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Sydney NSW
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[Dr Colagiuri/Sydney Uni's latest corrupt conduct treats Australian Parliamentarians with utter contempt](#)

Dear Chair Dr Mike Freeland, Deputy Chair Mrs Melissa McIntosh, other (health) Committee members, other Australian Parliamentarians and interested observers,

A year ago, I wrote to many of you about harmful misconduct by Dr Stephen Colagiuri and other University of Sydney "scientists" in the diabetes space: <https://www.australianparadox.com/pdf/Letter-to-Oz-Parliamentarians-Nov2022.pdf>

Today, I am writing to advise you of unacceptable corrupt conduct involving Professor (Dr) Stephen Colagiuri and the deliberately misleading content of his Submission (#371) to our 2023 Parliamentary Inquiry into Diabetes. The problem as described in the headline above is explained in detail below, **with helpful screenshots on pp. 3-7.**

1. Background and summary: Dr Colagiuri/Sydney Uni treats Health Committee members with utter contempt

In my Submission to our 2023 Inquiry into Diabetes, I carefully documented an **epic diabetes fraud involving Charles Perkins Centre science professors Jennie Brand-Miller, Stephen Simpson, Stephen Colagiuri and Stewart Truswell, as well as Novo Nordisk, the global leader in diabetes drugs.** Further, I documented that the Charles Perkins cabal's harmful misconduct has been supported and dishonestly protected for over a decade by several sets of University of Sydney senior management, including current Vice-Chancellor Mark Scott and his team.

My detailed evidence on these matters is summarised in my Timeline on pp. 8-14 and on pp. 17 and 48 in my Submission: <https://www.australianparadox.com/pdf/Submission-HoR-DIABETES-INQUIRY.pdf>

Vice-Chancellor Mark Scott's latest unethical protection of his distinguished cabal's harmful misconduct - dishonestly pretending that no such misconduct has occurred - came in formal letters to me on 27 June and 28 August 2023 (those letters are reproduced on p. 19 of my Submission, above).

The latest corrupt conduct by Dr Stephen Colagiuri - a heavy-hitter at the Charles Perkins Centre, and a go-to diabetes "expert" for Diabetes Australia and the Australian Government - is so impressively blatant as to treat the Committee members overseeing the 2023 Inquiry into Diabetes with utter contempt. Perhaps the staff of Committee members Dr Mike Freeland MP, Mrs Melissa McIntosh MP, Dr Michelle Ananda-Rajah MP, Hon Mark Coulton MP, Ms Peta Murphy MP, Dr Gordon Reid MP, Dr Monique Ryan MP, Ms Anne Stanley MP, Ms Jenny Ware MP, Mr Graham Perrett MP, and Dr Sophie Scamps MP, might want to take a careful look at what is going on?

To cut to the chase, Dr Colagiuri's latest efforts are (as with earlier efforts) carefully designed to steer public-health officials away from the best, cheapest and most-sustainable fix for Australia's two million - and counting - type 2 diabetes (T2D) victims. Why would he do that? I don't know. We'll have to ask Dr Colagiuri himself why he is dishonestly hiding his true conflicts of interest from Committee members, while unethically promoting a menu of Nestle's Optifast products as the best approach to fixing T2D (**see pp. 3-7, below**). My best guess is that Colagiuri is in the process of (secretly) feathering his post-retirement nest via the University of Sydney's shonky Glycemic Index Foundation: <https://www.gisymbol.com/our-board/>

2. Six critical facts - Is Dr Colagiuri secretly feathering his nest?

From my earlier investigations, we know that Dr Colagiuri has long associations with **food companies like Nestle** (yum, it's healthy Low GI Milo) and other producers of sugary high-carbohydrate foods, via his involvement with Jennie Brand-Miller, their millions-selling pro-sugar Low GI Diet books and their **Glycemic Index Foundation**. Further, that Dr Colagiuri has devoted a great deal of time and effort over the years (decades) to helping pharmaceutical companies sell ineffective T2D drugs including Insulin to Australian T2D victims is firmly on the public record. It appears that **Dr Colagiuri's favourite diabetes-drug seller is industry leader Novo Nordisk**, whose long-time Medical Director Australasia – Dr John J. Miller - was Colagiuri's main scientific collaborator before Dr Novo Nordisk married Jennie Brand (Miller). On all that, please see pp. 6, 8-14, 22-30 in my Submission above, and pp. 3-7 below.

The following facts suggest that Dr Colagiuri is keeping a "dirty little secret" from Committee members:

1. The University of Sydney's Glycemic Index Foundation (GIF) recently started getting paid for promoting Optifast VLCD products (now featured on the first four pages of its Low GI shop): <https://www.gisymbol.com/low-gi-food-database/>
2. Charles Perkins Centre shonks Jennie Brand-Miller and Stephen Colagiuri are the main two **"University of Sydney Member Representatives" on the Board of the GIF**, with *Australian Paradox* sugar-and-obesity fraudster Dr Alan Barclay listed as GIF's principal "Scientific Advisor": <https://www.gisymbol.com/our-board/>

3. Dr Colagiuri has provided a Submission to our 2023 Inquiry into Diabetes: Submission #371 on p. 19 at https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/Inquiry_into_Diabetes/Submissions
4. The main purpose of Colagiuri's Submission appears to be to showcase his DiRECT-Aus study: "Our own research has demonstrated the feasibility of achieving remission at 12 months in over 50% of people with a program delivered in metropolitan and rural primary care (11)". (Please see screenshots on **pp. 3-7 below**).
5. That paper (ref. 11) is "Intensive Lifestyle Intervention for Remission of Early Type 2 Diabetes in Primary Care in Australia: DiRECT-Aus": <https://diabetesjournals.org/care/article/doi/10.2337/dc23-0781/153542/Intensive-Lifestyle-Intervention-for-Remission-of>
6. The approach that Colagiuri is promoting as the best-available fix for T2D is a low-energy "shakes and soups" menu of Nestle's Optifast VLCD products. Dr Colagiuri dishonestly claims to have no "potential conflicts of interest relevant to this article".

Alas, Dr Colagiuri has been unethically avoiding the known scientific facts surrounding excess sugar/carbohydrate and T2D, and now appears to be seeking to (secretly) feather his post-retirement nest via the University of Sydney's Glycemic Index Foundation. I assume the biggest payoff would come if Nestle's Optifast VLCD products were listed on the (taxpayer funded/subsidised) Pharmaceutical Benefits Scheme (PBS). Someone might ask Dr Colagiuri about the details of any financial discussions/agreements/plans involving Colagiuri/Glycemic Index Foundation/Nestle.

3. Colagiuri treating Committee members with utter contempt, by lying about his true COIs

Outrageously, Dr Colagiuri dishonestly claims in his latest diabetes study to have NO "potential conflicts of interest relevant to this article". That is, in his latest paper deliberately exaggerating the relative usefulness of Nestle's Optifast VLCD products as a fix for T2D, Colagiuri dishonestly hides his deep relationship with Nestle (see section 2, above).

In his formal Submission to the Inquiry into Diabetes (#371 on p. 19), Dr Stephen Colagiuri presents himself as a distinguished scientific toiler devoted to the truth, a scientist with no conflicts of interest, devoted to fixing T2D after an effective fix has eluded us for oh so long. "My current positions include Professor of Metabolic Health and Co-Director, World Health Organization (WHO) Collaborating Centre on Physical Activity, Nutrition and Obesity at the **Charles Perkins Centre, University of Sydney**." And here's my awesome paper showing Nestle's awesome Optifast VLCD products are an awesome fix for T2D: <https://diabetesjournals.org/care/article/doi/10.2337/dc23-0781/153542/Intensive-Lifestyle-Intervention-for-Remission-of>

Alas, Dr Colagiuri is treating Committee members - Dr Mike Freeland MP, Mrs Melissa McIntosh MP, Dr Michelle Ananda-Rajah MP, Hon Mark Coulton MP, Ms Peta Murphy MP, Dr Gordon Reid MP, Dr Monique Ryan MP, Ms Anne Stanley MP, Ms Jenny Ware MP, Mr Graham Perrett MP, Dr Sophie Scamps MP - with utter contempt:

- Colagiuri started his current project by dishonestly suppressing the fact that DiRECT's low-carb "shakes and soups" approach was profoundly outperformed by Virta Health's low-carb wholefood approach in the relevant 2018 diabetes trials (see **pp. 3-7 below**, pp. 4-5 in my Submission and <https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf>).
- Colagiuri is dishonestly pretending he has no conflict of interest with Nestle, despite his deep involvement with the University of Sydney's Glycemic Index Foundation (see <https://www.gisymbol.com/our-board/>) and its deep financial involvement with Nestle (search "Nestle" in <https://www.gisymbol.com/low-gi-food-database/>)
- Colagiuri hiding his Nestle conflict of interest from Committee members is another clear-cut case of Colagiuri seriously breaching the University of Sydney's anti-corruption *External Interests Policy*, which states: "Failure fully to disclose and appropriately manage a conflict of interests [sic] may be regarded as **corrupt conduct** under the Independent Commission Against Corruption (ICAC) Act 1988." <https://www.sydney.edu.au/policies/showdoc.aspx?recnum=PDOC2011/75&RendNum=0>
- Taking a wild guess, the purpose of Colagiuri's latest diabetes paper appears to be to help his friends at Nestle to get their Optifast VLCD products listed (subsidised by taxpayers) on the Pharmaceutical Benefits Scheme (PBS), in the process of feathering his post-retirement nest via the University of Sydney's Glycemic Index Foundation.

Importantly, Committee members might want to ask Colagiuri to reveal the extent of his lifetime payments – in cash and in kind (including travel and hospitality) - from pharmaceutical and sugary food companies, and to explain to them in detail any financial arrangements with Nestle and the Glycemic Index Foundation around his false and misleading promotion of Optifast VLCD products as better than self-funded low-carbohydrate wholefood diets for fixing T2D.

The next few pages show screenshots of key aspects of corrupt conduct by Colagiuri and certain colleagues

ToR 2. New evidence-based advances in the prevention, diagnosis and management of [type 2] diabetes [T2D]

“New evidence” on T2D reversal – produced by simply removing excess dietary sugar/carbohydrate - is impressive and reliable but not really new. Again, **sustained “Carbohydrate Restriction”** was the highly effective fix known to medical science and thousands of MDs/GPs in 1923. What worked readily to fix T2D in 1923 still works readily now. Following that proven “no GI” diet, fast-growing US firm **Virta Health is reversing T2D in most victims**, while collapsing the use of T2D medicines, including Insulin. **Importantly, Virta Health outperforms in a head-to-head comparison between Virta and DiRECT’s diabetes trials.**

VIRTA & DiRECT diabetes trials (2018) confirmed T2D & Metabolic Syndrome readily fixed via Carbohydrate Restriction

DETAILS OF TYPE 2 DIABETES (T2D) PATIENTS IN LOW-CARBOHYDRATE TRIALS		VIRTA	DiRECT	
Number of T2D patients in intervention cohort		262	149	
Average age of T2D patients		54	53	
Average years since patients diagnosed with T2D		8.4	3.2	Virta outperform
DETAILS OF DIETS AND PROTOCOLS IN COMPETING LOW-CARBOHYDRATE TRIALS		VIRTA	DiRECT	
Ketogenic diet via strict carbohydrate restriction (ongoing<30g/d or episodic<130g/d)		Yes	Yes	
Strict ban on common sugary drinks, breakfast cereals, potato chips, bread, cakes, lollies, biscuits, ice cream, chocolates, rice, pasta, potatoes, bananas, apples, oranges, beer, etc		Yes	Yes	
Features ultra-processed drinks and severe energy restriction (~840 kcal/d, 59% carbs)		No	Yes	Virta outperform
Features wholefoods - including meat, eggs and green vegetables - eaten to satiety		Yes	No	Virta outperform
This particular low-carbohydrate diet featured in most distinguished US/UK medical text in history and has been advised for diabetes remission by competent GPs for >100 years		Yes	No	Virta outperform
PROTOCOLS		VIRTA	DiRECT	
Patients routinely kept on oral diabetes/CVD drug Metformin via formal ADA advice re CVD		Yes	No	
"All oral antidiabetic and antihypertensive drugs were discontinued on day 1..."		No	Yes	
Excluded all long-duration T2D patients, all those diagnosed 7 to (say) 25 years earlier		No	Yes	Virta outperform
Excluded all particularly troubled T2D patients, including all of those on insulin therapy		No	Yes	Virta outperform
Meals provided free to patients, from food-industry partner favoured by researchers		No	Yes	
Intervention cohort given "step counters" and a target of "up to 15 000 steps per day"		No	Yes	
Individual T2D patients randomised to either intervention or control		No	No	
A. RESULTS - Profound progress normalising key aspects of Metabolic Syndrome		VIRTA	DiRECT	
HbA1c, noting <6.5% is key threshold in T2D diagnosis	baseline	7.5	7.7	
	after 12 months	6.2	6.8	
	% decline	-17	-12	Virta outperform
Share of T2D patients HbA1c <6.5%	baseline	~20%	~15%	
	after 12 months	72%	51%	Virta outperform
Weight kg	baseline	115.4	100.4	
	after 12 months	101.2	90.4	
	% decline	-12	-10	Virta outperform
Triglycerides	baseline	2.3	2.1	
	after 12 months	1.7	1.7	
	% decline	-25	-15	Virta outperform
Blood pressure	baseline	132.5	134.3	
	after 12 months	125.8	133.0	
	% decline	-5	-1	Virta outperform
HDL-cholesterol	baseline	1.1	1.1	
	after 12 months	1.3	1.2	
	% increase	17	12	Virta outperform
B. RESULTS - Massive reductions in antidiabetic drug usage		VIRTA	DiRECT	
Share of T2D patients struggling on insulin therapy	baseline	28%	0%	
	after 12 months	15%	0%	
	% decline	-47		Virta outperform
At 12 months, insulin therapy in Virta was stopped or reduced in 94% of completers				Virta outperform
Intervention also prompted massive de-prescribing of various oral antidiabetic drugs		Yes	Yes	
NB: ADA protocol in Virta meant Metformin still prescribed for CVD risk in 64% completers, yet proportion T2D patients' HbA1c <6.5% + no antidiabetic drugs including insulin & Metformin =		25%	49%	
Fewer symptoms depression at 1 year or 40% greater use of antidepressants, versus Control		Former	Latter	Virta outperform
Increase to 4.0 from 3.5 in mean number other "prescribed medications", incl. antidepressants		No	Yes	Virta outperform

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Published (with original sources cited) at: <https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf>

Intensive Lifestyle Intervention for Remission of Early Type 2 Diabetes in Primary Care in Australia: DiRECT-Aus

Samantha L. Hocking, Tania P. Markovic, Crystal M.Y. Lee, Tegan J. Picone, Kate E. Gudorf, and Stephen Colagiuri

Diabetes Care 2023;46(00):1-5 | <https://doi.org/10.2337/dc23-0781>

Intensive weight management using a low-energy total diet replacement achieves remission of type 2 diabetes in an Australian primary care setting

Intervention

- Participants with recently diagnosed type 2 diabetes and BMI >27 kg/m² recruited from 25 primary care practices across New South Wales.
- 13-week low-energy total diet replacement (Optifast; Nestlé Health Science), 8-week structured food reintroduction, and 31-week supported weight maintenance.
- Glucose-lowering medication was withdrawn.

Results

- Diabetes remission occurred in 86 (56%) participants with mean adjusted weight loss of 8.1% at 12 months.
- Likelihood of diabetes remission was proportional to weight loss.

Weight loss at 12 months	ITT (%)	Completer (%)
≤5%	37.9	25.9
>5-10%	45.2	48.3
>10-15%	75.0	78.6
>15%	87.1	87.0

ITT (n) 58 42 24 31
Completer (n) 27 29 14 23

*ITT (intention-to-treat) population (n=155) commenced total diet replacement. Completer (n=93) population completed total diet replacement and attended >50% of remaining study visits.

Conclusion

- This study confirms that remission of type 2 diabetes is achievable using a structured low-energy total diet replacement in an Australian primary care setting.

ARTICLE HIGHLIGHTS

- In individuals with recently diagnosed type 2 diabetes, a low-energy total diet replacement resulted in diabetes remission in 56% of participants at 12 months, with a mean adjusted weight loss of 8.1%.
- The likelihood of diabetes remission was proportional to weight loss, with remission achieved by 87% of participants who reduced their weight by >15%.
- The total diet replacement was well tolerated, with a few serious adverse events that were largely related to hypotension. Blood pressure should be monitored during the total diet replacement intervention.

Acknowledgments. The authors are enormously grateful to the general practitioner practices, health professionals, and volunteers for their participation.

Funding. This study was supported by Diabetes Australia, Sydney North Health Network, Western Sydney Primary Health Network (PHN), South Western Sydney PHN, Healthy North Coast (North Coast PHN), and Western NSW PHN. The formula meal replacement products were donated by Nestlé Health Science.

The funders of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

Duality of Interest. S.L.H. has received research grants from the Diabetes Australia Research Trust/Program and the National Health and Medical Research Council of Australia; has received honoraria for lectures from Eli Lilly, Novo Nordisk, Sanofi, AstraZeneca, Servier, and Amgen; has been or is on advisory boards for Novo Nordisk, Eli Lilly, Inova, and Pfizer; and has been an investigator for industry-sponsored clinical trials run by Novo Nordisk, Eli Lilly, Rhythm Pharmaceuticals, Millendo Therapeutics, Spruce Biosciences, and Amgen. T.P.M. has received research grants from the National Health and Medical Research Council of Australia; has been on advisory boards for Nestlé Health Sciences and Eli Lilly; and has been a principal investigator for industry-sponsored clinical trials for Novo Nordisk, Rhythm Pharmaceuticals, Millendo Therapeutics, Spruce Biosciences, Amgen, and Eli Lilly. K.E.G. is an employee of Diabetes Australia and has been a media spokesperson for Dietitians Australia. No other potential conflicts of interest relevant to this article were reported.

Author Contributions. S.L.H. wrote the first draft of the manuscript, and all authors edited, reviewed, and approved the final version of the manuscript. All authors were involved in the conception, design, and conduct of the study and the analysis and interpretation of the results. S.C. is the guarantor of this work and, as such, had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Prior Presentation. This work was presented in abstract form at the European Congress on Obesity, Dublin, Ireland, 17–20 May 2023.

Submission Number	Submission Name	File Size	Attachment
370	Food for Health Alliance	PDF 3226 KB	
371	Professor Stephen Colagiuri	PDF 482 KB	Attachment 1 (PDF 1148 KB)
372	National Retail Association	PDF 378 KB	
373	AusCycling and WeRide Australia	PDF 1156 KB	
374	Australian Beverages Council (ABCL)	PDF 3030 KB	
375	Dexcom/AMSL Diabetes	PDF 803 KB	
376	Mr Grant Ennis	PDF 427 KB	
377	Royal Australian and New Zealand College of Ophthalmologists (RANZCO), Orthoptics Australia and the Macular Disease Foundation Australia	PDF 1947 KB	
378	Australia and New Zealand Society for Paediatric Endocrinology and Diabetes (ANZSPED)	PDF 511 KB	
379	Australian and New Zealand Obesity Society (ANZOS)	PDF 563 KB	
380	Name Withheld	PDF 446 KB	

T2D remission was initially demonstrated with bariatric surgery induced weight loss but more recently with dietary interventions. While different approaches to diet-induced weight loss may help a person with T2D achieve remission, recent focus has been on very low energy diets (VLED) and ketogenic diets. The key features of these two approaches are:

- A very low energy diet (VLED) - consuming 3,300 kJ (~800 calories) per day or less; usually achieved through total meal replacements (shakes, soups, or bars) (6,7)

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- A ketogenic diet - primarily high in fats, very low in carbohydrates, with moderate intake of proteins. The dietary macronutrients are divided into approximately 55% to 60% fat, 30% to 35% protein, and 5% to 10% carbohydrates (8,9).

Regrettably, there has been unhelpful debate about these two approaches with protagonists of the ketogenic diets being particularly vocal in favour of the ketogenic approach and disparaging of diets higher in carbohydrate and it will be surprising if this is not reflected in submissions to this Inquiry.

While it is not appropriate to debate the merits of these two approaches in this submission, there is no clear evidence to differentiate between these approaches as demonstrated in a recent systematic review and meta-analysis which showed that the rates of T2D remission (HbA1c less than 6.5% (48mmol/mol) with no glucose-lowering medications) by following a low or very low carbohydrate diet were not higher than remission rates achieved by people following other dietary approaches (10).

What is clear is that different dietary approaches can successfully induce T2D remission and as always, it is important to offer choice to individuals attempting diabetes remission.

This emerging new paradigm in managing T2D is worthy of support to implement and integrate as a primary care management option. Our own research has demonstrated the feasibility of achieving remission at 12 months in over 50% of people with a program delivered in metropolitan and rural primary care (11). While these shorter-term benefits have been consistently demonstrated, the challenge is developing and supporting practice models for sustaining remission for longer periods. The focus of current implementation research is delivering programs based on a mix of face-to-face, group and on-line interventions.

Colagiuri dishonestly hiding conflict of interest: sits on Board of GIF entity paid to promote Nestle's Optifast

gisymbol.com/our-board/

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Our Board

The Glycemic Index Foundation is a not-for-profit health promotion charity that is governed by a Board of Directors. Our Board is made up of people with personal experience of diabetes, research leaders, food industry experts and experienced business executives who are passionate about supporting the community with information and tools to help improve their health through scientifically-backed low GI healthy eating principles.

Board Members



Professor Jennie Brand-Miller
(President & University of Sydney Member Representative)
Professor of Human Nutrition, School of Life and Environmental Sciences and Charles Perkins Centre
Jennie is internationally recognised for her ground-breaking work in Glycemic Index. She was a finalist in the 2006 Australian of the Year Award, and her books have sold millions of copies around the world. Jennie has also been elected a Fellow of the Academy of Science in recognition for championing understanding of the role of the glycemic index (GI) in health and disease. Jennie was made a Member (AM) in the General Division of the Order of Australia for service to education in the field of human nutrition as a researcher and academic, and as a supporter of people with a hearing impairment.



Professor Stephen Colagiuri
(University of Sydney Member Representative)
Professor of Metabolic Health and Co-Director of the World Health Organization Collaborating Centre on Physical Activity, Nutrition and Obesity, Faculty of Medicine and Health and Charles Perkins Centre, University of Sydney
Stephen Colagiuri is a clinical academic and a medical graduate specialising in diabetes and endocrinology. His research and clinical focus are on evidence-based diabetes prevention and care. He has co-authored a number of books on the glycaemic index. He has served on several World Health Organization technical advisory groups and served on the Board of the International Diabetes Federation from 2017 to 2022 as Vice President (Physician). In 2017 Stephen was made an Officer of the Order of Australia (AO) for national and international services to diabetes.



Dr Fiona Atkinson
(University of Sydney Member Representative)
Research Manager Sydney University Glycemic Index Research Services
Fiona is a leading researcher in carbohydrate health and nutrition. Fiona is internationally recognised for her research understanding the physiological significance of AMY1 Gene, which kickstarts digestion of starch in the mouth, is associated with blood glucose levels and digestion of carbohydrates, with implications for understanding human evolutionary biology and the gut microbiome.

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Search Our Low GI Food Database

Find out the GI value of everyday staples and some of your favourite brands. You can search for a specific food in our search box, or adjust the arrows on the columns to sort the entries.

Print Excel CSV Copy

Search:

Food	Category	GI Value	Serve Size	Carbs	Fibre
<u>OPTIFAST® VLCD™ Shake - Strawberry</u>	Beverages	05 (Low)	53g	18g	3.6g
<u>OPTIFAST® VLCD™ Shake - Vanilla</u>	Beverages	05 (Low)	53g	18g	3.6g
<u>OPTIFAST® VLCD™ Soup- Tomato</u>	Soup	05 (Low)	53g	18g	3.6g
USANA Digestive Health Protein Drink Lemon Ginger	Beverages	05 (Low)	23g	10g	6.0g
USANA Digestive Health Protein Drink Plain	Beverages	05 (Low)	23g	10g	6.0g

Showing 11 to 15 of 283 entries

*Foods with very low or no carbohydrates do not register a GI

Try these low GI certified products



OPTIFAST® VLCD™ Shake – Strawberry



OPTIFAST® VLCD™ Protein Plus Vanilla Shake



OPTIFAST® VLCD™ Shake – Vanilla



OPTIFAST® VLCD™ Soup-Tomato

<https://www.gisymbol.com/low-gi-food-database/>

Diabetes Mellitus Case for Action - Declarations of Interests

The declarations of interests of Steering Group members, authors and contributors to this Case for Action are listed below.

Name and Role(s)	Interest(s) declared
Prof Helena Teede <ul style="list-style-type: none"> Steering Group Chair Health Care Committee (HCC) primary contact Contributor 	Employment <ul style="list-style-type: none"> Employee and senior academic of Monash University – since 1997 funded by NHMRC fellowships and Monash University Employee of Monash Health. Board membership <ul style="list-style-type: none"> Board member, Diabetes Australia, Victoria – voluntary position 2009-2014. Consultancy fees/honorarium <ul style="list-style-type: none"> Novo Nordisk – educational organising committee 2013 Sanofi – educational organising committee Practice: practising endocrinologist in private and public practice. Primary appointment at Monash Health. Grants <ul style="list-style-type: none"> Funding: NHMRC, National Heart Foundation (NHF), Diabetes Australia Research Trust (DART), Department of Health-Victorian Government, International Diabetes Federation (IDF), Buckland, Perpetual Trustees, Lew Carty and Helen McPherson Trust, Brockhoff Trust, Cancer Australia Industry partnership with funds to the institution Industry funding – pharmaceutical trials funded on a per patient basis.
Prof Stephen Colagiuri <ul style="list-style-type: none"> Steering Group member Author 	Board membership <ul style="list-style-type: none"> Astra Zenica/BMS National Advisory Board; MSD National Advisory Board; <u>Novo Nordisk International and National Advisory Board</u>; Sanofi National Advisory Board; Servier International Advisory Board; Takeda National Advisory Board. Consultancy fees/honorarium; support for travel/accommodation; meals/beverages <ul style="list-style-type: none"> Speaker engagements - honoraria, travel expenses, accommodation and meals received from: Astra Zenica/BMS; MSD; <u>Novo Nordisk</u>; Sanofi; Servier; Takeda. Grants <ul style="list-style-type: none"> Chief Investigator, NHMRC Program Grant 2013-2017 Chief Investigator, NHMRC Project grant Chief Investigator, NHMRC EU FP7 Health project.

Colagiuri’s main collaborators over career are corrupt pro-sugar Professor Jennie Brand-Miller and her (secret, dishonestly hidden) husband Dr John J Miller, Medical Director Novo Nordisk Australasia from 1978

September 1989: **Stephen Colagiuri and John J. Miller** publish in *American Journal of Clinical Nutrition* on “Metabolic effects of **adding sucrose** and aspartame to the diet of subjects with **noninsulin-dependent diabetes mellitus** - This study compared the effects of adding sucrose and aspartame to the usual diet of individuals with well-controlled noninsulin-dependent diabetes mellitus (NIDDM). A double-blind, cross-over design was used with each 6-wk study period. ... **The addition of sucrose did not have a deleterious effect on glycemic control, lipids, glucose tolerance, or insulin action.** No differences were observed between sucrose and aspartame. **Sucrose added as an integral part of the diabetic diet** does not adversely affect metabolic control in well-controlled [!] NIDDM subjects.” <https://www.sciencedirect.com/science/article/abs/pii/S0002916523435800>

January 1990: **Stephen Colagiuri and John J. Miller** in *Medical Journal of Australia* (MJA) on “Comparison of **glycaemic control** with human and porcine **insulins** — a meta-analysis”, with **John J. Miller disclosing his employer as “CSL-Novo Pty Ltd, 22 Loyalty Road, North Rocks, NSW 2151”**: <https://online.library.wiley.com/doi/epdf/10.5694/j.1326-5377.1990.tb124433.x>

February 1991: **John J. Miller** in *MJA* on “Human insulin”: <https://doi.org/10.5694/j.1326-5377.1991.tb121118.x>

February 1991: **Janette C Brand, Stephen Colagiuri and Stewart Truswell et al** in the American Diabetes Association’s journal *Diabetes Care* on “**Low-Glycemic Index Foods Improve Long-Term Glycemic Control in NIDDM**”: <https://diabetesjournals.org/care/article/14/2/95/17926/Low-Glycemic-Index-Foods-Improve-Long-Term>

June 1992: **Stephen Colagiuri and John J. Miller** publish in top UK journal *The Lancet* on “Double-blind crossover comparison of human and porcine **insulins** in patients reporting lack of hypoglycaemia awareness”, with **John J. Miller disclosing his employer as “Novo Nordisk Pharmaceuticals, North Rocks, United States”** [Is switch from “NSW 2151” to **United States** a sneaky deliberate error?]: [https://www.thelancet.com/journals/lancet/article/PII0140-6736\(92\)92028-F/fulltext](https://www.thelancet.com/journals/lancet/article/PII0140-6736(92)92028-F/fulltext)

August 1992: **Stephen Colagiuri and John J. Miller** publish in top UK journal *The Lancet* on “Human insulin and hypoglycaemia”, with **John J. Miller again disclosing his employer as “Novo Nordisk Pharmaceuticals, North Rocks, United States”** [A sneaky deliberate error?]: [https://www.thelancet.com/journals/lancet/article/PII0140-6736\(92\)92387-U/fulltext](https://www.thelancet.com/journals/lancet/article/PII0140-6736(92)92387-U/fulltext)

September 1992: “**Janette Brand Miller**” aka JBM publishes with husband **John J. Miller**, on an early occasion that JBM added her financial partner’s surname Miller to her surname, Brand. Why, despite earlier being a **Novo Nordisk employee, does Dr J J Miller now disclose a University of Sydney affiliation?** (p. 26) [https://www.jpeds.com/article/S0022-3476\(05\)81797-4/pdf](https://www.jpeds.com/article/S0022-3476(05)81797-4/pdf)

March 1994: “**JC Brand Miller**” publishes “**Importance of glycemic index in diabetes**” in *AJCN*, observing “**The time has come to reassess the value of GI in planning meals for diabetics. A full text is hard to obtain but a serious investigation by AJCN almost certainly will find no mention in any COI disclosure of JBM’s lifetime financial and scientific partnership with Novo Nordisk’s Dr J. J. Miller.**” <https://www.sciencedirect.com/science/article/abs/pii/S0002916523194871?via%3Dihub>

1995: **JBM advised: “In 1995, we joined forces with Dr Stephen Colagiuri [Novo Nordisk’s Dr John J. Miller’s main scientific co-author],** an endocrinologist, to write *The GI Factor* (now called *The New Glucose Revolution*), the first book for the general public about the glycemic index of foods. ... We knew from our own work that understanding the GI of foods made an enormous difference to the **diet and lifestyle of people with diabetes.**” (From p. 7 of JBM’s book *New Glucose revolution Life Plan*, 2002). *Unreasonably, there is no mention anywhere of JBM’s relationship with diabetes-drug seller Dr Novo Nordisk.*

2002: **Janette C Brand-Miller** published “**International table of glycemic index and glycemic load values: 2002**” in *AJCN* <https://www.sciencedirect.com/science/article/pii/S0002916523058409> *Unreasonably, there is no mention of JBM’s lifetime financial and scientific partnership with Australia’s greatest-ever diabetes-drug seller, Novo Nordisk’s Dr John J Miller.*

2003: **JBM and Stephen Colagiuri** published “**Low-glycemic index diets in the management of diabetes: a meta-analysis of randomised controlled trials**” in the American Diabetes Association’s journal *Diabetes Care*. *Unreasonably, JBM and Dr Colagiuri dishonestly hid JBM’s financial and scientific partnership with drug-seller Novo Nordisk Australasia’s Medical Director, Dr John J. Miller.* “Acknowledgments— J.B.M. and S.C. are coauthors of ...books about the glycemic index (The New Glucose Revolution. New York, Avalon, 2002). J.B.M. is the director of ...Sydney University Glycemic Index Research Service, SUGIRS.” <https://diabetesjournals.org/care/article/26/8/2261/22776/Low-Glycemic-Index-Diets-in-the-Management-of>

4. More detail on Colagiuri's corrupt conduct in promoting Nestle's Optifast products

I will explain Dr Colagiuri's corrupt conduct in more detail. For starters, it had been standard for decades for Dr Colagiuri to help his main scientific collaborator - Jennie Brand-Miller (who replaced Novo Nordisk's Dr John J. Miller) - to dishonestly hide her Novo Nordisk conflict of interest: please see pp. 6, 8-14 and 22-31 in <https://www.australianparadox.com/pdf/Submission-HoR-DIABETES-INQUIRY.pdf>

Accordingly, it is unsurprising that Colagiuri is dishonestly hiding his own conflict of interest with Nestle. Beyond repeatedly lying about conflicts of interest, Dr Colagiuri and the University of Sydney's usual starting point in the diabetes space has been to simply ignore the fact that type 2 diabetes (T2D) is caused by the excess consumption of sugar and other carbohydrate, as has been known at the highest levels of medical science since 1923 and earlier (pp. 2-3 in my Submission above)

In his latest diabetes study, Dr Stephen Colagiuri - a veteran University professor and part-time worker for pharmaceutical companies including Novo Nordisk - started by blatantly misrepresenting hard "peer reviewed" evidence showing that Virta Health's wholefood low-carbohydrate (ketogenic) approach is **much more effective for fixing T2D and Metabolic Syndrome than DiRECT-UK's low-carbohydrate (ketogenic) approach**, the latter based on commercially sold low-energy "shakes and soups" (see pp. 4-5 and 22-31 in my Submission above).

Last November, a year ago, I alerted Diabetes Australia, University of Sydney Vice-Chancellor Mark Scott and his Academic Board, and Australian Parliamentarians to Dr Colagiuri's blatant misrepresentation of the Virta results. That blatant misrepresentation was not an accident: it was unethically designed to promote expensive, commercially produced and unsustainable low-energy "shakes and soups" as the approach best-placed to fix T2D. Of course, the low-energy ketogenic "shakes and soups" approach "works" mainly because it removes excess sugar/carbohydrate from the diets of T2D victims: <https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf>

At the time, Dr Stephen Colagiuri was overseeing the DiRECT-Aus study designed to replicate the (inferior) DiRECT-UK results, with his DiRECT-Aus study using Nestle-donated Optifast "shakes and soups". Taxpayer-funded medical services were unreasonably roped into the study: https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2020/06/EOI_DiRECT-Aus_final.pdf I say unreasonably, because Colagiuri's preferred low-energy "shakes and soups" approach was known to be an inferior approach (see pp. 4-5 in my Submission).

One of the scams in Dr Colagiuri's DiRECT "shakes and soups" approach - *designed to exaggerate its effectiveness in fixing T2D* - has been to focus on "the easiest" T2D victims, those diagnosed only in the previous six years. That is, Colagiuri and his helpers deliberately excluded all Australian T2D victims diagnosed with T2D (say) 7-40 years earlier. Further, all T2D victims using Insulin also were explicitly excluded from the DiRECT-Aus study. **Thus the average duration of Colagiuri's T2D victims' diabetes diagnosis is just 2.8 years, a fraction of the 8.4 year average for T2D victims (including Insulin users) in Virta's outperforming wholefood (meat, fish, chicken, eggs, green veges, etc) low-carbohydrate trial** (see pp. 4-5 in RR's Submission above).

The results of the DiRECT-Aus study have now been published, with **Dr Stephen Colagiuri confirmed as the lead author**: "S.C. is the guarantor of this work and, as such, had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis." p. 4 in PDF at <https://diabetesjournals.org/care/article/doi/10.2337/dc23-0781/153542/Intensive-Lifestyle-Intervention-for-Remission-of>

Colagiuri *et al* summarise the study as follows: "Individuals age 20 to 65 years with T2D duration **up to 6 years**, BMI >27.0 kg/m² and **not treated with insulin** were prescribed a 13-week low-energy TDR (**Optifast; Nestlé Health Science**) followed by 8-week structured food reintroduction and 31-week supported weight maintenance. The primary outcome was T2D remission at 12 months."

Again, outrageously, Colagiuri claims in a formal science journal that he has NO "potential conflicts of interest relevant to this article". FFS, he is on the Board of an entity that is paid to market Nestle's Optifast products!

Meanwhile, his co-authors were not so coy, happily confirming that they are devoted to the interests of Nestle and various pharmaceutical companies:

"Duality of Interest. S.L.H. ... has received honoraria for lectures from Eli Lilly, **Novo Nordisk**, Sanofi, AstraZeneca, Servier, and Amgen; has been or is on advisory boards for **Novo Nordisk**, Eli Lilly, Inova, and Pfizer; and has been an investigator for industry-sponsored clinical trials run by **Novo Nordisk**, Eli Lilly, Rhythm Pharmaceuticals, Millendo Therapeutics, Spruce Biosciences, and Amgen. **T.P.M.** ... has been on advisory boards for **Nestle Health Sciences** and Eli Lilly; and has been a principal investigator for industry-sponsored clinical trials for **Novo Nordisk**, Rhythm Pharmaceuticals, Millendo Therapeutics, Spruce Biosciences, Amgen, and Eli Lilly. **K.E.G.** is an employee of Diabetes Australia and has been a media spokesperson for Dietitians Australia. **[S.C.]**: **No ... potential conflicts of interest relevant to this article were reported.**" (see p. 4 in Dr Stephen Colagiuri's - S.C.'s paper in link above)

5. Endpiece: Does Canberra care how many Australians are forced to suffer T2D, misery and early death?

We know that Dr Colagiuri's long career has been deeply enmeshed with Novo Nordisk and other pharmaceutical companies, all of whom benefit from Colagiuri suppressing the true science surrounding refined sugar, carbohydrate and T2D: pp. 2-6, 8-14, 22-31 <https://www.australianparadox.com/pdf/Submission-HoR-DIABETES-INQUIRY.pdf>

Now, after suppressing the true underlying science of T2D and steering public health towards an inferior and unsustainable (low energy) "shakes and soups" approach, Colagiuri is (secretly) seeking to ensure that his sugary high-carb Glycemic Index Foundation (GIF) gets paid plenty for putting healthy Low GI stamps on Nestle's Optifast "shakes and soups" (and bars and desserts).

Dr Colagiuri's latest step is a big one: providing a formal Submission to the 2023 Parliamentary Inquiry into Diabetes. Colagiuri is using the Inquiry as a vehicle to "launch" his new Nestle-shakes-and-soup-fuelled DiRECT-Aus study in Canberra, trying to impress key decision-makers who direct Medicare and Pharmaceutical Benefits Scheme (PBS) funding, without mentioning anything about the big-money involvement of his GIF entity. I assume the big payday for Colagiuri's GIF would come after the endgame of Nestle's Optifast "shakes and soups" being listed as taxpayer-funded/subsidised medical products on the PBS.

That would be awesome also for Colagiuri and Jennie Brand-Miller's pharma friends, because they all know low-energy diets are literally unsustainable, no matter how much taxpayer funding is poured down the drain, and that nothing much meaningful has happened until T2D victims are advised - by trusted GPs in every town and suburb across Australia - to stop eating excess sugar and carbs.

Sorry about the cranky, disillusioned tone. You may recall that I have written to many of you previously. Unfortunately, scientific fraud and other corrupt conduct in the diabetes space involving University of Sydney science-careerists - protected by dishonest senior management - proceeds apace, as it would, given Canberra's apparent lack of interest in stopping it.

Accordingly, it is not an accident that we now have two million Australian T2D victims, and counting. Alas, those troubled, hapless victims - grandparents, mothers and fathers, sisters and brothers, aunts and uncles, and even children - suffer T2D and quiet, prolonged misery before an early death, simply for want of proper medical advice to remove excess sugar/carbohydrate from their daily diets. I've come to suspect that's exactly how our thriving diabetes industry - composed of taxpayer-funded diabetes entities, dynamic diabetes "researchers", eminent Go8 diabetes careerists, awesome public-health "professionals" and prosperous pharmaceutical companies - likes it. And too bad, so sad, about the misery and early death left behind by the diabetes money train.

Dedication

Charlie Perkins was born in Alice Springs near the red centre of Australia in June 1936. I was born there 30 years later in March 1966. I dedicate my decade's worth of efforts exposing the Charles Perkins Centre's disastrous high-carbohydrate advice for diabetes to my now-dead parents. My wonderful, kind indefatigable mother, **Elaine Lucas** (14 March 1937 to 14 March 2021) nursed Aboriginal and other Australians in remote places - including Katherine, Alice Springs, Balcanoona, Woorabinda and Baralaba - from the early 1960s to the late 1980s, while my father, **Alexander "Sandy" Robertson** (2 October 1933 to 26 April 2015) grew up on a farm near Peebles in Scotland, and in the Scots Guards, then shipped briefly to Melbourne and Coogee in Sydney, before working with cattle, sheep and wheat across country Australia for half a century. He taught me (and my brother and sister) much about what is right and much about what is wrong, often by example. (A longer piece on Dad's life and times can be found in one of the links below.)

I also have firmly in mind people like Bonita and Eddie Mabo, Faith Bandler, Charlie Perkins (who Dad often said he knew briefly - so too his brother Ernie - in The Territory over half a century ago), Waverley Stanley and Lou Mullins of Yalari, and especially Noel and Gerhardt Pearson, all of whom worked or are working indefatigably for decades to improve the lot of their mobs, their peoples left behind. Finally, I wonder whatever happened to the many Aboriginal boys and girls I met across country Australia when I was a boy, especially the big Woorabinda mob with whom I shared classrooms and sports fields back in Baralaba, central Queensland, in the late 1970s. Much of the news over the years has been tragic and depressing. <https://www.australianparadox.com/baralaba.htm>

Please note: In this and other documents, I have detailed influential incompetence and much worse in nutrition and health "science", and by Group of Eight university senior management. Importantly, if you read anything here or elsewhere from me that is factually incorrect or otherwise unreasonable, please contact me immediately and, if I agree, I will correct the text as soon as possible. This all matters because up to two million or more hapless Australians today already have T2D, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate T2D advice promoted by Australian governments and a range of respected entities, all advised by highly influential but inept and/or corrupt Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

Using the word “corrupt”, I rely on an **Oxford definition** - “having or showing a willingness to **act dishonestly** in return for money or personal gain” (including protecting reputations) – and **Sydney University’s policy**: “Failure fully to disclose and appropriately manage a conflict of interests may be regarded as **corrupt conduct** under the Independent Commission Against Corruption (ICAC) Act 1988”

<https://www.sydney.edu.au/policies/showdoc.aspx?recnum=PDOC2011/75&RendNum=0>

Finally, I confirm again that I am happy to be interviewed publicly on all matters covered in all the material I have published here and elsewhere.

Best wishes,
Rory

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I have written to University of Sydney Vice-Chancellor Mark Scott, asking him to please stop Charles Perkins Centre research misconduct that is working to suppress medical science's most-effective fix for type 2 diabetes, thus promoting misery and early death for millions of vulnerable

Australians: <https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf>

Here's me, Emma Alberici and ABC TV's *Lateline* on the University of Sydney's Australian

Paradox: <https://www.youtube.com/watch?v=OwU3nOFo44s>

Here's the diet advised by Dr Peter Brukner, formerly the Australian cricket team's

doctor: <https://www.australianparadox.com/pdf/PeterBrukner.pdf>

A life in our times: Vale Alexander “Sandy” Robertson (1933-

2015): <http://www.australianparadox.com/pdf/AlecRobertson-born2oct33.pdf>

Comments, criticisms, questions, compliments, whatever welcome at strathburnstation@gmail.com

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Strathburn Cattle Station is a proud partner of YALARI, Australia's leading provider of quality boarding-school educations for Aboriginal and Torres Strait Islander teenagers. Check it out

at <http://www.strathburn.com/yalari.php>

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