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Dear Sir or Madam,

I am writing this letter as a submission to the Commonwealth Government COVID-19 Response Inquiry. It consists basically of a call for a determined scientific/medical effort to understand certain consequences of this response. This would require actions at state and local government and individual practitioner levels, and so this probably doesn't quite fit the terms of reference of your inquiry. I will make it anyway, and hope it deserves your attention.

When the AIDS epidemic broke out in the 1980's a whole new area of medicine opened up. New diseases and causes of death, not seen before – or previously very rarely encountered – became common, and a great deal of effort was made to understand this phenomenon and to look for ways to treat and overcome these problems. I believe the outbreak of Covid-19 and the measures adopted against it has given rise to an even larger outbreak of new diseases and causes of death. For obvious reasons this needs to be dealt with, and, I would have thought, would – even for more selfish reasons – be an inviting opportunity for medical/scientific study.

I might cite a few cases from my own experience from the small circle of my acquaintances and family members:

1. A man in his 40's who developed leukaemia, and, while partly responding to treatment for this, was found to have lung cancer also, and died.
2. A woman with no diabetes or previous eye disease, who suddenly went blind. Her eye specialists told her, "We're seeing a lot of this since the vaccines. There's nothing we can do about it."
3. A previously healthy 60 year old woman found dead at home about 18 months before now. An autopsy was done. The result has not been released.
4. A middle aged man who was diagnosed with cancer and died 2 weeks later.

Cases 1 and 4 are suggestive of the turbo cancers which, it has been suggested, may result from administration of mRNA. Case 2 is probably the result of retinal artery or vein thrombosis as a result of vasculitic auto-immune disease or thromboembolism. There are many possible explanations for case 3.

Where is the evidence, it may be asked, that any of this is due to Covid-19 vaccination? And that is exactly the problem. Evidence is hard to come by (See Case 3) – but it shouldn't be. That is basically my submission. We need to know why these things are happening, and we can easily know. Every unexpected death requires an autopsy, with prompt release of the full results. Every unexpected illness requires full investigation, which would include the taking of a complete vaccination history of the patient. Our medical system and staff could do all of this very easily and quickly. Controversies about possible adverse effects could be very quickly put to rest. This is not being done, and this inevitably gives rise to the perception that there is an intent ,not to understand the problem, but to obfuscate and conceal. Why are medical staff not doing these things? Have they been instructed not to?

If my submission were acted on, we would – at virtually no extra expense than that already spent on our medical system – answer a question that the whole world is asking. Who wouldn't want that?

Yours faithfully

