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Reasons to oppose the current proposed legislation for a new CDC

Objections to the International arrangements bypassing treaty review

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Explanation / Risk
As per your list, delegating to the Director-General the power to enter arrangements (with foreign governments or international bodies) that are not formal treaties avoids the normal parliamentary oversight or Senate scrutiny. This may allow external standards or obligations (e.g. from WHO or other health bodies) to effectively become binding without democratic consent

Emergency authorisations that override other laws
In a declared "severe or unforeseen public health event," the legislation allows the Director-General to authorize collection, use, and disclosure of "relevant information" regardless of other laws (including privacy, secrecy, or data protection statutes). This creates a "trump card" that subsumes other protections precisely when they may be most needed

Relocation of IHR National Focal Point powers
Moving the International Health Regulations (IHR) national focal point functions into the CDC embeds WHO timelines, reporting obligations, and surveillance processes into the new body. This reduces ministerial or parliamentary gatekeeping and could force Australia into rapid responses or disclosures.

Mission creep beyond communicable disease
The scope of "public health matters" is broad, covering environmental health, climate health effects, etc. Combined with emergency overrides, this could pull non-health domains (e.g. environmental regulation, land use, industrial policy) into CDC control or influence.

Transparency carve-outs and secrecy clauses

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Though the Bill requires publishing advice and evidence by default, broad "exempt material" categories, plus FOI exemptions in the consequential Bill, may shield critical decisions from public or parliamentary scrutiny.

Compulsion, penalties, and private/foreign recipients

The Director-General may compel information with civil penalties, and designate non-government or foreign entities as recipients under instruments. This opens the possibility that sensitive Australian data is distributed beyond public law safeguards.

Centralising discretion in an unelected official & lack of ex ante oversight

Many of the most sovereignty-sensitive powers rest in the hands of the Director-General, with limited ex ante parliamentary checks. Reliance on ex post transparency is weak when the decisions may already have irreversible effects

Risks of politicisation and capture

Even if designed as an independent body, in practice such institutions are subject to political pressure, lobbying, influence from external actors (philanthropic, global health donors, universities, etc.). Without strong safeguards, CDC decisions might reflect political or donor priorities rather than public interest.

Duplication, inefficiency, and bureaucratic bloat

Establishing a new "tier" of bureaucracy can lead to overlap with existing agencies (state health departments, national health agencies, research institutes). Resources may be diverted from front-line public health.

Liability, redress, and errors

Decisions in emergencies using incomplete information may cause harm (e.g. misallocation, forced data sharing). The Bill lacks clear redress mechanisms for individuals or states harmed by defective CDC decisions or overreach

Constitutional risk and scope under federalism

Health is primarily a state/territory responsibility in Australia's constitutional and federal framework. The Bill risks constitutional challenge (e.g. overreach of Commonwealth power) or tension/conflict with state health laws.

Data security, cyber risk, and concentration of sensitive infrastructure

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Centralising vast health / biosecurity data in one agency makes it an attractive target for cyberattack, espionage, or internal misuse. The Bill does not appear to require independent security audits, compartmentalization, or oversight.

Mission overload / resource dilution

The CDC may be expected to "solve" many problems (communicable disease, climate health, environmental health, chronic disease surveillance). With limited staffing and budget, the breadth may weaken core function.