Submission by Dr Gideon Polya to the Senate Select Committee on Men's Health.

Credentials.

I am a 4 decade career biological scientist and am still involved in teaching Biochemistry theory and practical courses to second year university science students. I have a major interest in thanatology (the scientific study of the causes of death). I published some 130 works in a 4 decade scientific career, most recently a huge pharmacological reference text "Biochemical Targets of Plant Bioactive Compounds" (CRC Press/Taylor & Francis, New York & London, 2003). I recently published "Body Count. Global avoidable mortality since 1950" (G.M. Polya, Melbourne, 2007: http://mwcnews.net/Gideon-Polya and http://globalbodycount.blogspot.com/ ; see also my contribution "Australian complicity in Iraq mass mortality" in "Lies, Deep Fries & Statistics" (edited by Robyn Williams, ABC Books, Sydney, 2007): http://www.abc.net.au/rn/science/ockham/stories/s1445960.htm). I have just published a revised and updated 2008 version of my 1998 book "Jane Austen and the Black Hole of British History. Colonial rapacity, holocaust denial and the crisis in biological sustainability" (see: http://janeaustenand.blogspot.com/) as biofuel-, globalization- and climate-driven global food price increases and diminishing food-stocks threaten a greater famine catastrophe than the man-made famine in British-ruled India that killed 6-7 million Indians in the "forgotten" World War 2 Bengal Famine (see recent BBC broadcast involving myself, Economics Nobel Laureate Professor Amartya Sen, Harvard University, medical historian Dr Sanjoy Bhattacharya, Wellcome Institute, University College London, and other scholars: http://www.open2.net/thingsweforgot/bengalfamine_programme.html). When words fail one can say it in pictures - for images of my huge paintings for Peace, Humanity and for Mother and Child see "Truth, Beauty & Saving the World – Science, Art & Nuclear, Greenhouse & Poverty Threats": http://blog.360.yahoo.com/blog-NvVV9NY2cqLwKJxdb8JAymVZRA--?cq=1&p=1 (I am very happy for anyone to use these images to promote human well-being, health and peace and would be very happy to donate the originals to appropriate public institutions) .

Morbidity, mortality, rational risk management and Men's Health.

Morbidity (sickness) and mortality (death) are key parameters in considering men's health and health in general.

At a national and national sub-group level (e.g. in Australia) avoidable mortality (excess mortality, excess death, avoidable death, death that should not have happened) can be defined as the difference between the actual deaths in a group minus the deaths expected for a demographically similar group with good governance, good medical services and good preventative medicine. Thus there is a substantial excess mortality associated with cigarette smoking in Australia of about 16,000 deaths per annum (mostly men).

One can also define avoidable mortality (excess mortality, excess death, avoidable death, death that should not have happened) for countries (but setting a much higher bar for international comparative purposes) as the difference between actual deaths in a country and the deaths expected for a decently governed, peaceful country with the

same demographics (i.e. the same birth rate and age profile). Thus annual avoidable mortality is zero (0) for Overseas Europe (the US, Canada, Australia, New Zealand and the State of Israel), zero for most of East Asia (0 for China, South Korea, Taiwan and Japan but high for Mongolia and North Korea); zero or close to zero for Western Europe, Eastern Europe, and most Caribbean and South American countries (with some notable exceptions e.g. it is 0 in Cuba but very high in Haiti); and variously high in Africa, the Near East, Central Asia, South Asia, South East Asia and the Pacific (but with some notable exceptions e.g. it is low in some countries and 0 in, for example, Singapore, Malaysia, Sri Lanka, Syria, the Gulf States and the Maldives) (see "Body Count. Global avoidable mortality since 1950", G.M. Polya, Melbourne, 2007: http://mwcnews.net/Gideon-Polya ; http://globalbodycount.blogspot.com/ ; and "Body Count. Global avoidable mortality since 1950" (2008 lecture notes): http://globalavoidablemortality.blogspot.com/2008/08/body-count-global-avoidable-mortality.html).

Australian morbidity and mortality statistics are available from the Australian Bureau of Statistics (ABS; see: http://www.abs.gov.au/AUSSTATS/abs@.nsf/web+pages/statistics?opendocument?utm_id=GT) and from the UN Population Division (see: http://esa.un.org/unpp/). Specific data on Indigenous Australian health can be found from the Australian Bureau of Statistics (see: http://www.abs.gov.au/ausstats/abs@.nsf/mf/4704.0/) and from the medical epidemiological literature (e.g. for relatively recent Indigenous health statistics see Thomson, N., Burns, J., Burrow, S & Kirov, E. (2004), Overview of indigenous health 2004, Vol 4 (4) 2004: http://www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_44/reviews/thomson/reviews_thomson_1.htm . Australian Indigenous Health Bulletin).

Rational risk management (that, for example, makes passenger aviation exceptionally safe) successively involves (a) accurate data (e.g. about adverse outcomes or incidents), (b) scientific analysis (science involving the critical testing of potentially falsifiable hypotheses) and (c) systemic change to minimize risk (e.g. improving reportage, changing the system to minimize the risk of accidents and changing circumstances so that adverse outcomes are minimized if chance accidents inevitably do occur).

Unfortunately, fear, guilt, denial, greed and self-interest determine that the above rational risk management protocol is very often perverted by, for example, (a) ignoring, denial, lies, censorship, and intimidation; (b) anti-science spin involving the selective use of asserted facts to support a partisan position (the pre-Iraq War untruths about "Iraqi weapons of mass destruction" being one of the most destructive and notorious examples) ; and (c) "blame and shame" (with war being the most obscene outcome).

Australian mortality statistics (about 50% male deaths).

I have succinctly presented below some carefully researched, well-documented and surprising excess mortality statistics that relate to Men's Health, for Australians in general, Indigenous Australians and de facto Overseas Indigenous Subjects of Australia. Please note that according to the UN Population Division (see: http://esa.un.org/unpp/) the Australian population in 2009 is 21.156 million of which

10.530 million (49.8%) are male and 10.626 million (50.2%) are female. I have made some scientific, analytical Comments and possible "systemic change" Suggestions after each item.

1. Australian mortality and excess mortality in 2003 (about 50% male deaths). In 2003 Australian mortality was 0.1452 million (about 50% male) out of a population of 19.623 million (0.74%) and excess mortality was 0 (on a high bar-set comparison with other countries) (see Table 2, "Body Count. Global avoidable mortality since 1950", G.M. Polya, Melbourne, 2007: http://mwcnews.net/Gideon-Polya ; http://globalbodycount.blogspot.com/ ; and "Body Count. Global avoidable mortality since 1950" (2008 lecture notes): http://globalavoidablemortality.blogspot.com/2008/08/body-count-global-avoidable-mortality.html).

Comments. This is an excellent outcome and puts Australia among the best countries in the world in this regard. However, as indicated below, the "high bar" excess mortality data hide the appalling Indigenous Australian excess deaths (see item #7 below). Further, Professor Jared Diamond devotes a whole chapter to Australia in his book "Collapse" because he sees Australians as having destructively "mined" our generally very poor agricultural land in an already high risk climate environment and predicts that Australia may become a net food importer. Top Australian climate scientists have expressed related concerns about climate change and climate disruption (increased floods in the north and increased drought in the south) (see "Global warming and Victorian bushfire tragedy": http://sites.google.com/site/yarravalleyclimateactiongroup/global-warming-and-victorian-bushfire-tragedy).

Suggestions. Public education is urgently needed on these matters. The Yarra Valley Climate Action Group (see: http://sites.google.com/site/yarravalleyclimateactiongroup/Home) provides detailed, well-referenced reviews on climate change topics in the public interest (see: http://sites.google.com/site/yarravalleyclimateactiongroup/system/app/pages/sitemap/hierarchy). For national interest and rational risk management reasons I am very happy to offer - pro bono publico - State and Federal Government publication of my book "Body Count. Global avoidable mortality since 1950" for all schools, universities, public libraries, other institutions, public servants, media and MPs.

2. Australia 1950-2005 excess mortality/2005 population ratio (about 50% male deaths). Over the period 1950-2005 Australia excess mortality (about 50% male) totalled 0.587 million or 2.9% of the 2005 population, this being one of the best outcomes in the World, the 1950-2005 excess mortality/2005 population ratio being 2.7% (for Overseas Europe), 5.0% (Western Europe), 14.3% (Eastern Europe), 9.4% (Latin America and Caribbean), 10.9% (East Asia), 20.7% (Central Asia, Turkey and Iran), 23.0% (Arab North Africa and Middle East), 25.1% (South East Asia), 27.3% (Pacific), 31.9% (South Asia), 43.2% (non-Arab Africa), 5.0% (European countries) and 20.2% (non-European countries) (see Table 2.1, "Body , "Body Count. Global avoidable mortality since 1950", G.M. Polya, Melbourne, 2007: http://mwcnews.net/Gideon-Polya ; http://globalbodycount.blogspot.com/ ; and "Body Count. Global avoidable mortality since 1950" (2008 lecture notes):

http://globalavoidablemortality.blogspot.com/2008/08/body-count-global-avoidable-mortality.html).

Comments. While Australia has performed extremely well in relation to excess mortality, most non-European countries have performed very badly (especially those subject to European occupation, including Australian occupation).

Suggestions. Public education is urgently needed (see Suggestions in section #1). In the 21st century Australia must urgently re-assess its post-war policy of blindly supporting US invasion and occupation of Asian Countries (post-1950 excess Indigenous deaths in US Asian Wars now total 25 million) (see "Australia's secret genocide history": http://mwcnews.net/content/view/22128/42/).

3. Australian (especially older Australian) deaths from global warming-related excessive heat (about 50% male deaths).

The week before the Black Saturday February 7 2009 bushfire disaster saw a sustained heat wave in SE Australia (population about 6 million) with temperatures exceeding 43°C for 3 successive days in Melbourne (Wednesday January 28, Thursday January 29 and Friday January 30). In the late January 2009 heatwave over 100 people died in Melbourne and over 200 died in South East Australia (Victoria, South Australia and Northern Tasmania) as determined by Professor Neville Nicholls, Monash University, by comparing before and after Monday and Tuesday Death Notices (see: Melissa Fyfe (2009), quoting results of research by Professor Neville Nicholls, Monash University, in "Heatwave left hundreds dead ", The Age: http://www.theage.com.au/national/heatwave-left-hundreds-dead-20090221-8ea4.html) .

The consequent devastating bushfire tragedy in Victoria on Saturday February 7 killed more than 209 people, with 500 injured, 100 in hospital with burns, over 1,834 homes destroyed, thousands of homes damaged, and over 450,000 hectares burned (see Wikipedia "2009 Victorian bushfires": http://en.wikipedia.org/wiki/2009_Victorian_bushfires).

Top Australian climate scientists are saying that this dual tragedy is associated with man-made global warming due to human greenhouse gas (GHG) pollution (see "Global warming and Victorian bushfire tragedy": http://sites.google.com/site/yarravalleyclimateactiongroup/global-warming-and-victorian-bushfire-tragedy).

By way of comparison, the 2003 European heat wave occurred in one of the hottest summers on record in Europe (Western European population 392 million in 2003). The heat wave led to health crises in several countries and combined with drought to create a crop production shortfall in Southern Europe. More than 52,000 Europeans died as a result of the heat wave with ~15,000 dying in France (see "2003 European heat wave": http://en.wikipedia.org/wiki/2003_European_heat_wave).

Heat waves will differentially kill elderly people (e.g. the heat wave in Europe that killed 35,000-52,000 people in Europe and nearly 15,000 in France). Older people are differentially affected, the problems being that older people are frailer, more prone to

heat stress and have diminished brain signalling of dehydration stress (see: http://www.bt.cdc.gov/disasters/extremeheat/elderlyheat.asp ; http://www.medindia.net/news/Brain-Malfunction-Explains-Dehydration-in-Elderly-31069-1.htm ; http://www.sfbr.org/pages/news_release_detail.php?id=15 ; http://en.wikipedia.org/wiki/2003_European_heat_wave ; http://www.usatoday.com/weather/news/2003-09-25-france-heat_x.htm ; see also "Global warming dangers and solutions for older people": http://sites.google.com/site/yarravalleyclimateactiongroup/global-warming-dangers--solutions-for-older-people).

Comments: This is a major problem that will only get worse as global warming progresses (see "Statement of the June 2008 Manning Clark House Conference: "Imagining the Real Life on a Greenhouse Earth", 11-12 June, Australian National University, Canberra: http://www.aussmc.org/Climate_joint_statement.php ; Dr Gideon Polya, "Global warming, climate emergency" course notes, U3A (2009): http://sites.google.com/site/yarravalleyclimateactiongroup/global-warming--global-emergency-course ; and Dr John Holdren (2008), "The Science of Climatic Disruption": http://www.usclimateaction.org/userfiles/JohnHoldren.pdf).

Suggestions. Public education is urgently needed about these risks. As perceived by top climate scientists and other top scientists, we have a Climate Emergency that can be met by (1) change of societal philosophy to one of scientific risk management and biological sustainability with complete cessation of species extinctions and zero tolerance for lying.; (2) urgent reduction of atmospheric CO_2 to a safe level of about 300 ppm as recommended by leading climate and biological scientists; and (3) rapid switch to the best non-carbon and renewable energy (solar, wind, geothermal, wave, tide and hydro options that are currently roughly the same market price as coal burning-based power) and to energy efficiency, public transport, needs-based production, re-afforestation and return of carbon as biochar to soils coupled with correspondingly rapid cessation of fossil fuel burning, deforestation, methanogenic livestock production and population growth (see "Climate Emergency Facts and Required Actions": http://sites.google.com/site/yarravalleyclimateactiongroup/climate-emergency-facts-and-required-actions).

Professor James Lovelock FRS has argued for use of biochar (charcoal) to lower atmospheric CO_2. Biochar (apparently rejected by the pro-coal Australian Labor Government but advocated by the Australian Greens and the Liberal-National Party Coalition Opposition) can be made from oxygen-free pyrolysis of biomass from expertly-advised bushland fuel hazard reduction harvesting (e.g. from straw, wood waste and woody weeds) and thence (a) reduce bushfire threat; (b) provide a valuable, soil-enriching product for producing bountiful "terra preta" soil; (c) help combat man-made global warming by drawing down atmospheric CO_2; and (d) provide rural employment and farm income supplementation (see "Dr Gideon Polya (2009), "Forest biomass-derived Biochar can profitably reduce global warming and bushfire risk", Yarra Valley Climate Action Group: http://sites.google.com/site/yarravalleyclimateactiongroup/forest-biomass-derived-biochar-can-profitably-reduce-global-warming-and-bushfire-risk).

4. Opiate drug-related deaths (about 50% male deaths).

About 0.1 million people worldwide and 300 Australians die each year from opiate drug-related causes. Much of this is ultimately due to US Alliance (including Australian) restoration of the Taliban-destroyed Afghan opium industry from 5% of world market share in 2001 to about 93% in 2007 (see UN Office on Drugs and Crime, UNODC, World Drug Report 2007: http://www.unodc.org/unodc/en/data-and-analysis/WDR-2007.html).

Comments. The Australian death toll from US Alliance restoration of the Taliban-destroyed Afghan opium industry is now approaching the death toll of 3,000 Americans killed on 9-11 (noting that no 9-11 perpetrators have yet been brought to formal trial and there is considerable doubt over who was responsible for the 9-11 atrocity; see "US responsible for 9-11? Swiss scientists doubt Bush official version": http://mwcnews.net/content/view/22944/26/).

Suggestions. Public education is urgently needed on basic international law, human rights and scientific method. There needs to be an official Australian inquiry into 9-11 and post-9-11 Australian and other deaths. There should be immediate, complete foreign withdrawal from Occupied Afghanistan and Occupied Iraq with Australian payment of reparations for the Australian contribution to the Iraqi Genocide and Afghan Genocide (post-invasion non-violent excess deaths 1 million and 4 million, respectively; post-invasion under-5 infant deaths 0.6 million and 2.1 million, respectively; post-invasion violent excess deaths 1 million for Occupied Iraq and 2 million for Occupied Afghanistan if the violent/non-violent death ratio in Occupied Afghanistan is half that in Occupied Iraq (1:1); refugees 6 million and 4 million, respectively: "9-11 excuse for US global genocide. Real 9-11 atrocity: millions dead (9-11 million) in Bush wars (1990-2009)": http://mwcnews.net/content/view/25184/42/ ; see also Article 2 of the UN Genocide Convention: http://www.edwebproject.org/sideshow/genocide/convention.html).

5. Disproportionately male deaths from suicide, homicide, smoking, car accidents, and alcohol.

i. Suicide. The Australian age-standardised suicide rate in 2005 for males was 16.4 per 100,000 (164 per million) while the corresponding rate for females was 4.3 per 100,000 (see ABS, "Suicides, Australia, 2005": http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3309.0/).

ii. Homicide. The murder rate in Australia in 2005 was 295 homicides/20.092 million population =14.7 homicides per million (see ABS-derived statistics: "Australian crime: facts and figures 2006": http://www.aic.gov.au/publications/facts/2006/01_recorded_crime.html). According to a report in The Age: "There were 266 murders in 2006-07, down 45 on the previous year. The majority of victims and perpetrators were men. There were 185 male victims and 81 females killed, while on the offending front, 242 perpetrators were male and 54 were female …Twenty-two per cent of all murders were what the AIC calls "intimate-partner homicides", with twice as many women as men murdered. There were 42 female victims in 2006-07 and 23 males" (see "Cold steel replaces hot lead as weapon of choice", December 2008: http://www.theage.com.au/national/cold-steel-replaces-hot-lead-as-murder-weapon-of-choice-20081202-6pqb.html).

iii. Smoking. According to the NSW Cancer Council "in 2003 there were 15,511 smoking-related deaths in Australia [15,511/19.623 = 790.4 deaths per million]. Tobacco use accounted for 7.8% of the total burden of disease and injury in Australia 2003 … There were approximately 6,507 smoking-attributable deaths in NSW in 2004, accounting for 18% of deaths from all causes among men and 10% of deaths from all causes among women … In NSW, there were 55,591 smoking-related hospital admissions in 2004 -2005… In 1998 - 99, the social costs of tobacco use in Australia were an estimated to be $21.1 billion, about 2.3% of the gross domestic product" (see: "Smoking in Australia- statistics": http://www.cancercouncil.com.au/editorial.asp?pageid=371).

iv. Car accidents. In 2007 there were 1,616 road fatalities /20.089 million population = 80.4 fatalities per million (see "Car advice": http://www.caradvice.com.au/9032/2007-australian-road-toll/). The ratio of male drivers killed/female drivers killed in crashes is about 8.

v. Alcohol. According to the National Drug Research Institute "In the 10 year period between 1992 and 2001 an estimated 31,133 Australians died from risky and high risk alcohol use [3,113/ 18.1 million average population = 172 per million per year]. Of these, 23, 430 were male (~75%) and 7,702 female (~25%) (see "Australian Alcohol Indicators. 1990-2001": http://www.ndri.curtin.edu.au/pdfs/naip/naipaaiexecsumm.pdf).

vi. Terrorism-related deaths within Australia totalled 4 deaths, all male, in 30 years: (a) 2 male garbage collectors and 1 male policeman in the 1978 Sydney Hilton Bombing (according to a George Negus ABC Report (see: http://www.abc.net.au/gnt/history/Transcripts/s1202891.htm) : "Barry Hall, Counsel for the surviving policeman Terry Griffiths, 1982: "We had information that the government somehow was involved, that ASIO was involved, the Special Branch was involved. There were suggestions that ASIO wanted this bomb to be discovered to, in a sense, justify its existence") and (b) a male security guard killed by a right to life extremist at a Melbourne abortion clinic in 2001 (see: http://www.independent.co.uk/news/world/australasia/security-guard-shot-dead-at-melbourne-abortion-clinic-678009.html). This corresponds to an annual death rate of 4/(30 years x 18 million average population) = 0.007 per million. An alternative assessment from larger statistics comes from 7,000 Western civilians killed by Muslim-origin non-state terrorists in 40 years (this including Israelis and ignoring evidence for US and Israeli involvement in the 9-11 atrocity), corresponding to an annual death rate of 7,000/ (40 years x 700 million average Western population) = 0.25 per million. In contrast, the "annual violent and non-violent excess death rate" in Occupied Iraq is 2 million/(6 years x 27 million) = 12,300 per million and that in Occupied Afghanistan is 4-6 million/(8.5 years x 25 million) = 18,800-28,200 per million (noting that in each case the Occupiers are grossly violating Articles 55 and 56 of the Geneva Convention Relative to the Protection of Civilian Persons in Time of War which demand that the Occupier provides the Conquered Subjects with life-sustaining food and medical requisites "to the fullest extent of the means available to it": http://www.unhchr.ch/html/menu3/b/92.htm).

Comment. Rational risk management successively involves (a) data, (b) science and (c) informed systemic change. "Boys will be boys" attitudes and blind acceptance of

US, Zionist and Apartheid Israel anti-Arab anti-Semitic and Islamophobic "terror hysteria" propaganda are current woeful and deadly substitutes for rational risk management.

Suggestions. Public education and informed, rational public discussion are urgently needed on all of these matters. More specific suggestions are outlined below (noting the hugely expensive, civil rights- and human rights-violating, selective "anti-terrorism" actions against the almost non-existent Muslim-origin non-state terrorist threat in Australia while US Alliance and Israeli state terrorism represent actual huge threats to the lives and well-being of Australian citizens and their families).

(i). **Suicide.** Massive education and support campaigns are urgently needed to address the male suicide epidemic in Australia.

(ii). **Homicide.** Massive education and support campaign are urgently needed to counter violence in general as well as domestic violence.

(iii). **Smoking.** Australia should bite the bullet and ban smoking – a practice that kills about 1 in 1,000 Australians every year and otherwise causes immense morbidity and other social harm.

(iv). **Car accidents.** Car accidents would be reduced dramatically if rational, "Green" public transport policies were emplaced as an urgent response to man-made global warming and the Climate Emergency (see " Climate Emergency Facts and Required Actions": http://sites.google.com/site/yarravalleyclimateactiongroup/climate-emergency-facts-and-required-actions).

(v). **Alcohol.** If US Prohibition era experience suggests that alcohol cannot be banned (despite global drug-related deaths annually being about 5 million from smoking, 1.8 million from alcohol and 0.2 million from illicit drugs) then its use should certainly be severely constrained (even the fundamentalist and misogynist Taliban - who the US Alliance are war criminally attempting to exterminate in violation of the UN Genocide Convention and the Geneva Convention - had banned alcohol, banned smoking by Government employees in 1997 and had destroyed all but 5% of the world-leading Afghan opium industry before the 2001 US Alliance invasion that rapidly restored this evil industry to over 90% of world market share).

(vi). **Terrorism.** There must be urgent public education about US Alliance, Zionist and Apartheid Israeli lies and "terror hysteria" propaganda which have blinded Australia to the serious health items (i) –(v) above – perhaps $30 billion has been spent on the war criminal "War on Terror" to the exclusion of these crucial Men's Health and general Australian (including Indigenous Australian) Health problems. Indeed, while within Australia only 4 Australian have been killed by terrorists in 30 years (and zero (0) by Muslim non-state terrorists within Australia) , it is apparent that **diversion** of Australian concerns and funding away from acutely serious Men's Health and general Health problems by US Alliance and Israeli state terrorist lying and "terror hysteria" propaganda clearly helps kill about 20,000 Australians annually from causes (i)-(v) alone.

Note on false Bush-ite and Zionist abuse of Jewish and Gentile anti-racist, humanitarians. I should add at this point that post-war US war policies have had appalling consequences (see William Blum's "Rogue State"and my Book "Body Count. Global avoidable mortality since 1950"; there have been 25 million Indigenous Asian excess deaths in US post-1950 Asian wars; also see "9-11 excuse for US global genocide. The real 9-11 atrocity: millions dead (9-11 million) in Bush wars (1990-2009)": http://mwcnews.net/content/view/25184/42/). However those critical of such violent policies are routinely falsely labelled as "anti-American" whereas the truth is the converse (e.g. I dearly love the best of American culture and values summed up in the American Declaration of Independence: "All men are created equal and have an unalienable right to life, liberty and the pursuit if happiness").

Similarly, "zero tolerance for racism", "never again to anyone", "bear witness" and "zero tolerance for lying" are the fundamental, moral messages from the Jewish Holocaust (5-6 million dead, 1 in 6 dying from deprivation), the World War 2 Holocaust in general (30 million Slav, Jewish and Roma dead) and the World War 2 Eastern Theatre Holocaust (35 million Chinese dead under Japanese occupation and 6-7 million Indians starved to death by the British in the man-made 1943-1945 Bengal Famine - for details of the latter "forgotten" Bengali Holocaust see the 2008 BBC broadcast in which I participated together with 1998 Economics Nobel Laureate Professor Amartya Sen, Harvard University, medical historian Dr Sanjoy Bhattacharya, Wellcome Institute, University College London, and other scholars: http://www.open2.net/thingsweforgot/bengalfamine_programme.html). Further, one of the best-known Jewish scholars in the world today, Professor Jared Diamond, in his best-selling book "Collapse (Prologue, p10, Penguin edition) enunciated the "moral principle, namely that it is morally wrong for one people to dispossess, subjugate, or exterminate another people". Yet all these injunctions from tragic Jewish experience (including that of my own family in Hungary in which pro-Zionist Churchill and Zionists vetoed a scheme to save the Hungarians Jews: http://en.wikipedia.org/wiki/Joel_Brand) and from outstanding Jewish scholars (such as Professors Jared Diamond, Noam Chomsky, Norman Finkelstein, Tanya Reinhart, Steven Rose, Ilan Pappe, Shlomo Sand, Avi Shleim, Bertell Ollman, Colin Tatz and Richard Falk) are grossly violated by the US Alliance, the racist Zionists and Apartheid Israel who also falsely and grossly abuse those critical of their immense crimes (see "9-11 excuse for US global genocide. The real 9-11 atrocity: millions dead (9-11 million) in Bush wars (1990-2009)": http://mwcnews.net/content/view/25184/42/).

6. Dementia and prostate cancer.

Dementia and Alzheimer's Disease are major problems for male and female Australians – both for those typically older Australians having these conditions and for their families and carers. Prostate cancer is also major risk for older Australian men.

Comments and suggestions. No doubt medical experts, including specialist medical experts and medical epidemiologists, will make expert submissions to the Senate Select Committee about these and other Men's Health matters. As a citizen who has personally encountered such problems with family and friends I would simply urge more public education and more public support for victims, family and carers. Indeed

general issues of "care" and "values" in our society are raised by both the current financial crisis (the world in Recession and facing Depression) and the Climate Emergency that already differentially affects older Australians (see item # 3). The world is rapidly running out of time to prevent catastrophic climate change that top UK climate scientist Professor James Lovelock FRS estimates will kill about 10 billion people this century (see Gaia Vince (2009), "One last chance to save mankind", New Scientist, 23 January 2009: http://www.newscientist.com/article/mg20126921.500-one-last-chance-to-save-mankind.html?full=true and http://biocharfund.com/images/hansen%2C%20target%20atmospheric%20c02.pdf). As discussed later, a contraction of our carbon-based economy is demanded by the results from top climate science (although renewable- and geothermal-based GDP growth is possible), leading to issues of what is of major "value" in our society (for me, the well-being of wild Australia and the lives and physiological and psychological well-being of our loved ones and fellow Australians).

7. Indigenous Health and Indigenous Mortality Statistics (50% male deaths).

It can be estimated from recent medical epidemiological data (see: Thomson, N., Burns, J., Burrow, S & Kirov, E. (2004), Overview of indigenous health 2004, Vol 4 (4) 2004: http://www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_44/reviews/thomson/reviews_thomson_1.htm . Australian Indigenous Health Bulletin) that the "annual death rate" (2003 figures) is 2.2% (for Aboriginal Australians) and 2.4% (for Aboriginal Australians in the Northern Territory) – as compared to 0.4% (what it should be for a comparable high birth rate society), 2.5% (for pre-drought sheep in paddocks of Australian sheep farms), 0.7% (for White Australians) and 1.7% (non-Arab Africa).

This is happening in one of the richest countries of the world because of deliberate and sustained neglect – Australian Aboriginal health services are funded at 50% of what they should be; many Australian Aborigines live in Third World conditions; the "annual under-5 infant death rate" is over 3 times higher for Aborigines than that for White Australians; 1 in 5 Australian Aborigines have diabetes (mostly type 2 diabetes) which has huge attendant problems such as cardiovascular complications, kidney problems and blindness; and the Australian Aboriginal life expectancy is 17 years less than that for White Australians.

The "annual avoidable death rate" (annual excess death rate) of Indigenous Australians is 2.2-0.4 = 1.8% (nation-wide) and 2.4-0.4= 2.0% (in the Northern Territory) as compared to 0% for New Zealand and for White Australia, 0.4% (South Asia), 1.2% (Occupied Iraq), 1.0% (non-Arab Africa) and 1.9-2.8% (Occupied Afghanistan).

1.8% per year of 460,000 times 12 years = about 99,000 Indigenous Australians died avoidably under the Coalition Government and about 9,000 continue to die avoidably each year.

The Indigenous infant death rate is over 3 times that of Australia as whole. The difference translates to 146 avoidable under-5 Indigenous infant deaths annually or

146 x 12 = about 1,750 avoidable under-5 year old Indigenous infant deaths under the Coalition Government.

The ultimate Child Abuse is the active and passive murder of Children. Brilliant 18th century MP Edmund Burke stated "All that is necessary for the triumph of evil is that good men do nothing" and Australia's world-famous bioethicist Professor Peter Singer has stated "We are responsible not only for what we do but also for what we could have prevented… We should consider the consequences both of what we do and what we decide not to do" (Peter Singer in "Writings on an Ethical Life", Ecco Press, New York, 2000). Professor Peter Singer (Princeton University and the University of Melbourne) has stated in other context: "[those] who deliberately leave a baby to die when they have the awareness, the ability, and the opportunity to save the baby's life, are just as morally responsible for the death as they would be if they had brought it about by a deliberate, positive action." (see: Kuhse, H. & Singer, P. (1985), Should the Baby Live? The Problem of Handicapped Infants, Oxford University Press, Oxford, pp84-85).

Since nearly half the Indigenous Australian population is under the age of 18 years (i.e. are "children"), a particularly relevant International Agreement is the 1989 Convention of the Rights of the Child. The Australian Governments can be seen to have grossly violated this International Convention in relation to Indigenous Australian children, most notably Article 6, which states: "1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the Child."

Consider (A) Indigenous Australian avoidable deaths under the Coalition Government (about 0.1 million avoidable deaths over 12 years out of a population of about 460,000; passive murder) as compared to (B) Jewish deaths in Nazi German-occupied Hungary in 1944/45 (0.2-0.4 million deaths out of a Jewish population of 0.7 million; mostly active murder) (see: Gilbert, M. (1969), Jewish History Atlas, Weidenfeld & Nicolson, London; Gilbert, M. (1982), Atlas of the Holocaust , Michael Joseph, London; Professor Sir Martin Gilbert, "Could Britain have done more to stop the horrors of Auschwitz?" Times On-line: http://www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article507013.ece). Anyone denying (B) faces 10 years in prison in Austria and lengthy imprisonment in other Western European countries – yet Australia continues to effectively ignore (A).

Of course morbidity (ill health) of Indigenous Australians is also appalling as set out in the review by Thomson, N., Burns, J., Burrow, S & Kirov, E. (2004), Overview of indigenous health 2004, Vol 4 (4) 2004: http://www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_44/reviews/thomson/reviews_thomson_1.htm . Australian Indigenous Health Bulletin). Further, the removal of Northern Territory Indigenous Australians from the 1975 Racial Discrimination Act violates International human rights conventions including the recent UN Declaration on Indigenous Rights that was not ratified by Australia, Canada, New Zealand or the US and indeed may possibly still remain unratified by Australia (see "The Awful Truth", National Indigenous Times, 14 June 2007: http://www.nit.com.au/news/story.aspx?id=11555 ; "Sydney Madonna & Aboriginal Genocide" on MWC News: http://mwcnews.net/content/view/10865/26/ ; "Body

Count. Global avoidable mortality since 1950": http://globalbodycount.blogspot.com/ ; the UN Convention on the Rights of the Child: http://www.ohchr.org/english/law/pdf/crc.pdf ; Thomson, N., Burns, J., Burrow, S & Kirov, E. (2004), Overview of indigenous health 2004, Vol 4 (4) 2004: http://www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_44/reviews/thomson/reviews_thomson_1.htm . Australian Indigenous Health Bulletin ; and "Aboriginal Genocide – racist White Australian child abuse and passive mass murder": http://mwcnews.net/content/view/15140/42/).

Comments. The above morbidity and mortality statistics for Indigenous Australians are absolutely appalling – the more so because it is happening in one of the richest countries in the world (see my comment above in section # 6 about "care" and "values").

Suggestions. Personal communication from a doctor with experience in treating Indigenous Australians indicates that the present health budget for Indigenous Australians needs to be tripled; Thomson et al (Thomson, N., Burns, J., Burrow, S & Kirov, E. (2004), Overview of indigenous health 2004, Vol 4 (4) 2004: http://www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_44/reviews/thomson/reviews_thomson_1.htm . Australian Indigenous Health Bulletin) suggested that it needed to be doubled. Expense should be no object when it comes to preserving Australian lives (after all we have squandered the best part of $30 billion on the War on Terror in the interests of anti-Arab anti-Semitic and Islamophobic US and Israeli state terrorism).

Lack of education, extreme poverty and poor diet are major factors in the appalling Indigenous morbidity and mortality. Truancy is a major problem for Indigenous children (personal communication from some wonderful, dedicated teachers) and Australia could urgently institute the scheme being applied in parts of Africa ("annual excess death rate" half that of Indigenous Australians in the Northern Territory) e.g. parts of Rwanda in which school attendance is encouraged by provision of a good free meals for children (see "Rwanda: free meals keep children at school": http://allafrica.com/stories/200809160620.html). Indeed such a free meals program coupled with literacy, health education, training or further education could be applied to all Indigenous people in remote areas (I am told that a football program in Central Australia coupled to school attendance is associated with zero truancy).

8. Deaths from carbon burning (50% male deaths).

Perhaps something of the order of 10,000 Australians die each year from air pollution from bushfires (e.g. from asthma) , traffic and fossil fuel-based power (see "How many people die from Carbon Burning and Climate Change each year?" : http://sites.google.com/site/yarravalleyclimateactiongroup/how-many-people-die-from-carbon-burning-and-climate-change-each-year).

(i). **Air pollution deaths.** In the US poor air quality is estimated to cause tens of thousands of deaths and cost more than $100 billion annually. Globally, air pollution contributes to the deaths of more than 800,000 people per year, mostly in the developing world (see: http://www.ogcnetwork.net/node/349).

(ii). **International comparisons of fossil fuel-based power pollution deaths.** "Annual coal-based electricity deaths" ["total annual fossil fuel-based electricity deaths"] from pollutants (carbon monoxide, sulphur dioxide, nitrogen oxides, particulates, volatile organics and heavy metals, notably mercury) are 170,000 [283,000] (the World), 11,000 [13,000] (India), 47,000 [47,500] (China), 49,000 [72,000] (the US), 3,400 [6,900] (the UK), 4,900 [5,400] (Australia) and 2,700 [3,800](Canada) as compared to 110 [360] (heavily renewable-based New Zealand) (see: http://green-blog.org/2008/06/14/pollutants-from-coal-based-electricity-generation-kill-170000-people-annually/ ; http://www.evworld.com/news.cfm?newsid=8836).

(iii). **The true cost of coal energy is 4 times the market cost** (Ontario Government study) – it can be estimated that 4,860 Australians are killed by coal burning for power annually at a cost of $1.6 million each. Thus in Ontario, Canada (see: http://www.evworld.com/news.cfm?newsid=8836) the cost/kWh jumped from $0.04 to $0.164 with environmental and human impacts added; pollution from coal plants producing 27 TWh/year (20% of supply) kill 668 people per year in Ontario (population 12.2 million) suggesting coal plants producing 77% of Australia's annual 255 TWh of electricity (see: http://www.uic.com.au/nip37.htm) i.e. 0.77 x 255 = 196.4 TWh/year might kill about 196.4 TWh x 668/27 TWh = 4,859 people annually in Australia (population 21 million); in Australia 255 bn kWh x $0.04/kWh = $10.2 bn; 0.77 (coal-based) x $10.2 bn = $7.85 billion; hence $7.85 bn /4,859 deaths i.e. Australian electricity consumers pay for electricity @ $1.6 million per fellow Australian killed by coal.

(iv). Australia is the world's #1 Developed Nation CO_2 polluter. Consulting the US Energy Information Administration database (see: http://www.eia.doe.gov/) we obtain the following information on "annual per capita fossil fuel-derived carbon dioxide (CO_2) pollution" in "tonnes (t) per person per year" for Australia and other major polluters (2004 data): 19.2 (for Australia; 40 if you include Australia's coal exports), 19.7 (the US), 18.4 (Canada), 9.9 (Japan), 4.2 (the World), 3.6 (China), 1.0 (India) and 0.25 (for Bangladesh).

(v). Germanwatch index places Australia #54 in the list of the worst CO_2 polluters (#56 being worst). Of course "annual per capita fossil fuel-derived CO_2 pollution" is but one – albeit a very important – indicator of climate impact. The Germanwatch Climate Change Index 2008, a comparison of the 56 top CO_2 emitting nations (see: http://www.germanwatch.org/ccpi.htm), takes other parameters into account in ranking. In this ranking of 56 top CO_2 emitting nations, Sweden and Germany are #1 and #2 for greenhouse responsibility, while shale-oil-rich Canada (a US ally), coal-rich Australia (a US ally), the USA and oil-rich Saudi Arabia (US-linked) rank #53, #54, #55 and #56, respectively (see: http://www.germanwatch.org/ccpi.htm) .

(vi). In 2004 Australia (0.3% world population) gave 3% of pollution in terms of its total Domestic plus Exported fossil fuel CO_2 . Consulting the US Energy Information Administration database (see: http://www.eia.doe.gov/), in 2004 Australia (0.3% world's population) yielded 1.4% of world's fossil fuel-derived CO_2 (3% including coal exports). The World's 27,043 Mt fossil fuel-derived CO_2 (2004) comprised 10,850 Mt (petroleum), 5602 Mt (gas), and 10,592 Mt (coal) with the Australia

breakdown being 810 Mt (total), 117 Mt (petroleum), 52 Mt (gas), 217 Mt (coal, domestic), 424 Mt (coal exports).

(vii) Australia is the world's largest coal exporter (30% total world coal exports) (see ""Coal is King" Australia CO_2 pollution fact sheet": http://sites.google.com/site/yarravalleyclimateactiongroup/%E2%80%9Ccoal-is-king%E2%80%9D-australia-co2-pollution-fact-sheet).

Comments. Australia's love affair with burning fossil fuels kills something like 10,000 Australians every year. Only ignorance of this huge disaster (and the numerically much greater morbidity calamity) permits it to continue.

Suggestion. There is an urgent need for public education on these matters. All fossil fuel burning must be phased out as soon as possible (see section #3 above). As for bushfire mitigation also see section #3 above.

9. Sexual abuse of male children and adult male trauma.

There is no doubt from the shocking anecdotal accounts in the Report into Northern Territory abuse that from a qualitative perspective Aboriginal Child Sexual Abuse is occurring and must be urgently stopped. However the Report into Northern Territory abuse entitled "Little Children are Sacred" (p57) states that "it is not possible to accurately estimate the extent of child sexual abuse in the Northern Territory" and the only quantitative estimate offered in the Report is that "70% of all female Aboriginal prisoners in New South Wales jails had suffered sexual abuse as Children" (Report, p5).

Importantly, the Report refers to studies in America indicating that 25% of females and 10% of males experience childhood sexual abuse (Finkelhor, D. (1994), Current information on the scope and nature of child sexual abuse", Future of Children, 4(2), pp31-53) and in Australia indicating that 34% of females and 16% of males experienced non-penetrative abuse with 12% females and 4% of males reporting penetrative child sexual abuse (Dunne, M.P., Purdie, D.M., Cook, M.D., Boyle, F.M. & Najman, J.M.(2003), Is child sexual abuse declining? Evidence from a population-based survey of men and women in Australia, Child Abuse & Neglect, vol. 27 (2), pp141-152).

While Indigenous communities have been stigmatized, humiliated and frightened in the absence of hard, quantitative data, the Australian Federal Government will not generalize its action against child abuse to include all Australians. A recent book indicates that 40,000 Australian children are sexually abused each year (see Sexual Abuse, ed. Healy, J., Volume 179, Issues in Society, The Spinney Press, 2003: http://www.spinneypress.com.au/179_book_desc.html). While this matter was raised by me and others at the Australia 2020 Summit (for my contributions see http://australia2020ideas.blogspot.com/ , http://australia2020ideas.blogspot.com/2008/02/australia-2020-summit-255-ideas.html ; and Summit Contribution #2105: http://www.australia2020.gov.au/submissions/viewTopic.cfm?id=2015&count=1) the Summit ignored this vital matter. Psychiatrists and psychologists are professionally competent to comment on the adult consequences of such abuse.

Comments. These are horrifying statistics and demand urgent, sensible action to protect all Australian children.

Suggestions. In my Submission (#2015) to the Australia 2020 Summit (see item #13, Topic 5: A long-term national health strategy) I stated "While the "Little Children are Sacred" Report stated that "it is not possible to accurately estimate the extent of child sexual abuse in the Northern Territory" it presented evidence that one third of Australian females experienced childhood sexual abuse – this and related abuses should be urgently addressed Nation-wide"

10. Appalling health of Australia's overseas subjects in Occupied Iraq and Occupied Afghanistan (50% are male).

While there is Orwellian Bush-ite and Zionist denial of occupation, the Occupied Palestinian, Iraqi and Afghan Territories are violently and criminally occupied by foreign forces who have essentially no linguistic, religious, historical or cultural connection with the Conquered Subjects. In contrast, if Australia were occupied by German forces there would be major linguistic, religious, historical and cultural connections (as many as 1/3 Australians may have a primary or secondary German-speaking origin if one considers former migrants who were Yiddish speaking or secondary German speakers from Eastern and Central Europe). Australian forces are involved in Occupied Iraq and Occupied Afghanistan. However Australia provides diplomatic support for Apartheid Israel's continuing, 41 year occupation of the Occupied Palestinian Territory; regards the overwhelmingly majority, democratically-elected, Occupied Palestinian Hamas MPs as terrorists; permits Israeli state terrorists to come and go freely and to shoot, bomb, torture and terrify Australian citizens in the Middle East with impunity; possibly gives tax deductibility to Australian financial support for Apartheid Israeli occupation, war crimes and horrendous abuses in the Occupied Palestinian Territory; and conceivably provides up to life imprisonment for Australians making donations to Apartheid Israel-blockaded medical facilities in what the Catholic Church refers to as the Israeli "Gaza Concentration Camp" (see "Australian anti-terror laws target Muslims, Media and free speech": http://www.countercurrents.org/aus-polya151105.htm ; Vatican deplores Gaza situation", BBC: http://news.bbc.co.uk/2/hi/europe/7817019.stm ; "We are all Palestinian": http://mwcnews.net/content/view/19915/42/ ; Australian Anti-terrorism Act 2005: http://en.wikipedia.org/wiki/Australian_Anti-Terrorism_Act_2005).

In the Occupied Palestinian, Iraqi and Afghan Territories post-invasion non-violent excess deaths total 0.3 million, 1 million and 4 million, respectively; post-invasion violent deaths total about 10,000, 1 million and possibly 2 million, respectively; post-invasion under-5 infant deaths total 0.2 million, 0.6 million and 2.1 million, respectively; refugees total 7 million, 6 million and 4 million, respectively; the Israeli Gaza Concentration Camp has been under war criminal blockade and intermittent bombardment for 2 years and , according to WHO (see: http://www.who.int/en/) "total annual per capita medical expenditure" in Occupied Iraq and Occupied Afghanistan total US$124 and US$29 , respectively (as compared to US $3,122 in Australia and US$6,714 in the US) – a Palestinian Holocaust, an Iraqi Holocaust and an Afghan Holocaust and a Palestinian Genocide, an Iraqi Genocide and an Afghan Genocide as defined by Article 2 of the UN Genocide Convention (see: http://www.edwebproject.org/sideshow/genocide/convention.html) and in gross

contravention of the UN Charter, the Rights of the Child Convention, International Law and Articles 55 and 56 of the Geneva Convention Relative to the Protection of Civilian Persons in Time of War (see: http://www.unhchr.ch/html/menu3/b/92.htm).

A stark example is given by the "annual death rate" that is 1.6% (Occupied Palestinian under-5 year old infants), 2.5% (Occupied Iraqi under-5 year old infants) and 6.3% (Occupied Afghan under-5 year old infants) – as compared to 10% for Australian prisoners of war of the Japanese in World War 2 (and for which war crime Japanese generals were tried, convicted and hanged).

Comments. These are appalling, continuing war crimes with which Australia is associated. Australia's intimate connection with nuclear terrorist Apartheid Israel is far worse than its previous connections with US-, UK- and Apartheid Israel-backed Apartheid South Africa (indeed outstanding Jewish South African Minster for Intelligence and anti-Apartheid hero Ronnie Kasrils MP regards the State of Israel as worse than Apartheid – see " Israel 2007 – worse than Apartheid": http://www.mg.co.za/article/2007-05-21-israel-2007-worse-than-apartheid).

Suggestions. Australia should treat Apartheid Israeli war criminals on Rest and Recuperation or otherwise in Australia as war criminals. Australia should prosecute Zionist state terrorists and their Australian Zionist supporters, especially since Australian citizens in the Gaza Concentration Camp, Lebanon and the West Bank Bantustans have variously been under lethal fire from these war criminals in recent months and years (real terrorism with horrific real weapons as compared to the fake, Zionist "terror hysteria" propaganda terrorism – see item #5; see the horrific January 2009 report by 3 surgeons in the top medical journal The Lancet about the Israeli Gaza Massacre (1,350 Gazans killed, 60% children and 5,450 severely wounded, 40% children) in what the Catholic Church via Vatican justice and peace minister Cardinal Renato Martino and leading US conservative Pat Buchanan both call an Israeli-guarded Gaza Concentration Camp (see: here and here). Gaza remains under war criminal blockade and under dire threat of further Israeli atrocities, this latest atrocity involving 1,350 Palestinians killed in asserted reprisals for zero (0) Israeli deaths from Gaza rockets in the preceding year and 28 Israeli deaths from Gaza missiles in the preceding 8.25 years, this latter statistic yielding an "annual homicide rate" in "persons killed per million of population per year" of 0.5 (Israelis killed by Gaza missiles) – as compared to 0.5 (rapist husbands killed by raped wives), 1.0 (violent husbands killed by battered wives), 15 (Israelis by Israelis), 56 (Americans), 100 (Americans by guns), 164 (Palestinians killed violently by Israelis), 200 (African-Americans), 473 (citizens of Detroit, Michigan, USA) and 902 per million per year (annual Palestinian non-violent deaths through war criminal, Geneva Convention-violating Israeli-imposed deprivation; see Dr Gideon Polya, "Palestinian-Israeli Death Ratios . Nazi-style Israeli Gaza War Crimes": http://mwcnews.net/content/view/27795/42/ and an article in the top medical journal The Lancet entitled "The wounds of Gaza": http://www.thelancetglobalhealthnetwork.com/archives/608). Australia should immediately cease diplomatic relations with Apartheid Israel and ban travel to and dealings with Apartheid Israel. Australia should immediately withdraw from Occupied Iraq and Occupied Afghanistan and immediately commence paying reparations.

10. Australia's impact on global health and mortality (50% males).

Due to industry lobbying and a Culture of Ignoring, in Australia the expert views of our top climate scientists have been sidelined. Top US climate scientist Dr James Hansen (NASA GISS) says that "we face a climate emergency", a view shared by top UK climate scientist Professor James Lovelock FRS, and by other eminent scientists including Victorian Governor Professor David de Kretser AC and Australian Nobel Laureate Professor Peter Doherty who says: "We are in real danger" – but their warnings are unheeded.

Top UK climate scientist Dr James Lovelock FRS (famous for the Gaia hypothesis) (a) says that fewer than 1 billion people will survive this century due to unaddressed, man-made global warming; (b) says of carbon dioxide sequestration "That is a waste of time. It's a crazy idea - and dangerous. It would take so long and use so much energy that it will not be done"; (c) recognizes the urgent need to draw down atmospheric CO_2 from the present climate-disrupting, Arctic- and Antarctic-melting dangerous level of about 390 ppm to a safe level of about 300 ppm; and (d) regards biochar as the last chance to save humanity and the biosphere: "There is one way we could save ourselves and that is through the massive burial of charcoal" (see New Scientist Environment, 23 January 2009: http://www.newscientist.com/article/mg20126921.500-one-last-chance-to-save-mankind.html).

However the Australian Government (a) is remorselessly committed to an indefinite 2% annual **increase** in Australian Domestic and Exported greenhouse gas (GHG) pollution (contrary to top expert UK advice that an annual 6-8% **decrease** in GHG pollution is urgently needed to avert an atmospheric CO_2-e concentration of 450 ppm: Kevin Anderson & Alice Bows, "Reframing the climate change challenge in light of post-2000 emission trends", Proc. Trans. Roy. Soc, A, 2008: http://www.tyndall.ac.uk/publications/journal_papers/fulltext.pdf) and to Australia as the world's biggest coal exporter and a World leader in annual per capita GHG pollution, threatening billions of impoverished non-Europeans with climate genocide; (b) is committed to coal burning-derived carbon dioxide sequestration (as stated overseas recently by Her Excellency the Governor General); (c) gave Professor Garnaut's review a "target" atmospheric CO_2 range of 450-550 ppm , the minimum of which is disastrous for the planet and will kill off the Great Barrier Reef) and (d) totally rejects biochar as a solution (as stated recently by Climate Minister Penny Wong).

Already 16 million people die avoidably each year from deprivation and deprivation-exacerbated disease. However Professor James Lovelock FRS estimates that no more than 1 billion will survive this century i.e. that about 10 billion will perish in a Climate Holocaust and Climate Genocide due to unaddressed climate change (see Gaia Vince (2009), "One last chance to save mankind", New Scientist, 23 January 2009: http://www.newscientist.com/article/mg20126921.500-one-last-chance-to-save-mankind.html?full=true and http://biocharfund.com/images/hansen%2C%20target%20atmospheric%20c02.pdf).

Cognizant of the above realities, in 2008 I made a formal complaint to the International Criminal Court over Australia's involvement in Iraqi Genocide, Afghan

Genocide, Aboriginal Genocide and Climate Genocide (see: http://climateemergency.blogspot.com/2008_02_01_archive.html).

Comments. These shocking statistics demand urgent national and international action.

Suggestions. I would reiterate the suggestions in item #3. As perceived by top climate scientists and other top scientists, we have a Climate Emergency that can be met by (1) change of societal philosophy to one of scientific risk management and biological sustainability with complete cessation of species extinctions and zero tolerance for lying.; (2) urgent reduction of atmospheric CO_2 to a safe level of about 300 ppm as recommended by leading climate and biological scientists; and (3) rapid switch to the best non-carbon and renewable energy (solar, wind, geothermal, wave, tide and hydro options that are currently roughly the same market price as coal burning-based power) and to energy efficiency, public transport, needs-based production, re-afforestation and return of carbon as biochar to soils coupled with correspondingly rapid cessation of fossil fuel burning, deforestation, methanogenic livestock production and population growth (see "Climate Emergency Facts and Required Actions": http://sites.google.com/site/yarravalleyclimateactiongroup/climate-emergency-facts-and-required-actions and "Global warming, Climate Emergency" U3A course notes: http://sites.google.com/site/yarravalleyclimateactiongroup/global-warming--global-emergency-course).

Leading Australia paleoclimate scientist Dr Andrew Glikson in an Open Letter to the PM of Australia (February 9, 2009) stated: "global effort to avert what has been recently described by John Holdren, Obama's new chief science advisor, as the global climate disruption (http://www.climatesciencewatch.org/index.php/csw/details/holdren_global_climate_disruption/). Less than one year elapsed since Hansen's letter was sent [to the PM] , and while isolated weather events are not necessarily related to climate change, a dangerous trend has developed consistent with projections of atmospheric science, relegating southern Australia to droughts and fire and the north to intense cyclones and floods. Given the gravity of the matter, I suggest you consider to urgently convene a climate summit, where your government can listen to reports of severe climate disruption around the globe and in Australia, and to what the science says regarding future generations your government was entrusted to protect. Honorable Prime Minister, as communicated by James Hansen, your leadership is required (http://www.aussmc.org.au/ Hansen_letter_to_ Rudd.php). I hope this will happen in the spirit of Dietrich Bonhoeffer (http://www.abc.net.au/rn/ religionreport/stories/ 2006/1755084.htm)" (see Professor Barry Brook (2009), "Heatwave update and [Dr Andrew Glikson's] Open Letter to the [Australian] PM": http://climatechangepsychology.blogspot.com/2009/02/australian-january-february-2009.html).

Summary.

Some of the horrendous statistics above relating directly to Men's Health (or to general health and thence to Men's Health in the sense that males are 50% of the population) can be seen in terms of comparative "annual death rates". We have recently witnessed the latest, horrendous, Zionist Apartheid Israeli crimes in Gaza – a

war crime in which 1,350 inmates of what at the Catholic Church describes as the Gaza Concentration Camp (population 1.5 million, 50% children and 75% women and children) were killed (60% children) and 5,450 were severely wounded (40% children) by the Israelis in reprisals for zero (0) Israeli deaths from Gaza rockets in the preceding year.

There were 28 Israeli deaths from Gaza missiles in the 8.25 years preceding this latest Israeli atrocity, this latter statistic yielding an **"annual death rate" in "persons dying per million of population per year"** of 0.5 (Israelis killed by Gaza missiles) – as compared to 0.007 (Australians killed by terrorists in Australia), 0.25 (Western civilians assertedly killed by Muslim terrorists), 0.5 (rapist Australian husbands killed by raped wives), 1.0 (violent Australian husbands killed by battered wives), 14 (Australians dying from opiates linked to US Alliance restoration of the Taliban-destroyed Afghan opium industry), 15 (Israelis by Israelis or Australians killed by fellow Australians), 43 (female Australian suicides), 56 (Americans), 80 (Australian road fatalities; disproportionately male drivers killed), 100 (Americans by guns), 164 (Palestinians killed violently by Israelis), 164 (male Australian suicides), 172 (Australian alcohol-related deaths), 200 (African-Americans), 233 (Australian deaths from coal burning –based power generation), 257 (Australian from fossil fuel-based power generation), 473 (citizens of Detroit, Michigan, USA), 476 (Australian deaths from fossil fuel burning), 790 (mainly male Australian smoking-related deaths), 902 (annual Palestinian non-violent deaths through Geneva Convention-violating Israeli-imposed deprivation), 2,600 (World excess deaths), 2,800 (non-European world excess deaths), 12,300 (Occupied Iraq excess deaths), 18,800- 28,200 (Occupied Afghanistan excess deaths), 18,000 (Indigenous Australian excess deaths), 20,000 (Indigenous Australian excess deaths in the Northern Territory), 22,000 (Indigenous Australian deaths), 24,000 (Indigenous Australian deaths in the Northern Territory).

Australians must be made aware of the horrendous consequences of Australian actions and Australian inaction to avoidable death and avoidable Male Death in particular. They will then hopefully demand immediate actions (as suggested in this submission) to halt the carnage. Of outstanding importance in a global context is Australia's disproportionate contribution to GHG pollution and the looming prospect of Climate Genocide that will kill 10 billion people this century due to unaddressed global warming.

This submission has been made in the public interest.

Dr Gideon Polya