

5 May, 2007

Attention: Gary Samuels.  
Consumer Policy Enquiry.

Productivity Commission.  
PO Box 80.  
Belconnen. ACT. 2616

H. Wallace  
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CLIFTON BEACH. Q. 4879

T: (07) 4055 3465

Dear Mr. Samuels,

Reference: Review of Australia's Consumer Policy Framework. Etc.

Further to our recent conversations, the hope is to direct attention to both a number of decades-old anomalies in health-care policy towards consumers and to the rather remarkable silence with respect to a highly promising energy source, the value of which would be further enhanced if considered in the context of aspects of solar technology devised by me about thirty years ago.

Obviously, both fields have considerable depth and you may initially consider them to be outside the normal scope of your department. However there is enough collateral comment upon highly significant aspects of current health policy .... informed comment by sufficiently prestigious authorities to fully support my views that a number of preventive measures are being ignored in an orchestrated policy to provide palliative treatment of symptoms with drugs rather than use cures well proven for decades and widely known to competent persons within the profession .... or similarly established methods of prophylaxis.

When the enclosed observations of the then Shadow Health Minister, Julia Gillard, indicate a health expenditure black hole in the order of \$50 billion p.a., last weekend's (April 28-29) views by Professor Stephen Leeder, director of the Australian Health Policy Institute tend to both indicate due diligence cause to scrutinize both the failure to follow both logical procedures AND the motivations to follow policies which, competently analysed, are both illogical and highly damaging to both the economy and, in particular, to the mistreated patient.

Professor Leeder's remarks related to the Australian health field in general: only a few days later, public rhetoric from the diabetes industry has now provided a specific example of the fashion in which both the diabetes and the epilepsy industries tend to mislead the community with half-truths and rhetoric.

I refer to the enclosed 'authoritative' statements concerning diabetes research and gestational diabetes. The material is designed to direct concerned individuals into the diabetes industry system but omits the potentially invaluable suggestion that much gestational diabetes is due to deficiencies of pyridoxine and/or magnesium.... facts which have been well known for decades and are readily available via a few minutes work on the internet. Today's Google score is 129,000 under B6 deficit/gestational diabetes and 87,000 for 'magnesium deficit/gestational diabetes.'

## 2.

While the Internet is no guarantee of reliability, the fact that tens of thousands of entries may exist upon narrow aspects of a topic has the function of a smoke-alarm, and, given the potentially damaging nature of any mistake affecting the health and distress of millions, failure to provide due attention can constitute criminal negligence.

It appears probable that, in many cases, the extreme degree of that criminal negligence, or specific intent, may be a major obstacle to the medical profession's correction of problems which continue to cause distress, and often avoidable death to global millions.

How many potentially avoidable diabetic amputations constitute a crime against humanity? To what extent should 'medical ethics' be permitted to obstruct forthright criminal investigations of the motivations for some contrived rhetoric attempting acceptance as mere 'differing medical opinion'? To what extent should 'professional associations' be permitted to disregard, or merely withhold from the public arena, facts which are inimical to the national, or global interest....without criminal sanctions where appropriate?

We are enclosing copies of correspondence with the National Health and Medical Research Council. They tend to be self-explanatory. The slightly aggressive tone to the NHMRC was used in order to produce a reply. We received the predictable evasion of the issues but we may have been a factor to the recent rather alarmist public response by the epilepsy industry.

The fact that the NHMRC totally avoided the Chapter Nine and both four-decades old and many thousands of contemporary references to pyridoxine deficiency being a major factor to at least Class 2 diabetes should be a matter of public discussion....but no appropriate mechanism appears to exist to ensure a responsible formal response from NHMRC.

It seems possible that some such role as an Inspector General of Medical Practices may be needed .... with inquisitorial powers. The medical profession clearly cannot police itself .... as the existing highly damaging anomalies demonstrate.

The monosodium glutamate question is very serious if only because it also involves the global food-processing industries.

When the potential order of damage is so vast, it would appear important that the penalties for criminal connivance, corruption, or feigned stupidity should reflect the consequent human and economic damage.

One of the first steps might be to terminate much of the media censorship of specific topics at the request of big business, etc. For as long as matters can be called NOT PUBLIC KNOWLEDGE they can be totally ignored by politicians and bureaucrats alike ... with total impunity. Medical journalists are serious problems.

### Cost Effectiveness of PAGE 249.

We have circulated copies of the enclosed P249 to a considerable number of Australian associations with the request that they have approving members attempt to achieve a general global circulation of copies as a potentially highly cost-effective means of presenting a feasible, low-cost, readily accessible and practicable means of reduction of some addictions to all levels of the global socio-economic pyramid. The internet suits the simple card distribution. It is both simple and cost-effective....suited to e-mail and block multiple distribution in some newspapers.

3.

Please feel free to spread as widely as possible...if you agree with it.

We started in 1983 with R249...but could find no interest. Then in 1999, we became involved with epilepsy, etc., etc.

Given the order of damage/distress being addressed, failure was distressful and absorbed most of our resources...particularly health...two cancers, two heart situations, and a serious stroke disability .... but frustration is the worst aspect.

Am just going to throw copies of some correspondence in an envelope to find out whether it is within the purview of your enquiry. The rest will probably come next week but I feel that the health matters should meet your formal deadline.

Cordially yours,

A handwritten signature in black ink, appearing to read 'Harry Wallace', written over the typed name below.

Harry Wallace.