The Australian media and Australian medical organisations have not instituted national standards of medical education to address these scientifically documented reactions and harms as they have emerged in patients and peer review. Our organisation has been attempting to fill this gap — educating patients and doctors on emerging science, medical news and possible treatments while constantly under threat of being deplatformed for sharing peer-reviewed literature via social media. When we share peer-reviewed studies on social media we continue to be censored and shadowbanned by algorithms.

In early September 2024, researchers at UNSW undertook an important study,<sup>7</sup> co-authored with **COVERSE**, comparing the scope of scientifically documented COVID-19 vaccine reactions in peer-reviewed literature, against the conditions able to be compensated via the Australian Government's COVID-19 Vaccine Claims Scheme.<sup>8</sup> Overall, the review found a much greater array of reactions in the literature than approved for compensation in Australia. All cases required medical intervention and/or hospitalisation and met the bar of being worth documenting in the medical literature as a case study report. Also, a higher proportion of adverse events were found for some reactions not listed on the compensation scheme (e.g. kidney and eye disease) than the conditions which are compensable. The authors wrote:

*Overall, the Vaccine Claims Scheme demonstrates how governments can perform a social safety net and accountability, while using forms and burdens (procedural tools) to not have to meaningfully deliver. In doing so, two political agendas are, arguably, protected: (a) narratives regarding vaccine safety are not disrupted, and (b) financial obligations are minimised...*

*Indeed, Minister Bill Shorten has used the low number of approved applications to argue for vaccine safety (Galloway, 2023). Here, the exclusionary nature of the scheme potentially plays an agenda management role. Agenda management is a process whereby political actors attempt to block issues transitioning from the public sphere to the institutional agenda of the government sphere, or, failing that, controlling the government sphere agenda (Dery, 2000; McConnell, 2003). To enact agenda management, political actors actively shape the definition and framing of issues to make them as innocuous as possible, seek to delegitimise individuals and organisations agitating for change or design agenda management instruments to shape the issues to be addressed (Bali and Halpin, 2021; Bromfield et al., 2024; McConnell, 2003). In our case, administrative exclusion operates to manage the public and government agenda, using discursive strategies that define and frame the vaccine policy problem and solution as minor. In turn, this marginalises critique and delegitimises advocates pointing to concerns of vaccine safety as well as failures of the Vaccine Claims Scheme. The construction of burdens also work as an agenda management instrument that administratively diminishes the overall size, and therefore political problem, for a government.*

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<sup>6</sup> For footnotes and context, see **COVERSE**'s previous submission on the Exposure Draft Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023.

<sup>7</sup> The Australian COVID-19 Vaccine Claims Scheme: A Case of Administrative Burden and Exclusion, [ssrn.com/abstract=4930889](https://ssrn.com/abstract=4930889)

<sup>8</sup> [www.health.gov.au/our-work/covid-19-vaccine-claims-scheme](https://www.health.gov.au/our-work/covid-19-vaccine-claims-scheme)

We see the Combating Misinformation and Disinformation Bill and its explicit attempt to manage the veracity, public speech and scientific truths on the COVID-19 vaccine injured — or for that matter any other group harmed by government policies — as another dimension of the strategy of agenda management highlighted in this paper. The atmosphere of anti-scientific minimisation, failed pharmacovigilance and outright censorship that has been allowed to develop in Australia because of the gagging of public debate around COVID-19 vaccine harms has had a direct effect on both our democracy and our scientific community, stifling politicians', doctors' and researchers' ability to objectively investigate and examine adverse outcomes from these vaccines, as well as structural and regulatory issues that enabled such an unprecedented scale of harm.

It is not possible to overstate how ongoing and impactful this censorship of emerging peer-reviewed scientific research and of legitimate investigative journalism on COVID-19 vaccine harms has been in limiting Australians from finding appropriate medical help, treatments and social support for injuries brought on by their commitment to public health measures.

It has also hampered Australian citizens' access to the paltry Australian COVID-19 Vaccine Claims Scheme in so far as low information access heavily impacted possible communication between doctors and patients that would have enabled earlier diagnoses.

**COVERSE** believes that the Combating Misinformation and Disinformation Bill will only perpetuate these harms to science, trust in government and informed consent.

Should Parliament continue to pursue such policies, it does so knowing that it will inevitably contribute to harms being inflicted on constituents.

### Harms caused by misinformation / disinformation policies

No matter what the government of the day considers to be misinformation/disinformation that warrants removal from social media, the companies that run these social media platforms will expand the reach of their censorship efforts via the use of broad and indiscriminate automated algorithms so that:

- a) they can amply demonstrate that they are making reasonable efforts to comply with industry frameworks and government legislation,
- b) this will be cheaper and easier for them to implement rather than having a human (who has contextual and critical thinking skills, if not appropriate advanced scientific medical training) to scrutinise every piece of content,
- c) options for genuine recourse by users will be limited, or non-existent, as doing so requires further investment of resources, and
- d) this broad net approach will certainly capture much factual and truthful content, and the censorship of this content will cause real harms.

How can we know this?

Because this is precisely how so-called fact-checking algorithms have proven to operate so far, with ongoing impacts for constituents.

Over the last four and a half years, censorship carried out by the media, educational institutions, social media companies and other digital platforms in response to government COVID-19 policies has already caused extreme and ongoing harm to COVID-19 vaccine-injured Australians as they attempt to obtain proper medical information and care, treatment, peer support and compensation.

The current bill explicitly aims to codify this discrimination and censorship further, having defined serious harms to include “harm to public health in Australia, including to the efficacy of preventative health measures in Australia” (we note that removing this wording from the bill will not materially alter the very real risks of harms to people like us, hence our objection is to the entire bill).

Again, irrespective of what the government of the day’s view is of this wording, it is clear that stories of vaccine injury and other adverse effects of public health policy may be deemed by those in power to be detrimental to public health efforts (such as vaccination programs and pandemic measures), and are therefore to be deemed misinformation or disinformation and targeted for removal from social media.

The increase, and normalisation, of these powers will not protect COVID-19 vaccine-injured Australians from harm, as the bill is intended. It will instead increase our vulnerability and harm our health, which is a direct contradiction to the purpose of the bill.

## Recommendations

As stated, our organisation has been founded by vaccine-injured Australians. Within the current framework of government and social media control, and tightly defined parameters regarding COVID-19 vaccine information, our community has been largely abandoned, and the organisations that claim to be addressing misinformation have actively targeted our community in ways that have resulted in real and devastating harms. For many in our community dealing with 3½ years of medical and political abandonment, unprecedented debts, and new unrecognised disabilities, social media platforms have been their only form of community and mental health support.

If this overall situation, which has caused and is still causing harms to Australians, can occur within the current legislative and industry frameworks, surely this is a red flag that further tightening of this legislative environment is only going to create more innocent and unintended victims, not only on this issue but on any issue that authorities and consensus groups determine they don’t want to be discussed in public.

**It is our recommendation that all efforts (including this bill) that serve to censor or hide unpopular facts or opinions, or personal or professional views critical of government policy including but not limited to public health policy and programs, be abandoned.**



COVERSE  
1 August 2023

The Hon Michelle Rowland MP  
Minister for Communications  
Canberra

**RE: COVERSE submission on the Exposure Draft Communications Legislation Amendment  
(Combatting Misinformation and Disinformation) Bill 2023<sup>1</sup>**

Dear Minister,

We are the national peak body representing Australians who have been adversely impacted by COVID-19 vaccines.<sup>2</sup> We are 100% controlled and operated by pro-vaccine COVID-19 vaccine-injured Australians, and are a charity registered with the Australian Charities and Not-for-profits Commission.<sup>3</sup>

Within the context of the proposed new legislation *Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2023*, we draw your attention to the significant harms that existing government and corporate misinformation policies have had, and continue to have, on the many thousands of Australians who have been seriously injured as a result of their COVID-19 vaccinations.

In this submission we will detail these harms - harms that real people have experienced as a direct result of these suppression efforts - the types of harms that the new bill explicitly states that it seeks to mitigate but will only serve to further inflict onto Australian citizens.

For details about the overall situation being faced by COVID-19 vaccine-injured Australians see our submission (attached) to Parliament's *Inquiry into Long Covid and Repeated Covid Infections*.<sup>4</sup>

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<sup>1</sup> [www.infrastructure.gov.au/have-your-say/new-acma-powers-combat-misinformation-and-disinformation](http://www.infrastructure.gov.au/have-your-say/new-acma-powers-combat-misinformation-and-disinformation)

<sup>2</sup> [coverse.org.au](http://coverse.org.au)

<sup>3</sup> [www.acnc.gov.au/charity/charities/ef2b7613-c6d1-ed11-a7c7-00224893b304](http://www.acnc.gov.au/charity/charities/ef2b7613-c6d1-ed11-a7c7-00224893b304)

<sup>4</sup> "Vaccines, Long Vaccine Syndrome, and Long Covid", submission by COVERSE to the Australian Parliament *Inquiry into Long Covid and Repeated Covid Infections*, [coverse.org.au/long-covid-inquiry](http://coverse.org.au/long-covid-inquiry)

## Dispelling myths

Before we detail specific harms that have been inflicted upon the community of vaccine-injured Australians, it may be helpful to dispel a number of myths around vaccine harms that many experts, officials, governments and social media organisations have perpetuated.

### ***Myth #1: Serious adverse events are rare, mild and short lived***

Despite strong Government messaging that serious adverse reactions to COVID-19 vaccinations are mild and short lived, many of our injured community have been suffering severe, debilitating symptoms for over 18 months, often without clear diagnoses. Data collected from our injured members shows that the average amount of time to notice *any* improvement in symptom severity is more than 6 months.

An important study that sought to analyse the combined clinical trial data for both Pfizer and Moderna's mRNA COVID-19 vaccines indicated that the overall rate of serious adverse events may be alarmingly high, at 1 per 800 people.<sup>5</sup> This study collected all serious adverse events, and compared this collection with the overall rate of serious events in the background population.

Both pharmaceutical corporations and government drug regulators never present data in this way. They only consider the rate of individual health conditions. In most instances, this rate is quite low, and often the numbers are so low as to be deemed statistically insignificant, and therefore they claim that there is no increased risk of these individual adverse outcomes.

However, when a lot of serious, but rare, adverse events are added up and compared with the overall background rate, the picture that emerges may be quite different from what official sources convey.<sup>6</sup>

In addition to this, a recent research letter from Hong Kong demonstrates that of the cases of young males who had experienced myocarditis as a result of their mRNA vaccinations, a significant proportion continued to demonstrate cardiac issues at a 1 year follow-up.<sup>7</sup> This study's findings are very much in line with what we are witnessing within patient support groups - that patients continue to experience health challenges, with very few indicating that they have returned to full health.

### ***Myth #2: Myocarditis and pericarditis are very rare, and appear primarily in young males***

Throughout the vaccine rollout the persistent messaging from both Government and media was that the serious cardiac conditions of myocarditis and pericarditis were a very rare risk, primarily in young men. This messaging led many in the medical community to blatantly disregard women presenting with cardiac symptoms post their COVID-19 vaccination.

We have many reported examples where middle-aged women were told they had anxiety and were advised to seek psychological evaluation and assistance. After months of cardiac injury presentations these women were eventually identified as having post-vaccination myocarditis or

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<sup>5</sup> Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults. *Vaccine*, 8 September 2022. doi:10.1016/j.vaccine.2022.08.036

<sup>6</sup> Review of Relevant Literature Regarding Adverse Events Associated with Vaccines (Meeting 2). *US National Academies of Science, Engineering and Medicine*, 30 March 2023. [www.nationalacademies.org/event/03-27-2023/review-of-relevant-literature-regarding-adverse-events-associated-with-vaccines-meeting-2](http://www.nationalacademies.org/event/03-27-2023/review-of-relevant-literature-regarding-adverse-events-associated-with-vaccines-meeting-2)

<sup>7</sup> Cardiovascular Assessment up to One Year After COVID-19 Vaccine-Associated Myocarditis. *Circulation*, 2023, 148(5), pp 436-439. doi:10.1161/CIRCULATIONAHA.123.064772

pericarditis, and this delay in treatment has caused further damage. Additionally, our community data indicates that more than 55% of those diagnosed with pericarditis and over 50% of those diagnosed with myocarditis are female, demonstrating that for many Australian women the Government and media messaging was both misleading and negligent.

This patient experience is reflected in a recent study from Switzerland that found that myocardial injuries (including myocarditis) may actually be occurring at an alarmingly higher rate than previously disclosed, and that women appear to make up a significant (if not the majority) of these cases.<sup>8</sup>

### ***Myth #3: Coincidence is not causality***

One of the first go-to rebuttals towards someone who declares they have been injured by a COVID-19 vaccine is the condescending phrase “coincidence is not causality”. This is in reference to the fact that in cases of vaccine injuries, direct evidence of the harm being caused by the vaccine is only rarely available, and that in some instances an individual’s health event would have occurred regardless of their vaccination.

However, what such a comment fails to recognize is that in drug safety examinations, coincidence is the first sign that an individual has experienced a health event caused by their vaccination, and warrants further investigation. In many cases, not only does the patient consult a number of physicians and specialists, but no other plausible explanation can be found. In such cases, coincidence is indeed a very strong indicator of harm caused by vaccination.

Nevertheless, the phrase “coincidence is not causality” has been so widely propagated - by public health officials, ministers, and the media - that many medical professionals succumb to this paradigm, and their very first response is that “the vaccine can’t cause that”, rather than “this concerning coincidence must be explored”.

Sadly, in too many instances social media used this paradigm (coincidence is not causality) to deem many claims of vaccine injury as misinformation without any efforts to ascertain any facts.

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<sup>8</sup> Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1273 Booster Vaccination. *European Journal of Heart Failure*, 20 July 2023. doi:10.1002/ejhf.2978

## Targeting of unpopular facts and personal truths have serious consequences

Our organisation is fully aware that misinformation and disinformation, broadly speaking, and in very particular instances, can have negative consequences for the community and for individuals, and therefore we do understand efforts that attempt to minimise the potential for these harms and the well-meaning sentiments with which this legislation has been written.

However, we are also too well aware, through the experiences of the majority of COVID-19 vaccine-injured Australians, that the current practices of censorship are quite literally disabling, indebting and abandoning our fellow Australians.

Over the last three years, censorship carried out by the media, educational institutions, social media and digital platforms in response to government COVID-19 policies have already caused extreme and ongoing harm to COVID-19 vaccine-injured Australians as they attempt to obtain proper medical information and care, treatment, peer support and compensation,.

Due to the censorship of emerging peer-reviewed scientific research and legitimate investigative journalism on COVID-19 vaccine harms, our community has been prevented from finding medical help and treatment. Furthermore, false claims provided by the Government (for example that our serious reactions are 'self-limiting') have hindered proactive action by treating physicians, and have been therefore damaging to our health and to public health.

Perhaps most alarmingly, in the context of receiving such limited assistance from the Australian government and medical establishments, is that most of us have even been prevented from sharing our personal stories, and from gaining mental and peer support from social networks, because of social media censorship, again under the spurious claim that our personal stories are misinformation that would be damaging to public health.

The increase of, and normalisation of these powers, and the provision of additional reserve powers, will not protect vaccine-injured Australians from harm, as the bill is intended. It will instead increase our vulnerability and harm our health, which is in direct contradiction to the purpose of the bill.

## Arbitrary and harmful definitions of misinformation

During the COVID-19 pandemic, social media companies have purposefully designed their community standards to reflect official government positions.

These standards deferred to mere declarations from government and public health agencies, and did not reflect on the scientific method, disallowing:

- Emerging science
- Contentious yet valid science
- Minority yet scientifically valid opinions.

This approach has classed many important scientific facts and opinions as misinformation and harmful to the community - a significant volume of which has subsequently become the consensus view or at least validated as reasonable. For example, claims that the antigen (the "spike" protein) from the COVID-19 vaccines may persist in the body were deemed to be misinformation. However, a number of scientific studies have reported the presence of this antigen within patients up to 6



months after their vaccinations, and even the Centres of Disease Control (CDC) in the USA quietly removed its guidance that claimed that this antigen is only short-lived in the human body.<sup>9</sup>

These community standards were further weaponised by the Australian Government (and other governments around the world), who flagged content to social media providers that they preferred not be allowed to circulate. Whilst some of this content was of an extreme nature (e.g. advocating criminal behaviour), some of this content was factually correct or was later shown to be factually correct (for example, that the COVID-19 vaccines did not prevent transmission or infection).<sup>10</sup>

Of particular concern to our organisation and community is the censoring of scientific and medical information surrounding the COVID-19 vaccines, COVID-19 vaccine harms, and stories related to these issues.

There are many aspects of the censorship of information around COVID-19 vaccines, and amplification of Government approved messaging, that have created harm to large numbers of Australians (below we articulate specific situations that many members of our community have experienced, and the harms these have created).

What is extraordinary about these harms is that despite the best intentions (assuming that indeed it has been “best intentions” at play) of governments and social media corporations, their very actions targeting misinformation have directly led to substantial harm. This situation is a demonstration that even with all of the best intentions in the world, there will invariably be innocent citizens who suffer significant harm as a result of these actions.

In short, definitions of misinformation, no matter how well they may be formulated, will never be able to avoid serious collateral damage to the community. And neither governments nor private sector actors (such as social media companies) have demonstrated that they can be trusted to avoid these collateral damages or be subject to any consequences for causing these harms.<sup>11</sup> Worse still, as is demonstrated by our situation, these harms were inflicted upon people who were already suffering serious health consequences caused by their willingness to support the Government program of COVID-19 vaccination.

## Censorship of information about potential COVID-19 vaccine harms

Since Australia’s vaccine rollout was somewhat delayed compared to other major western countries, we might expect that information about the experiences in those countries, particularly in relation to vaccine harms, might form part of Australia’s information campaign.

Sadly, Government efforts to minimise such information, and social media’s obedience to oblige this, meant that information that was shared regarding negative experiences of overseas rollout campaigns was highly censored in Australia.

Relevant information about potential serious side-effects, diagnostics, and treatments were all deliberately withheld from the general Australian public by not allowing private citizens to share this information on social media.

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<sup>9</sup> See **COVERSE**’s submission to Parliament’s Inquiry into Long Covid for further detail and references. [coverse.org.au/long-covid-inquiry](https://coverse.org.au/long-covid-inquiry)

<sup>10</sup> Chris Kenny, *Banned Covid posts ‘totally factual’*. The Australian, 22 July 2023. [www.theaustralian.com.au/nation/many-censored-social-media-posts-did-not-contain-covid19-misinformation/news-story/c47a8217ffada2cf576475aef3c12c63](https://www.theaustralian.com.au/nation/many-censored-social-media-posts-did-not-contain-covid19-misinformation/news-story/c47a8217ffada2cf576475aef3c12c63)

<sup>11</sup> See the “Twitter Files”, “Facebook Files”, and various freedom of information revelations that demonstrated how governments (including the Australian Government) colluded with social media organisations, bypassing any sort of due process, to censor what ultimately turned out to be factual content.

Australians who experienced serious vaccine side effects found themselves in an information vacuum, with only sparse information able to be accessed on potential side-effects and treatments.

The provision of the COVID-19 Vaccine Claims Scheme demonstrates the Government's acknowledgement of at least a small fraction of the serious and long-term adverse consequences of COVID-19 vaccinations.<sup>12</sup> However, it also appears that this scheme has been deliberately designed to allow for further minimisation of the broader harms caused by these vaccine products, as the majority of vaccine-injured Australians do not currently qualify.

## Uninformed medical staff

When medical treatment was sought, in many cases medical staff had no access to meaningful guidelines about the reactions being caused by the COVID-19 vaccines and were unaware of how to identify symptoms as a COVID-19 vaccine injury, due to the censorship of any public discussion of COVID-19 vaccine adverse reactions.

In some rare situations where they were able to recognise reactions as serious issues, however they often did not know how to effectively treat these issues due to a lack of information accessible to them.

To be clear, protocols for the treatment of COVID-19 vaccine injuries were being developed by doctors and researchers around the world at this time. However, they were not being developed in Australia (and there are still no public, national, accessible guidelines for GPs or patients about how to identify or treat many COVID-19 vaccine reaction outcomes).

Sadly, early treatment could have enabled many vaccine-injured Australians to recover more quickly, reducing the long-term harms to the community. Censorship of important cutting-edge information got in the way of this.

This situation was compounded by actions from the Australian Health Practitioner Regulation Agency (Ahpra), which issued a threat to all medical practitioners:

“Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.”

- Ahpra position statement, 9 March 2021

Sadly, what constitutes “best available scientific evidence” is a highly contentious point, and both social media as well as public health actors defined this as scientific positions communicated by government agencies. No other valid and well-supported views were allowed to exist on social media.

And, more importantly, the phrase “seeks to actively undermine the national immunisation campaign” was a clear signal to all Australian doctors to not only refrain from expressing any valid concerns or hesitations about the COVID-19 vaccines, but also to not actively investigate or report suspected patient harms due to these vaccines nor to engage in a balanced and informed discussion with patients on the potential risks and benefits of these products. This understanding of Ahpra's phrasing is often expressed to us (the vaccine-injured) by our treating physicians, and

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<sup>12</sup> [www.servicesaustralia.gov.au/covid-19-vaccine-claims-scheme](http://www.servicesaustralia.gov.au/covid-19-vaccine-claims-scheme)

therefore represents a gross over-reach on the part of the Australian Government to silence doctors, particularly those who have evidence of vaccine harms right in front of them.

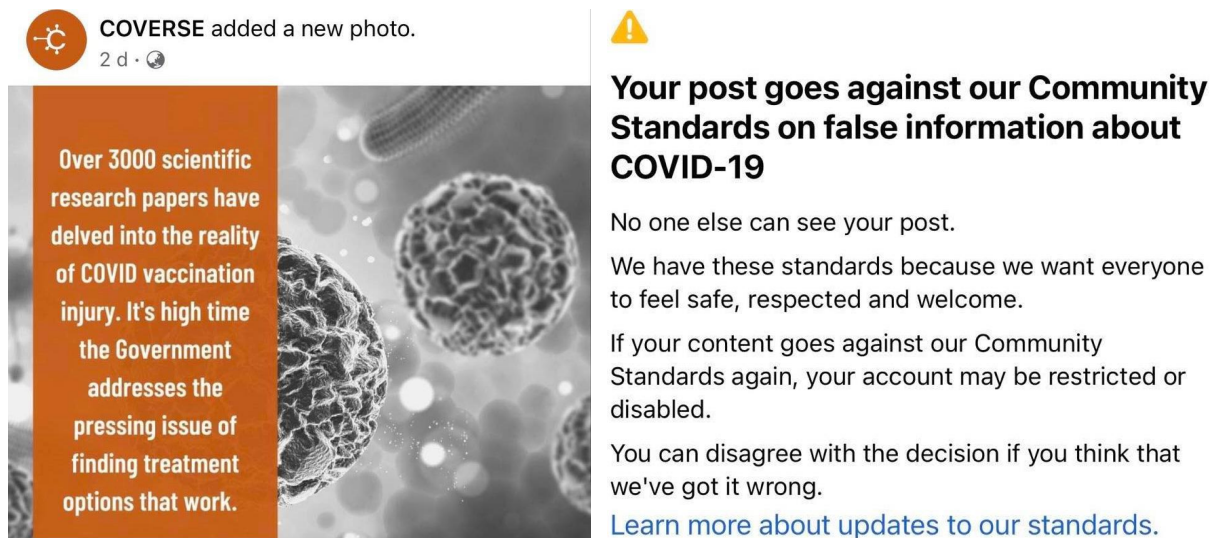
State and federal agencies acted swiftly and brutally to silence any medical practitioner who expressed valid concerns about the COVID-19 vaccines, or who actively supported vaccine-injured patients through such actions as providing vaccine exemption certificates, attempting to treat their complex and perplexing medical conditions with off-label therapeutics, and dared to communicate any of this with peers or others. While public ridicule and derision of these professionals was allowed to circulate on social media, their valid and well-supported medical opinions were not.

## Lack of government funded medical research

Trying to find treatment protocols that are based on research coming out of Australia is impossible because Government funded institutions will not conduct research into vaccine injury for fear of losing credibility (and funding) by being labelled as misinformation. The atmosphere of censorship that has been allowed to develop in Australia because of the gagging of public debate around anything to do with COVID-19 vaccine harms has had a direct effect on our scientific community, stifling their ability to objectively investigate and examine adverse outcomes from COVID-19 vaccines.

While there are some research efforts happening overseas, anybody who tries to share this information on social media faces having their posts censored as misinformation.

For example, in July 2023 we posted an image on social media containing the following text: "Over 3000 scientific research papers have delved into the reality of COVID vaccination injury. It's high time the Government addresses the pressing issue of finding treatment options that work."



The image shows a screenshot of a social media post and its subsequent restriction. On the left, a user profile for 'COVERSE' is shown with a bio icon and the text 'COVERSE added a new photo. 2 d · 🌐'. Below this is a post image with an orange vertical bar on the left containing the text: 'Over 3000 scientific research papers have delved into the reality of COVID vaccination injury. It's high time the Government addresses the pressing issue of finding treatment options that work.' The background of the image shows a microscopic view of cells. To the right of the image is a yellow warning triangle icon. Below the icon is the text: 'Your post goes against our Community Standards on false information about COVID-19'. Further down, it says: 'No one else can see your post. We have these standards because we want everyone to feel safe, respected and welcome. If your content goes against our Community Standards again, your account may be restricted or disabled. You can disagree with the decision if you think that we've got it wrong. [Learn more about updates to our standards.](#)'

This was flagged as misinformation by one of the major social media platforms, apparently contravening its community standards on COVID-19 information. The company provided us with no opportunity for recourse, and no opportunity to have the post reviewed by a real person. It was simply censored, and a strike was placed against our account.

This sadly demonstrates that even the sharing of information about the existence of certain science, without making any reference to the assertions made in those studies, is being deemed misinformation.

This censorship of relevant peer-reviewed scientific information has caused further harms to many vaccine-injured Australians. Faced with, many times, apathetic medical practitioners, many patients have independently sought to find robust scientific information by themselves, only to discover that much discussion of such information has been censored on the very platforms that are familiar to them for finding helpful content, including social media and search engines. While studies do exist, and oftentimes contain descriptions of potential treatments, the deliberate actions of governments and social media corporations to limit the visibility of this information has caused direct harm to Australians by curtailing their ability to find medical and scientific answers and treatments.

## Deplatforming of individuals and support groups

Many citizens who have experienced serious vaccine reactions have attempted to speak out about their conditions to both inform their family and friends about their situation and to publicly highlight the appalling situation that many find themselves in and advocate for better awareness and support.

The mere act of doing this - which is normal and acceptable for patients who experience any other crippling medical condition - has attracted significant government and social media scrutiny. If these patients' accounts are not subsequently cancelled, their posts are at the very least censored or shadow-banned (the practice of reducing the visibility of their content to other users).

In March 2023, **COVERSE** put together a series of short videos for International Women's Day, which, in their own words, highlighted the struggles being faced by vaccine-injured Australian women.<sup>13</sup> On one of the major social media video platforms all but one of these videos was removed for violating "Community Guidelines" despite these videos conveying real stories and real experiences.



Many vaccine-injured citizens have had their social media accounts completely cancelled, with social media companies citing breaches of nebulous "community guidelines", "contradicting public health advice", or "presenting a harm to the public" - despite these citizens doing little more than telling their own stories and sharing relevant information as it relates to their situation, again behaviour that is acceptable for those suffering from illnesses like cancer .

The cancelling of accounts in this manner - a practice known as "deplatforming" as it denies the user further access to the social media platform - inflicts further harm to these already injured individuals as it cuts off an important avenue of social support and community connection.

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<sup>13</sup> [coverse.org.au/believeus](https://coverse.org.au/believeus)

This practice of silencing vaccine injured citizens also extends to organised online support groups. Vaccine injured users have sought to create safe spaces to discuss their injuries and to support one-another. This is a common practice amongst groups of people suffering from other medical conditions, and social media support groups abound for conditions such as allergies, cancer, heart disease, diabetes, dementia, etc. However, social media companies (often at the behest of governments) have actively sought out and removed support groups for vaccine-injured users.

As often their only connection to a compassionate and understanding group who are struggling with the same condition, this obscene act on the part of social media companies destroyed what little hope many of these people had left, and through our community networks we are aware that in a number of instances this has contributed significantly to individuals' decisions to take their own lives.

As far as we are aware, there are no other health conditions where users and their support groups are being deplatformed in these ways, nor would it be acceptable.

As a result, the culture around many vaccine injury support groups has evolved to use code words to describe their situation, in an attempt to evade deplatforming by social media companies. This was disgracefully highlighted by the BBC in September 2022, who also stooped to incorrectly labelling these groups as anti-vax groups.<sup>14</sup>

All of this has also made it significantly harder for patients to find appropriate online support, as (particularly during the first two years of the vaccine rollout) groups were routinely removed by social media companies, and those that remained used obscure language in order to protect their communities from this censorship.

## Government misinformation

Since critical public discussion of the COVID-19 vaccines was censored, and only the official "safe & effective" messaging was allowed to be shared online, known and potential risks of these vaccines were suppressed, even though many serious reactions were identified long before governments officially recognised them.

Still today, there are many adverse reactions that have been documented in peer-review literature, and widely acknowledged by clinicians as being linked to the COVID-19 vaccines, however the Government has not relayed these potential adverse reactions to the Australian public. This includes conditions such as deafness, blindness, dysautonomia, small fibre neuropathy (SFN), chronic inflammatory demyelinating polyneuropathy (CIDP), tinnitus, chronic headaches/migraines, and others.<sup>15</sup>

This environment led many citizens to believe that the vaccines would be safe for them, and that they would be well looked after if something adverse happened. This has turned out to not be the case. The Government and social media actors are still perpetuating actual misinformation about the real risks associated with these vaccines, which is directly leading to more Australians becoming seriously injured by them.

Censorship of all messaging other than official Government claims of vaccine safety is directly responsible for many people's decision to get vaccinated. In the past, patients were able to have a

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<sup>14</sup> "Anti-vax groups use carrot emojis to hide Facebook posts". BBC News, 16 September 2022, [www.bbc.com/news/technology-62877597](http://www.bbc.com/news/technology-62877597)

<sup>15</sup> A larger number of peer-reviewed scientific studies and case reports can be found online at [covid.crosstx.com](http://covid.crosstx.com)

measured conversation with their doctors in order to help inform their decision on whether to get vaccinated or not. However, the censoring of all non-Government information, along with threats against doctors by government regulators (as detailed above), has circumvented this important doctor-patient dialogue, and has caused significant harm in too many instances. The Government and social media organisations must take responsibility for this harm, and any and all efforts that have the effect to maintain this environment will only ensure that more Australians will be harmed as a direct result of this official misinformation.

## Conclusion & recommendations

As stated, our organisation has been founded by pro-vaccine vaccine-injured Australians. Within the current framework of government and social media controlled and tightly defined parameters regarding COVID-19 vaccine information, our community has been largely abandoned, and the organisations that claim to be addressing misinformation have targeted our community in ways that have resulted in real and devastating harms.

If this overall situation, that has caused and is still causing harms to many Australians, can occur within the current legislative and industry frameworks, surely this is a red flag that further tightening of this legislative environment is only going to create more innocent and unintended victims, not only on this issue but on any issue that authorities and consensus groups determine they don't want discussed in public.

**It is our recommendation that all efforts (including this bill) that serve to censor or hide unpopular views, regardless of perceived basis in fact or consensus positions, be abandoned.**