I worked in a large public hospital prior to and during the initial 'COVID outbreak', the lockdown stages, and the rollout of the COVID injections. After two years of being forced to remain absent from my workplace, I had my employment terminated last month on the grounds of serious misconduct.

Serious misconduct.

For not wanting a medical procedure.

As a woman in remission for breast cancer, I had valid reasons for not wanting to compromise my immune system with the COVID injection. I went to my doctor in an attempt to receive informed consent: he told me he was unable to discuss the adverse events with me. The pressure applied by AHPRA on our doctors to stay silent about what they were seeing, must be investigated.

In my role, I had access to the Emergency Department presentations. It was clear when the injections were first rolled out that many people were suffering serious adverse events: these were routinely documented. Within a month or two, any reference to any patients' recent injection status was removed. This could only have occurred as a directive from management. Why was this done? Why was transparency removed? This must be investigated.

I have a number of friends and relatives who required heart investigations within 24 hours of having a COVID injection. Each one of them was told the injection was not the cause, when it was **obvious** it was. This culture of lying to patients must be investigated.

Within the hospital, many, many staff were still contracting 'COVID' despite having received the recommended injections and boosters. Despite this clear indicator the injections were not working, they were – and still are – mandated. Why? This must be investigated.

One of the training modules in South Australian public health is 'Speaking up for Safety' where we are told we *must* speak up if we see a potential safety risk: it is our duty to do so, and we would not be honouring our contract, and the public sector's *Code of Ethics*, if we didn't. It is ironic that when so many staff did speak up about the unsafe injection, they were silenced and/or forced to remain away from their workplace when opting not to have the (proven) unsafe course of injections. Ignoring the concern of medical staff – staff who were seeing firsthand numerous adverse events that presented regularly and on a daily basis – must be investigated.

Was there even a pandemic? Had the seasonal flu been publicised, magnified, and treated in the same way 'COVID' was, would we have seen the similar case numbers and outcomes? Where doctors were told to note COVID on patients' charts if they simply showed a positive test result, where 'dying with COVID' was counted as a COVID death, where a PCR test that wasn't fit for purpose found many, many false positives, one could argue there was simply no pandemic. And numerous medical and scientific experts have argued just that. This must be investigated.

There has been a significant increase in excess deaths in Australia, and in other heavily COVID-injected countries. These excess deaths only began occurring once the injections were rolled out. Yet there seems to have been very little regard for accurate record-keeping of the injection status of those who died, and the relevance of the time of death. This must be investigated.

The rollout of the COVID injection was a clinical trial, the largest we have ever seen according to then-Health Minister, Greg Hunt. People should have had the option *not* to participate, as is the case with all clinical trials. Instead, Australians we were put in the position of risking the loss of their job, their career, their home, family relationships, friendships, and their sense of security and safety. Australians who refused the injection were made to feel like second-class citizens, potential murderers, selfish, stupid. No one should ever be coerced or manipulated into having any medical procedure, as is stated in the Australian Immunisation Handbook. Why were immunisation providers allowed to ignore this human right? Why were basic human rights to bodily autonomy overlooked by so many? This must be investigated.

It is very important that this inquiry investigates the following:

- corrupt vaccine procurement and secret contracts there should be full transparency
- mask mandates the outdated research that was used to justify mask-wearing; current research that shows mask-wearing is largely ineffective as well as being dangerous to health
- lock downs reasons we were locked down when this goes against previous pandemic planning
- PCR tests that were purposely cycled at high rates, knowing the outcome would show more COVID cases
- vaccine mandates how these gene therapies were largely and widely mandated when it
 was clear from the outset they do not stop transmission, do not stop someone from catching
 coronavirus, and do not stop hospitalisation
- official misinformation and lies in the media regarding the ability of vaccines to block transmission; the 'safe and effective' mantra that was a clear lie
- vaccine injuries the adverse event ration is huge
- media censorship
- silencing of doctors trust in doctors is at an all-time low
- the role of AHPRA and ATAGI in censorship and oppression of doctors this must never happen again
- the poor treatment of victims the gaslighting.

The COVID inquiry must be a full, well-intentioned, and objective inquiry. It must not be undertaken with any agenda or desired outcome. It must expose the many shortcomings that have clearly occurred.

The outcome must not be used as a tool to further remove our bodily autonomy or human rights: it must serve to strengthen them.

It is unconscionable that our government sold out our health, trust, autonomy, and safety to the pharmaceutical companies. Evidence is growing rapidly to show our government knew these products were unsafe and ineffective.

It is time the government admitted it got many (most?) important aspects wrong.

As with the recent Thalidomide apology (which pales in comparison to the COVID response), it is time to say sorry to Australians for the largest medical