Rory Robertson (+61 414 703 471)
Sydney NSW
15 February 2023

Dear Minister for Health and Aged Care, Mark Butler, Secretary of Department of Health and Aged Care, Brendan Murphy, and other Members and Senators of our Australian Parliament (also copied are a range of observers including journalists),

Thank you for your response to my request for a Parliamentary inquiry into what I described as **"the biggest medical scandal in Australia's history"**: a cabal of misbehaving "scientists" are corrupting diabetes and dietary advice, driving type 2 diabetes, cardiovascular disease (CVD), misery and early death for millions of Australians. My letter is reproduced on p. 29, below.

Notably, in fobbing off my request, you neither addressed my specific concerns nor acknowledged the detailed evidence I provided. Your response - via Mr Chris Carlile, an Assistant Secretary in your Department - is reproduced below, on p. 28.

Alas, pretending there is no problem helps mainly the **influential cabal of Charles Perkins sci-careerists** and others whose shonky advice is wrecking public health, and the pharmaceutical companies paying for your official guidelines to be corrupted.

It strikes me as hypocritical for health leaders to publicly bemoan trends towards greater "chronic disease", the resultant crisis in General Practice and the ongoing collapse of Medicare, while **deliberately turning a blind eye to influential misconduct** behind the harmful misinformation that is driving these disastrous trends. These trends are not an accident: faulty official advice is the main problem. When will politicians get angry about their families, friends and communities getting fat and sick?

I was amazed/amused that my concerns about faulty and harmful official advice were fobbed off using explicit references to our *National Diabetes Strategy* and *Australian Dietary Guidelines*, **when two of four distinguished shonks I have identified - Professors Stephen Colagiuri and Stewart Truswell** - are the *main scientific authors* of those two documents (pp 7, 15-16)

The **critical information** that is being unethically hidden from fat and sick Australians by the official family is that **nothing fixes type 2 diabetes and reduces CVD risks - including obesity and hypertension – more readily and sustainably than the removal of excess sugar and (other) carbohydrate from our usual diets**. This has been known for a century (overleaf) and in 2017-18 was rigorously reconfirmed via the profound clinical-trial results from Virta Health (US) and DiRECT (UK).

Those clinical data are reproduced on p.3 below, with Virta's approach clearly outperforming. As advised previously, **your man Colagiuri** is sneakily misrepresenting Virta's clinical results in Diabetes Australia's 2021 *Position Statement* (see pp. 23-26).

Of course, **your man Colagiuri** mostly is just doing what he is **paid tens of thousands of dollars a year by pharmaceutical companies** to do: pretend that excess intake of sugar/carbohydrate is not the main (only?) driver of type 2 diabetes (pp. 7-14).

In that lucrative role, trading on the University of Sydney's credibility, he helped to sell millions of "Low GI" diet/diabetes books featuring the silly false claim **"There is absolute consensus that sugar in food does *not* cause [type 2] diabetes"** (p. 10).

As the main scientific author of Australia's *National Diabetes Strategy 2016-2020*, your man Colagiuri managed to recklessly exclude the word "carbohydrate" - massive victory for pharmaceutical companies: try "Ctrl F" in the 28-page document on p. 8. Previously, your man Colagiuri oversaw the shonky "scientific" process that recklessly excluded any and all references to "carbohydrate" and "sugar" from Australia's drug-seller-friendly diabetes-risk calculator, **AUSDRISK** (see p. 9).

Your man Colagiuri's closest associate in the misbehaving Charles Perkins cabal is Jennie Brand-Miller (JBM), best known recently for her **infamous *Australian Paradox* fraud** – based on misrepresented and faked data – pretending there's an "inverse relationship" between sugar and obesity: http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf ; https://www.australianparadox.com/pdf/ABC-A-CA.pdf ; http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf **JBM is Colagiuri's famous Low-GI co-author** in claiming that silly false "**absolute consensus"** on sugar ***not*** causing type 2 diabetes. "GI Jennie" runs Sydney University's business that is paid to put **"Low GI" healthy stamps** on products up to 99.4% sugar (pp. 10-14). In 2004, JBM helped the American Diabetes Association **falsely and recklessly insist that sugar-free, low-carbohydrate diets can't reverse type 2 diabetes**: p. 32 https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

How could JBM be so inept and blinkered for decades, then dishonestly pro-sugar? In January, I accidentally discovered that the "Miller" in Brand-Miller is John Miller. **It appears that JBM's hubby - and notable source of household income - has been "Medical Director, Novo Nordisk Australasia, 1978 – Present**": https://www.linkedin.com/in/john-miller-7ab727a/

In 2017, **dishonest Stewart Truswell** helped JBM expand her *Paradox* fraud. For four decades before that, Truswell was the main scientific author of our *Australian Dietary Guidelines*. If you don't believe me, please go immediately to pp. 15-17 below.

Dishonest Stephen Simpson, the boss of ~1000 Charles Perkins researchers, also protects JBM's fraud. Plus he has his own: with the blessing of Vice-Chancellor Mark Scott and timid NHMRC CEO Anne Kelso, he's in the process of using his sugary 30-Diet Lifespan fraud to steal $13m worth of research funds from taxpayers over 2019-2023 (see pp. 17-22, below).

All up, I think I have provided sufficient credible – indeed, stunning – evidence of misconduct for every Member of Parliament and Senator to be alarmed. Please re-assess my reasonable request for a Parliamentary inquiry. Please assess my evidence that influential misconduct by a cabal of Charles Perkins sci-careerists - **Stephen Colagiuri, Jennie Brand-Miller, Stephen Simpson and Stewart Truswell** - is fuelling type 2 diabetes, cardiovascular disease (CVD), misery

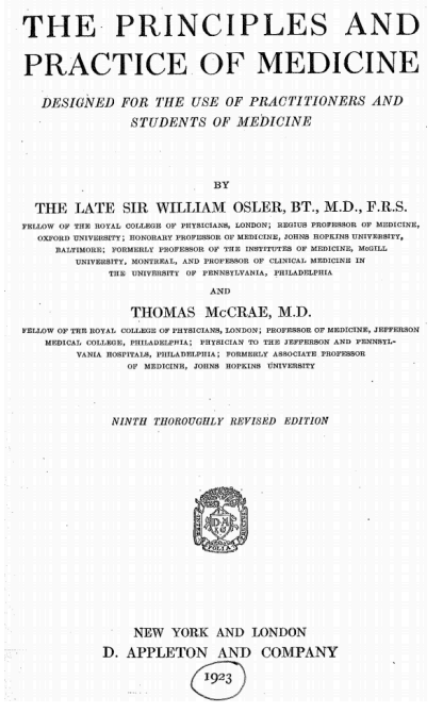
and early death for millions of hapless Australians, while driving the growing crisis in General Practice and the ongoing collapse of Medicare. On all that, there is little point in establishing an **Australian Centre for Disease Control (ACDC)**, if it will mostly involve inept health careerists continuing to promote faulty official information fuelling "chronic diseases" in Australia.

Finally, Members and Senators, if you would like to test my credibility and the veracity of my claims, I could be in Canberra at your request with as little as 24 hours' notice. My number is 0414703471; my email address is strathburnstation@gmail.com The remainder of this piece **presents evidence that there is a better way**, alongside key evidence of influential misconduct.

Best wishes,
Rory Robertson

A slideshow highlighting effective fix for T2D and evidence of misconduct by dishonest cabal at Charles Perkins

The tragedy of modern nutrition "science" and advice is that incompetence and scientific fraud have resulted in "scientists", GPs and dietitians knowing less today about fixing type 2 diabetes than was widely known in 1923



THE PRINCIPLES AND PRACTICE OF MEDICINE

DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE

BY

THE LATE SIR WILLIAM OSLER, BT., M.D., F.R.S.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; REGIUS PROFESSOR OF MEDICINE, OXFORD UNIVERSITY; HONORARY PROFESSOR OF MEDICINE, JOHNS HOPKINS UNIVERSITY, BALTIMORE; FORMERLY PROFESSOR OF THE INSTITUTES OF MEDICINE, McGILL UNIVERSITY, MONTREAL, AND PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA

AND

THOMAS McCRAE, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; PROFESSOR OF MEDICINE, JEFFERSON MEDICAL COLLEGE, PHILADELPHIA; PHYSICIAN TO THE JEFFERSON AND PENNSYLVANIA HOSPITALS, PHILADELPHIA; FORMERLY ASSOCIATE PROFESSOR OF MEDICINE, JOHNS HOPKINS UNIVERSITY

NINTH THOROUGHLY REVISED EDITION

NEW YORK AND LONDON
D. APPLETON AND COMPANY
1923

The following are the conditions which influence the appearance of sugar in the urine:

(*a*) EXCESS OF CARBOHYDRATE INTAKE.—In a normal state the sugar in the blood is about 0.1 per cent. In diabetes the percentage is usually from 0.2 to 0.4 per cent. The hyperglycæmia is immediately manifested by the appearance of sugar in the urine. The healthy person has a definite limit of carbohydrate assimilation; the total storage capacity for glycogen is estimated at about 300 gms. Following the ingestion of enormous amounts of carbohydrates the liver and the muscles may not be equal to the task of storing it; the blood content of sugar passes beyond the normal limit and the renal cells immediately begin to get rid of the surplus. Like the balance at the Mint, which is sensitive to the correct weight of the gold coins passing over it, they only react at a certain point of saturation. Fortunately excessive quantities of pure sugar itself are not taken. The carbohydrates are chiefly in the form of starch, the digestion and absorption of which take place slowly, so that this so-called alimentary glycosuria very rarely occurs, though enormous quantities may be taken. The assimilation limit of a normal fasting individual for sugar itself is about 250 gms. of grape sugar, and considerably less of cane and milk sugar. Clinically one meets with many cases in which glycosuria is present as a result of excessive ingestion of carbohydrates, particularly in stout persons and heavy feeders—so-called lipogenic diabetes—a form very readily controlled.

https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

Added sugar is 100% carbohydrate. In 1923, it was widely known by competent GPs across the western world that excessive consumption of added sugar and other carbohydrate is the main driver of (Type 2) diabetes. **Accordingly, a low-carbohydrate, high-fat (LCHF) cure was advised (overleaf).** Today, that LCHF diet cure is almost universally suppressed by "scientists", GPs, dietitians and other public-health careerists. Sadly, the fledgling post-WW2 nutrition "science" space in the 1950s and 1960s was hijacked by mistaken-but-highly influential anti-fat, pro-carbohydrate careerists. For type 2 diabetics today, official advice is worse than useless: "usual care" typically features a diet of 45-65% carbohydrate and a lifetime on ineffective diabetes drugs. With usual care, typically less than 1% of HCPs' customers have their type 2 diabetes "reversed", "cured" or "put into remission" before their untimely, premature deaths.

http://care.diabetesjournals.org/content/early/2014/09/12/dc14-0874.full-text.pdf
https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

Virta and DiRECT clinical trials in 2017-2018 confirmed profound fact: nothing fixes type 2 diabetes, blood pressure, obesity & other heart-disease (CVD) risks as effectively as removing excess sugar/carbohydrate from patients' diets

Assessing the actual results in the table below, it's clear that Virta's lower-carbohydrate, real-food approach outperformed DiRECT's low-carb, low-energy, highly processed "diet shakes" approach (see Nestle's OPTIFAST recipe on p. 25). Specifically, Virta's approach - despite treating much-sicker diabetes patients - produced greater reductions in HbA1c (recall that readings above 6.5% define type 2 diabetes) and weight, and greater reductions in cardiovascular-disease (CVD) risk via greater reductions in Triglycerides and blood pressure plus a greater improvement (increase) in HDL-cholesterol.

Panel B shows that both trials reported major reductions in diabetes-drug use, with Virta's approach massively reducing insulin usage. Notably, DiRECT reported a surprising increase in usage of other drugs, including antidepressants.

VIRTA (US) VERSUS DiRECT (UK) T2D TRIALS: COMPARING LOW-CARB DIETS, PROTOCOLS & RESULTS

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-CARBOHYRATE TRIALS		**VIRTA**	**DiRECT**	
Ketogenic diet via severe 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 **rountinely** kept on oral diabetes/CVD drug Metformin via formal ADA advice re CVD		**Yes**	No	
"All oral antidiabetic and antihyperintensive drugs were **discontinued on day 1**..."		No	**Yes**	
Excluded **all long-duration** T2D patients, all those diagnosed **7 to (say) 40 years** earlier		No	**Yes**	
Excluded **all particularly troubled** T2D patients, including all of those on **insulin therapy**		No	**Yes**	
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**		
At 12 months, insulin therapy in Virta was stopped or reduced in 94% of completers				
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 av. number other "prescribed medications", incl. **antidepressants**		No	**Yes**	**Virta outperform**

Sources are as follows:

Virta study: https://link.springer.com/content/pdf/10.1007/s13300-018-0373-9.pdf
Virta paper on reduced "Depressive symptoms": https://link.springer.com/article/10.1007/s10865-021-00272-4
DiRECT study: https://nrl.northumbria.ac.uk/id/eprint/35606/1/Primary%20care-led%20weight%20management.pdf
More DiRECT: https://www.directclinicaltrial.org.uk/Pubfiles/DiRECT%20Baseline%20paper%20Diabetologia.pdf
Further evidence for low-carbohydrate approach: https://www.mdpi.com/2072-6643/13/10/3299
Another summary of low-carb evidence: https://www.mdpi.com/2072-6643/11/4/766

Virta's low-carbohydrate approach was advised in 1923 in western world's most-distinguished medical text

QUANTITY OF FOOD Required by a Severe Diabetic Patient Weighing 60 kilograms. (Joslin.)

Food	Quantity Grams	Calories per Gram	Total Calories
Carbohydrate	10	4	40
Protein	75	4	300
Fat	150	9	1,350
Alcohol	15	7	105
			1,795

STRICT DIET. (Foods without sugar.) Meats, Poultry, Game, Fish, Clear Soups, Gelatine, Eggs, Butter, Olive Oil, Coffee, Tea and Cracked Cocoa.

FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATES

	5% +	10% +	15% +	20% +
VEGETABLES	Lettuce, Spinach, Sauerkraut, String Beans, Celery, Asparagus, Cucumbers, Brussels Sprouts, Sorrel, Endive, Dandelion Greens, Swiss Chard, Vegetable Marrow, Cauliflower, Tomatoes, Rhubarb, Egg Plant, Leeks, Beet Greens, Water Cress, Cabbage, Radishes, Pumpkin, Kohl-Rabi, Sea Kale	Onions, Squash, Turnip, Carrots, Okra, Mushrooms, Beets	Green Peas, Artichokes, Parsnips, Canned Lima Beans	Potatoes, Shell Beans, Baked Beans, Green Corn, Boiled Rice, Boiled Macaroni
FRUITS	Ripe Olives (20 per cent. fat), Grape Fruit	Lemons, Oranges, Cranberries, Strawberries, Blackberries, Gooseberries, Peaches, Pineapples, Watermelon	Apples, Pears, Apricots, Blueberries, Cherries, Currants, Raspberries, Huckleberries	Plums, Bananas
NUTS	Butternuts, Pignolias	Brazil Nuts, Black Walnuts, Hickory, Pecans, Filberts	Almonds, Walnuts (Eng.), Beechnuts, Pistachios, Pine Nuts	Peanuts, 40%, Chestnuts
Miscellaneous	Unsweetened and Unspiced Pickle, Clams, Oysters, Scallops, Liver, Fish Roe			

30 grams (1 oz.) CONTAIN APPROXIMATELY	Protein	Fat	Carbohydrates GRAMS	Calories
Oatmeal	5	2	20	110
Meat (uncooked)	6	2	0	40
" (cooked)	8	3	0	60
Potato	1	0	6	25
Bacon	5	15	0	155
Cream, 40%	1	12	1	120
" 20%	1	6	1	60
Milk	1	1	2	20
Bread	3	0	18	90
Rice	3	0	24	110
Butter	0	25	0	240
Egg (one)	6	5	0	75
Brazil Nuts	5	20	2	210
Orange (one)	0	0	10	40
Grape Fruit (one)	0	0	10	40
Vegetables from 5–6% groups	0.5	0	1	6

1 gram protein contains 4 calories.
1 " carbohydrate contains 4 calories.
1 " fat contains 9 calories.
1 " alcohol contains 7 calories.

1 kilogram—2.2 pounds.
6.25 grams protein contain 1 gram nitrogen.
A patient "at rest" requires 30 calories per kilogram body weight.

CHART XIV.—DIABETIC FOOD TABLES. (JOSLIN.)

https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

In the US and UK, health entities responsible for the health of millions are embracing carbohydrate restriction, using Virta's approach and other "real-food" low-carb diets to fix type 2 diabetes, obesity, hypertension and other CVD risks

FEBRUARY 07, 2023

BLUE SHIELD OF CALIFORNIA ADDS VIRTA HEALTH TO ITS PROVIDER NETWORK TO HELP REVERSE THE STATE'S GROWING TYPE 2 DIABETES EPIDEMIC

By Mashi Nyssen

OAKLAND, Calif. (Feb. 7, 2023) -- Blue Shield of California today announced an expanded partnership with Virta Health, the leader in type 2 diabetes reversal, as Virta joins the nonprofit health plan's statewide provider network for 2023. Virta is the first digital diabetes solution to be fully covered for eligible members under Blue Shield's benefits program.

Combining advanced telehealth technology and clinically proven personalized nutrition, Virta's approach helps patients reverse type 2 diabetes and other chronic metabolic diseases. It becomes available this month to Blue Shield members enrolled in Preferred Provider Organization (PPO) plans for Individual and Family, Fully Insured, Administrative Services Only (ASO), and Medicare Advantage. Blue Shield is the first health plan in the state to offer Virta's solution to members across multiple lines of business.

Since 2019, Blue Shield members with diabetes who enrolled in the nonprofit health plan's Wellvolution digital apps lifestyle program have had access to Virta. Since then, Virta has helped Wellvolution participants achieve positive outcomes in blood sugar control and weight loss while reducing or eliminating the need for diabetes medications.

"After seeing the life-changing results achieved for our members through Virta and Wellvolution, we were convinced we should offer Virta more broadly under Blue Shield's benefits program," said Susan Fleischman, M.D., chief medical officer at Blue Shield of California. "We believe this virtual diabetes-specific network partnership will produce positive lifestyle changes and improved health for our members who suffer from diabetes."

For Blue Shield members who have already been using Virta Health on Wellvolution, results after one year include:

- Fewer Medications: Members eliminated more than half of diabetes medications (not including metformin). Insulin dosages were reduced by nearly 70%.
- Clinically Significant Weight Loss: Members saw an average 7% weight loss (5% is considered clinically significant).
- Blood Sugar Reduction: Estimated A1c improved by 1.1% on average. Every one-point decrease in A1c (a measure of blood sugar) reduces risk of long-term diabetes complications—such as eye, kidney, and nerve disease—by up to 40%.

… "The health outcomes we've seen among members with diabetes who have used Virta through Wellvolution are dramatic and sustainable," said Dr. Fleischman. "Members see a real improvement in the quality of their health, life, and optimism about the future because they typically reduce or eliminate their diabetes medications with Virta."

Diabetes is among the most expensive diseases in the world. In the U.S., more than 11% of the population has diabetes, some 37.3 million people, according to the Centers for Disease Control and Prevention.

"More than 3.2 million Californians are suffering unnecessarily from type 2 diabetes," said Sami Inkinen, CEO and co-founder at Virta Health. "Our expansion with Blue Shield is a great step towards finally reversing the human and financial toll of diabetes in the state."…

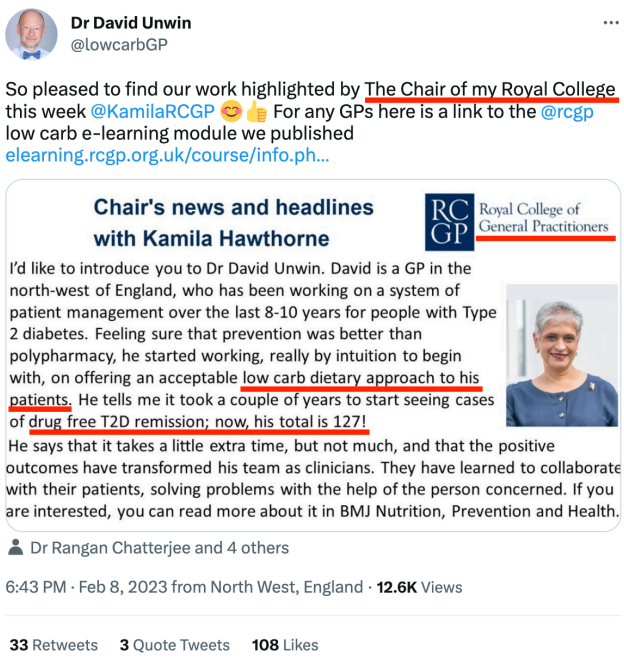
About Blue Shield of California

Blue Shield of California strives to create a healthcare system worthy of its family and friends that is sustainably affordable. Blue Shield of California is a tax-paying, nonprofit, independent member of the Blue Shield Association with 4.7 million members, 7,800 employees, …

About Virta Health

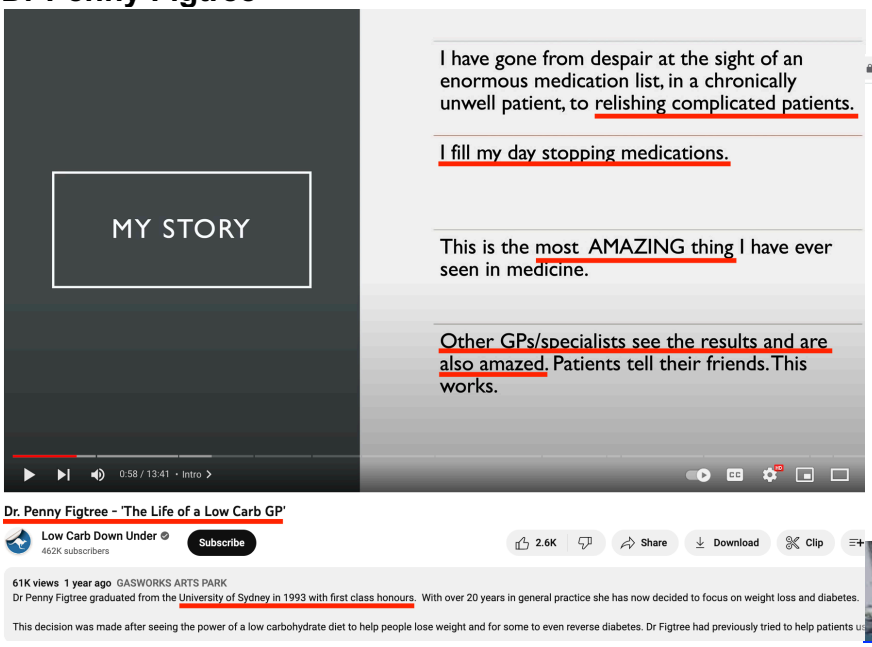
Virta Health helps people reverse type 2 diabetes and other chronic conditions. Current approaches manage disease progression through increased medication use and infrequent doctor visits. Virta reverses type 2 diabetes through innovations in technology, nutrition science, and continuous remote care from physicians and behavioral experts. **In clinical studies, 94% of patients reduce or eliminate insulin use, and weight loss exceeds FDA benchmarks by nearly 150%. Virta works with the largest health plans, employers, and government organizations and puts 100% of its fees at risk based on clinical and financial outcomes.** To learn more about how Virta is transforming lives by reversing type 2 diabetes and other chronic diseases, visit www.virtahealth.com or follow us on Twitter @virtahealth.

https://news.blueshieldca.com/2023/02/07/blue-shield-of-california-adds-virta-health-to-its-provider-network-to-help-reverse-the-states-growing-type-2-diabetes-epidemic?sf264068293=1



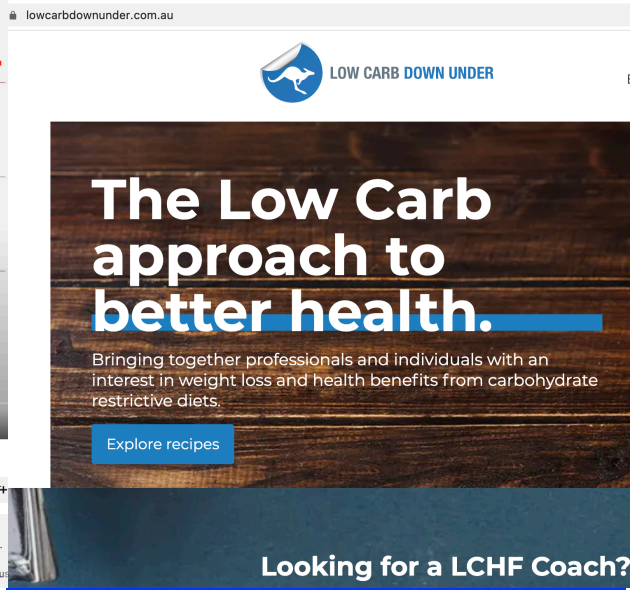
In Australia, despite impressive efforts by independent thinkers like Lake Macquarie low-carb GP Dr Penny Figtree, Indigenous diabetes fixer Ray Kelly, former Australian Cricket team doctor Peter Brukner, and the team at Low Carb Down Under, the diabetes space is dominated by faulty official advice and shonks who unethically suppress benefits of carbohydrate restriction, via incompetence, fraud and/or because they're paid to do so by pharmaceutical coys

Dr Penny Figtree



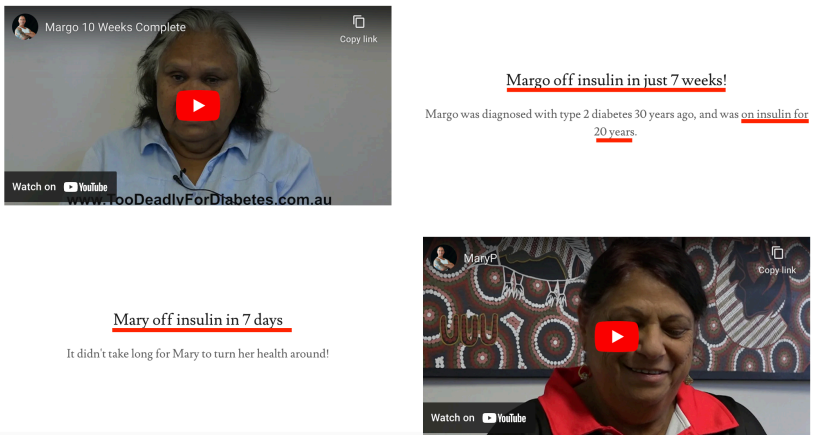
https://www.youtube.com/watch?v=11x9PhlZuK0

LOW CARB DOWN UNDER



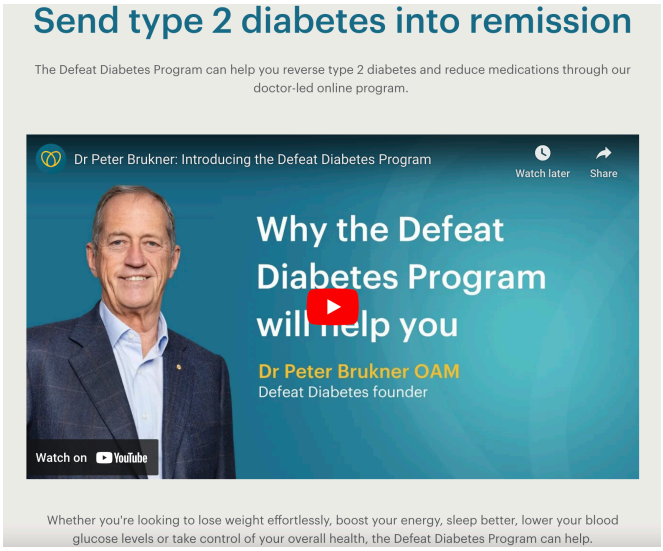
https://lowcarbdownunder.com.au/

Indigenous diabetes fixer Ray Kelly – Too deadly for diabetes



https://toodeadlyfordiabetes.com.au/

Former Australian Cricket team doctor Peter Brukner – Defeat Diabetes



https://www.defeatdiabetes.com.au/about-defeat-diabetes/

Pharmaceutical industry pays healthcare professionals, seeking to suppress diet cure for type 2 diabetes

Pharmaceutical industry payments to healthcare professionals (May 2016-Apr 2017) (4)

	A	C	D	E	I	O
1	Company	Period	Name	HealthCarePractiti	Service	Total
2588	AstraZeneca	May 2016-Oct 2016	Colagiuri, Stephen	Medical Practitioner	Consultant	431.81
2589	AstraZeneca	May 2016-Oct 2016	Colagiuri, Stephen	Medical Practitioner	Consultant	863.64
2590	AstraZeneca	Nov 2016-Apr 2017	Colagiuri, Stephen	Medical Practitioner	Advisory Board or Co	5454.55
2591	iNova	Nov 2016-Apr 2017	Colagiuri, Stephen	Medical Practitioner	Advisory Board	5440.95
2592	MSD	May 2016-Oct 2016	Colagiuri, Stephen	Medical Practitioner	Educational meeting	1273.00
2593	NovoNordisk	Nov 2016-Apr 2017	Colagiuri, Stephen	Medical Practitioner	Advisory Board or Co	2500.00
2594	NovoNordisk	May 2016-Oct 2016	Colagiuri, Stephen	Medical Practitioner	Advisory Board or Co	3000.00
2595						
2596						18963.95

https://researchdata.ands.org.au/pharmaceutical-industry-payments-apr-2017/968458
http://www.abc.net.au/news/2017-10-24/big-pharma-paying-nurses-allied-health-professionals-millions/9077746

Troubling that University professors moonlighting as paid agents of pharmaceutical companies – including the main scientific author (Prof. Colagiuri) - appear to have been influential in suppressing the known diet cure for T2D from the Department of Health's *National Diabetes Strategy 2016-2020*

Appendix 2

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.

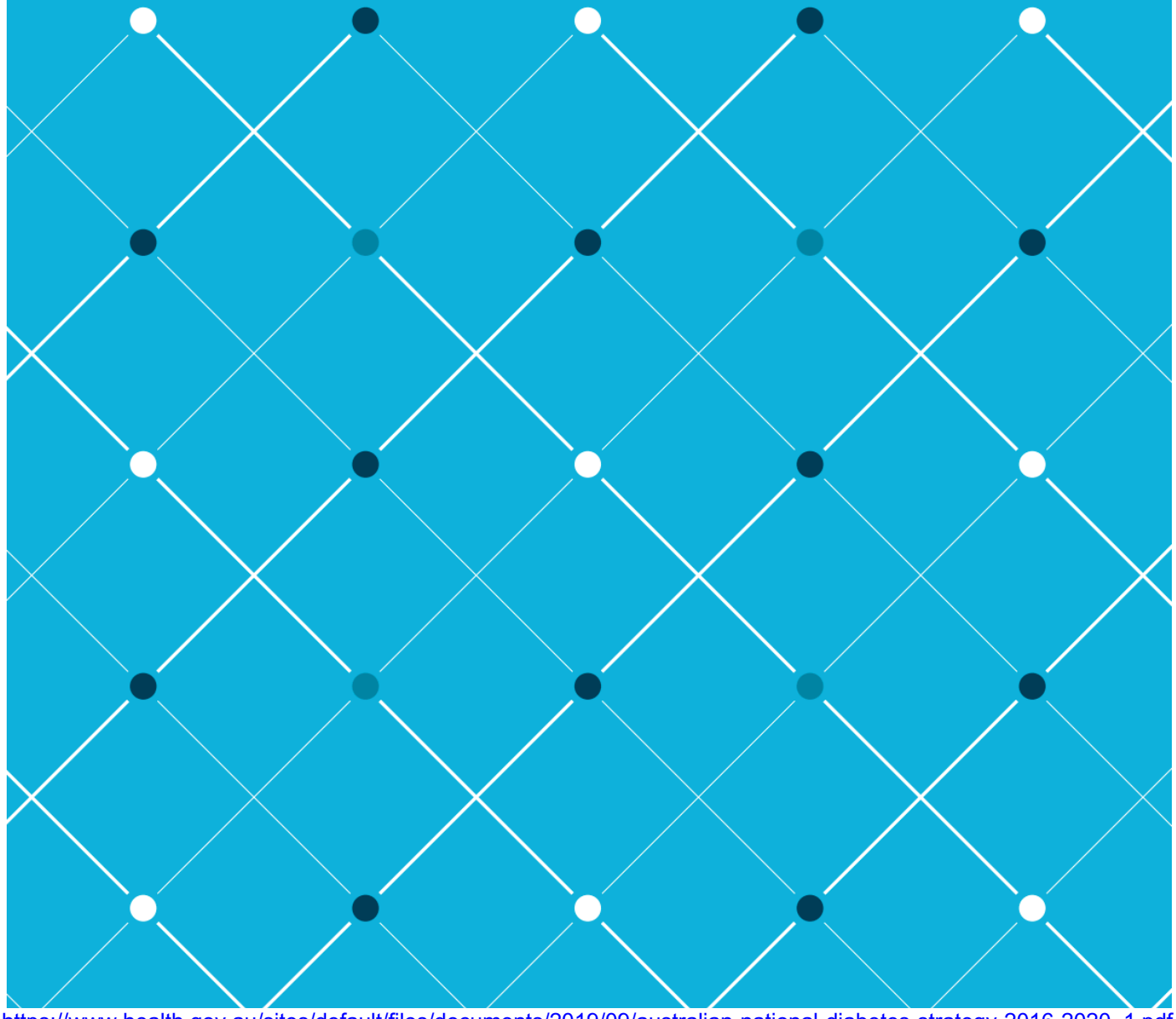
Name and Role(s)	Interest(s) declared
Prof Stephen Colagiuri • Steering Group member • Author	**Board membership** • Astra Zenica/BMS National Advisory Board; MSD National Advisory Board; Novo Nordisk International and National Advisory Board; Sanofi National Advisory Board; Servier International Advisory Board; Takeda National Advisory Board. **Consultancy fees/honorarium; support for travel/accommodation; meals/beverages** • Speaker engagements - honoraria, travel expenses, accommodation and meals received from: Astra Zenica/BMS; MSD; Novo Nordisk; Sanofi; Servier; Takeda. **Grants** • Chief Investigator, NHMRC Program Grant 2013-2017 • Chief Investigator, NHMRC Project grant • Chief Investigator, NHMRC EU FP7 Health project.
Prof Stephen Twigg • Steering Group member • Contributor	**Consultancy fees/honorarium** I am on/have been on the following Advisory Boards: • 2014-present Sanofi-Aventis International Advisory Board (Insulin glargine U300) • 2014-present Abbott Scientific Advisory Board (flash glucose monitoring) • 2014 Boehringer Ingelheim/Eli Lilly Alliance Advisory Board (Empagliflozin) • 2014 Janssen-Cilag Advisory Board (Canagliflozin) • 2013-Boehringer Ingelheim/Eli Lilly Alliance Advisory Board (Linagliptin) • 2011-2013 AstraZeneca Advisory Board (Onglyza/Dapagliflozin) • 2011-2012 Elixir Advisory Board (BMS and Astra Zeneca) • 2010-2013 Novo Nordisk Advisory Board (Victoza) • 2008-2013 Merck Sharpe & Dohme: Januvia (Sitagliptin) • 2009-2013 Novartis: Galvus (Vildagliptin) • 2010 SanofiAventis (Lixisenatide).
Prof Sophia Zoungas • Steering Group member	**Board Membership** • AstraZeneca Pty Ltd; Boehringer Ingelheim Pty Ltd; Bristol-Myers Squibb Australia Pty Ltd; Merck Sharp & Dohme (Australia) Pty Ltd; Novo Nordisk Pharmaceuticals Pty Ltd; Sanofi-aventis Group; AbbVie. **Consultancy fees/honorarium** • AstraZeneca Pty Ltd; Boehringer Ingelheim Pty Ltd; Bristol-Myers Squibb Australia Pty Ltd; GlaxoSmithKline Australia Pty Ltd; Merck Sharp & Dohme (Australia) Pty Ltd; Novartis Pharmaceuticals Australia Pty Ltd; Novo Nordisk Pharmaceuticals Pty Ltd; Sanofi-aventis Group; Servier Laboratories (Australia) Pty Ltd; MediMark Australia Education; Elixir Healthcare Education.
Prof Timothy Davis • Steering Group member	**Consultancy fees/honorarium** *Speaker fees* • Abbott; Eli Lilly *Speaker fees and advisory board membership* • Astra Zeneca; Boehringer Ingelheim; Bristol Meyer Squibb; GlaxoSmithKline; Merck Sharp and Dohme; Novartis; NovoNordisk; Sanofi Aventis *Advisory board membership* • Janssen **Grants** • Research funding: Eli Lilly; Merck Sharp and Dohme; NovoNordisk; Sanofi-aventis Holds NHMRC grants and intends applying for others during the period of steering group membership. **Support for travel/accommodation; meals/beverages** • Provided as part of attendance at Advisory Board/Scientific meetings from: Abbott; Astra Zeneca; Boehringer Ingelheim; Bristol Meyer Squibb; GlaxoSmithKline; Janssen; Merck Sharp and Dohme; Novartis; NovoNordisk; Sanofi aventis

p. 83 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

Paid by pharmaceutical companies - including Novo Nordisk - to suppress profound fact that excess consumption of sugar/carbohydrate is main (only?) cause of type 2 diabetes, main scientific author Stephen Colagiuri managed to exclude word "carbohydrate" from *National Diabetes Strategy*. To confirm, try "control F" in 28-page document below

Australian Government
Department of Health

Australian National Diabetes Strategy 2016–2020



https://www.health.gov.au/sites/default/files/documents/2019/09/australian-national-diabetes-strategy-2016-2020_1.pdf

Paid by pharmaceutical companies - including Novo Nordisk - to suppress profound fact that excess consumption of sugar/carbohydrate is main (only?) cause of type 2 diabetes, Stephen Colagiuri was key leader in shonky process that excluded excess "sugar" and "carbohydrate" in *AUSDRISK*. To confirm, try "control F" in documents below

RESEARCH

AUSDRISK: an Australian Type 2 Diabetes Risk Assessment Tool based on demographic, lifestyle and simple anthropometric measures

Lei Chen, Dianna J Magliano, Beverley Balkau, Stephen Colagiuri, Paul Z Zimmet, Andrew M Tonkin, Paul Mitchell, Patrick J Phillips and Jonathan E Shaw

Diabetes, particularly type 2 diabetes, is a global epidemic.[1] In Australia, the prevalence of diabetes more than doubled during the past two decades[2] and the number of people with diabetes is projected to reach 2 million in 2025.[3]

ABSTRACT

Objective: To develop and validate a diabetes risk assessment tool for Australia based on demographic, lifestyle and simple anthropometric measures.

Design and setting: 5-year follow-up (2004–2005) of the Australian Diabetes, Obesity and Lifestyle study (AusDiab, 1999–2000).

https://www.mja.com.au/system/files/issues/192_04_150210/che10062_fm.pdf

The Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)

1. Your age group

Under 35 years	☐ 0 points
35 – 44 years	☐ 2 points
45 – 54 years	☐ 4 points
55 – 64 years	☐ 6 points
65 years or over	☐ 8 points

2. Your gender

Female	☐ 0 points
Male	☐ 3 points

3. Your ethnicity/country of birth:

3a. Are you of Aboriginal, Torres Strait Islander, Pacific Islander or Maori descent?

No	☐ 0 points
Yes	☐ 2 points

3b. Where were you born?

Australia	☐ 0 points
Asia (including the Indian sub-continent), Middle East, North Africa, Southern Europe	☐ 2 points
Other	☐ 0 points

4. Have either of your parents, or any of your brothers or sisters been diagnosed with diabetes (type 1 or type 2)?

No	☐ 0 points
Yes	☐ 3 points

5. Have you ever been found to have high blood glucose (sugar) (for example, in a health examination, during an illness, during pregnancy)?

No	☐ 0 points
Yes	☐ 6 points

6. Are you currently taking medication for high blood pressure?

No	☐ 0 points
Yes	☐ 2 points

7. Do you currently smoke cigarettes or any other tobacco products on a daily basis?

No	☐ 0 points
Yes	☐ 2 points

8. How often do you eat vegetables or fruit?

Every day	☐ 0 points
Not every day	☐ 1 point

9. On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)?

Yes	☐ 0 points
No	☐ 2 points

10. Your waist measurement taken below the ribs (usually at the level of the navel, and while standing)

Waist measurement (cm) ☐

For those of Asian or Aboriginal or Torres Strait Islander descent:

Men	Women	
Less than 90 cm	Less than 80 cm	☐ 0 points
90 – 100 cm	80 – 90 cm	☐ 4 points
More than 100 cm	More than 90 cm	☐ 7 points

For all others:

Men	Women	
Less than 102 cm	Less than 88 cm	☐ 0 points
102 – 110 cm	88 – 100 cm	☐ 4 points
More than 110 cm	More than 100 cm	☐ 7 points

Add up your points ☐

Your risk of developing type 2 diabetes within 5 years*:

☐ *5 or less: Low risk*
Approximately one person in every 100 will develop diabetes.

☐ *6-11: Intermediate risk*
For scores of 6-8, approximately one person in every 50 will develop diabetes. For scores of 9-11, approximately one person in every 30 will develop diabetes.

☐ *12 or more: High risk*
For scores of 12-15, approximately one person in every 14 will develop diabetes. For scores of 16-19, approximately one person in every 7 will develop diabetes. For scores of 20 and above, approximately one person in every 3 will develop diabetes.

*The overall score may overestimate the risk of diabetes in those aged less than 25 years.

If you scored 6-11 points in the AUSDRISK you may be at increased risk of type 2 diabetes. Discuss your score and your individual risk with your doctor. Improving your lifestyle may help reduce your risk of developing type 2 diabetes.

If you scored 12 points or more in the AUSDRISK you may have undiagnosed type 2 diabetes or be at high risk of developing the disease. See your doctor about having a fasting blood glucose test. Act now to prevent type 2 diabetes.

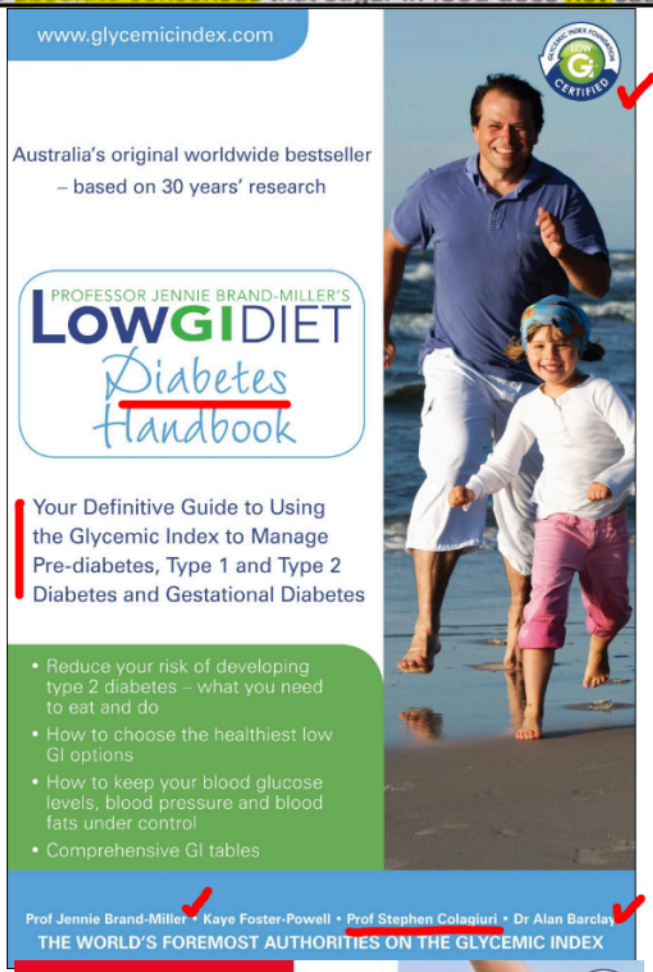
https://www.health.gov.au/sites/default/files/the-australian-type-2-diabetes-risk-assessment-tool-ausdrisk.pdf

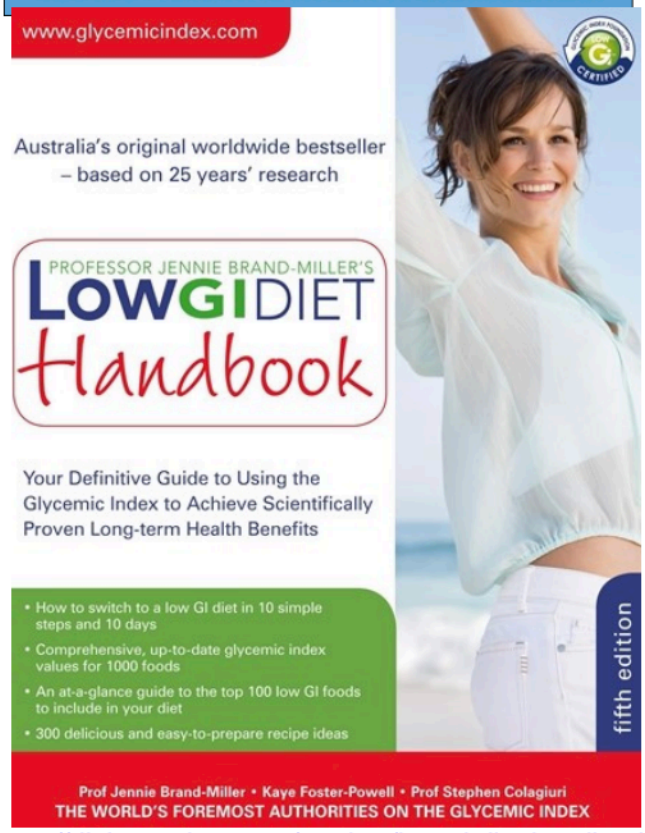
Charles Perkins Centre's highly influential Low-GI scientists are selling millions of books featuring the reckless false claim that there is "absolute consensus" that modern doses of added sugar do not cause type 2 diabetes

Common questions

Does sugar cause diabetes?

No. There is absolute consensus that sugar in food does not cause diabetes.





https://diabetesshop.com/product/low-gi-diet-handbook/
https://www.hachette.com.au/stephen-colagiuri/low-gi-diet-diabetes-handbook
http://www.australianparadox.com/pdf/diabetes.pdf

Like sugar defender Stephen Colagiuri, Charles Perkins Centre's pro-sugar Jennie Brand-Miller AO has had strong financial links to those selling diabetes drugs – hubby long-time Medical Director at Novo Nordisk Pharmaceuticals

John Miller

Medical Director at Novo Nordisk Pharmaceuticals Pty Ltd

Greater Sydney Area · Contact info

50 connections

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Novo Nordisk Pharmaceuticals Pty Ltd

Experience

Medical Director
Novo Nordisk Pharmaceuticals Pty Ltd

Medical Director
Novo Nordisk Australasia
1978 - Present · 45 yrs 2 mos

https://www.linkedin.com/in/john-miller-7ab727a/

To boost focus on her Glycemic Index business that sells sugary products as Low-GI healthfoods - while helping her hubby sell diabetes drugs to diabetics, funded by duped taxpayers - "GI Jennie" in 2004 helped American Diabetes Association recklessly promote falsehood that sugar-and-carbohydrate restriction will not/cannot fix type 2 diabetes

Reviews/Commentaries/ADA Statements
ADA STATEMENT

Dietary Carbohydrate (Amount and Type) in the Prevention and Management of Diabetes

A statement by the American Diabetes Association

NANCY F. SHEARD, SCD, RD[1]
NATHANIEL G. CLARK, MD, MS, RD[2]
JANETTE C. BRAND-MILLER, PHD[3]
MARION J. FRANZ, MS, RD, CDE[4]
F. XAVIER PI-SUNYER, MD, MPH[5]
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KARMEEN KULKARNI, MS, RD, CDE, BC-ADM[7]
PATTI GEIL, MS, RD, FADA, CDE[8]

[redacted] be an area of debate (23–26). Over the last two decades, investigators have attempted to define and categorize carbohydrate-containing foods based on their

Diabetes has long been viewed as a disorder of carbohydrate metabolism due to its hallmark feature of hyperglycemia. Indeed, hyperglycemia is the cause of the acute symptoms associated with diabetes such as polydypsia, polyuria, and polyphagia (1). The long-term complications (retinopathy, nephropathy, and neuropathy) associated with diabetes are also believed to result from chronically elevated blood glucose levels (2–6). In addition, hyperglycemia may contribute to the development of macrovascular disease, which is associated with the development of coronary artery disease, the leading cause of death in individuals with diabetes (7–9). Thus, a primary goal in the management of diabetes is the regulation of blood glucose to achieve near-normal blood glucose.

If carbohydrates increase blood glucose, why not restrict total carbohydrate intake in individuals with diabetes?

Blood glucose is increased in individuals with diabetes in both the fed and fasted state. This abnormal metabolic response is due to insufficient insulin secretion, insulin resistance, or a combination of both. Although dietary carbohydrate increases postprandial glucose levels, avoiding carbohydrate entirely will not return blood glucose levels to the normal range. Additionally, dietary carbohydrate is an important component of a healthy diet. For example, glucose is the primary fuel used by the brain and central nervous system, and foods that contain carbohydrate are important sources of many nutrients, including water-soluble vitamins and minerals as well as fiber (31). Given the above, low-carbohydrate diets are not recommended in the management of diabetes. Recently, the National Academy of Sciences–Food and Nutrition Board recommended that diets provide 45–65% of calories from carbohydrate, with a minimum intake of 130 g carbohydrate/day for adults (31).

What is the glycemic index?

The glycemic index is a measure of the change in blood glucose following ingestion of carbohydrate-containing foods. Some foods result in a marked rise followed by a more or less rapid fall in blood glucose, whereas others produce a smaller peak along with a more gradual decline in plasma glucose (19). The specific type of carbohydrate (e.g., starch versus sucrose) present in a particular food does not always predict its effect on blood glucose (28,29).

The glycemic index is a ranking of carbohydrate exchanges according to their effect on postprandial glycemia. It is a means of quantifying the relative blood glucose response to carbohydrates in individual foods, comparing them on a weight-for-weight basis (i.e., per gram of carbohydrate). As measured/analyzed under laboratory conditions, the glycemic index is the increase in blood glucose (over the fasting level) that is observed in the 2 h following ingestion of a set amount of carbohydrate in an individual food. This value is then compared with the response to a reference food (glucose or white bread) containing an equivalent amount of carbohydrate (27).

https://diabetesjournals.org/care/article/27/9/2266/22648/Dietary-Carbohydrate-Amount-and-Type-in-the

Disturbing that University of Sydney's (50% owned) food enterprise puts Low-GI healthy stamps on 99.4% sugar

FOOD POLITICS

by Marion Nestle

MAR 7 2016

Sugar: in Australia, it's "Better for You"

At my lecture at the University of Sydney last week, a member of the audience presented me with a 750-gram package of Low GI [Glycemic Index] cane sugar, labeled "Better for you."

This product is sugar. Its ingredient list says "pure cane sugar."

https://www.foodpolitics.com/2016/03/sugar-in-australia-its-better-for-you/

CSR™ LOGICANE™ SUGAR

CSR™ LoGiCane™ Sugar represents innovation in sugar – the same sweet tasting natural sugar, with the added benefit of a Low GI. An alternative to your everyday table sugar.

GI Value: 54
Serve size: 4g (1 level metric teaspoon)
Carbohydrates (g) per serve: 4g
GL Value: 2
Company: Sugar Australia

NUTRITIONAL INFORMATION

Average serving size: 4g (1 level metric teaspoon)

	Avg Quantity per serving	% Daily Intakes per Serving	Average Quantity per 100g
Energy	68kj		1690kJ
Protein	0g		0g
Fat – Total	0g		0g
– saturated	0g		0g
Carbohydrate	4.0g		99.4g
– sugars	4.0g		99.4g
Dietary Fibre			
Sodium	<0.1mg		<2.5mg

https://www.gisymbol.com/product/csr-logicane-sugar/

https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

Milo is ~40% added sugar: GI=36 or not, how is it reasonable to promote Milo as a "healthy choice" for children?

GLYCEMIC INDEX FOUNDATION

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NESTLÉ® MILO®

Nestlé® Milo®'s malted barley is one of the key ingredients that give MILO the unique great taste and crunch you love. It is naturally rich in carbohydrates (including starches and maltose), the preferred energy source for the brain, nervous system and working muscles.
Including calcium, MILO contains 6 essential vitamins and minerals. Together with milk it is a nutrient rich drink for active kids.

GI Value: 36
Serve size: 200ml (20g in reduced fat milk)
Carbohydrates (g) per serve: 24
GL Value: 9

Company: Nestlé Australia and New Zealand

Nutritional Information
Average serving size: 20g with 200ml reduced fat milk

	Avg Quantity per serving	% Daily Intakes per Serving	Average Quantity per 100g
Energy	770kj	9%	1730kJ
Protein	10.4g	21%	11.9g
Fat – Total	4.8g	7%	10.0g
– saturated	3.3g	14%	6.5g
Carbohydrate	23.7g	8%	64.5g
– sugars	20.1g	22%	46.4g
Dietary Fibre	1.5g	5%	7.5g
Sodium	130mg	6%	90mg

http://www.gisymbol.com/nestle-milo/

How is a product 37% sugars and 65% carbohydrate beneficial for diabetics, given diabetics are excluded from the process of calculating claimed GI=34 score, and modern doses of sugar/carbs *cause* not fix type 2 diabetes?

Nutritional Information | Ingredients

Nutritional Information
Average serving size: 55g

	Avg Quantity per serving	% Daily Intakes per Serving	Average Quantity per 100g
Energy	978kj		1630kJ
Protein	13.8g		23g
Fat – Total	1.5g		2.5g
– saturated	1.0g		1.6g
Carbohydrate	39g		65g
– sugars	22.4g		37.3g
Dietary Fibre	3.4g		5.7g
Sodium	174mg		290mg

** RDI = Recommended Dietary Intake. Δ% Daily Intakes are based on an average adult diet of 8700kJ. Your daily intake may be higher or lower depending on your energy needs.*

http://www.gisymbol.com/product/sustagen-diabetic/

https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

Indigenous Australians are perhaps hardest hit by the Charles Perkins Centre's pro-sugar incompetence and fraud. It's tragic that the sorts of outsiders Charlie worked so hard to help often live in misery and die prematurely via type 2 diabetes and CVD, driven by excess consumption of sugar and other carbohydrate

Characteristics of the community-level diet of Aboriginal people in remote northern Australia

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Megan M Ferguson BSc, GradDipNut&Diet, MPH, Senior Research Officer,[1] and PhD Candidate[1,2]

Selma C Liberato GradDipNut&Diet, MSc, PhD, Senior Research Officer (Nutritionist)[1,2]

Kerin O'Dea BSc, PhD, Professor, Population Health and Nutrition,[3] and Honorary Professor[4]

1 Wellbeing and Preventable Chronic Disease, Menzies School of Health Research, Darwin, NT.
2 Institute of Advanced Studies, Charles Darwin University, Darwin, NT.
3 School of Population Health, Division of Health Sciences, University of South Australia, Adelaide, SA.
4 Menzies School of Health Research,

Abstract

Objective: To describe the nutritional quality of community-level diets in remote northern Australian communities.

Design, setting and participants: A multisite 12-month assessment (July 2010 to June 2011) of community-level diet in three remote Aboriginal communities in the Northern Territory, linking data from food outlets and food services to the Australian Food and Nutrient Database.

Main outcome measures: Contribution of food groups to total food expenditure; macronutrient contribution to energy and nutrient density relative to requirements; and food sources of key nutrients.

Results: One-quarter (24.8%; SD, 1.4%) of total food expenditure was on non-alcoholic beverages; 15.6% (SD, 1.2%) was on sugar-sweetened drinks. 2.2% (SD, 0.2%) was spent on fruit and 5.4% (SD, 0.4%) on vegetables. Sugars contributed 25.7%–34.3% of dietary energy, 71% of which was table sugar and sugar-sweetened beverages. Dietary protein contributed 12.5%–14.1% of energy, lower than the recommended 15%–25% optimum. Furthermore, white bread was a major source of energy and most nutrients in all three communities.

Conclusion: Very poor dietary quality continues to be a characteristic of remote Aboriginal community nutrition profiles since the earliest studies almost three decades ago. Significant proportions of key nutrients are provided from poor-quality nutrient-fortified processed foods. Further evidence regarding the impact of the cost of food on food purchasing in this context is urgently needed and should include cost–benefit analysis of improved dietary intake on health outcomes.

Dietary improvement for Indigenous Australians is a priority strategy for reducing the health gap between Indigenous and non-Indigenous Australians.[1] Poor-quality diet among the Indigenous population is a significant risk factor for three of the major causes of premature death — cardiovascular disease, cancer and type 2 diabetes.[2] The 26% of Indigenous Australians living in remote areas experience 40% of the health gap of Indigenous Australians overall.[3] Much of this burden of disease is due to extremely poor nutrition throughout life.[4]

Comprehensive dietary data for Indigenous Australians are not available from national nutrition surveys or any other source. Previous reports on purchased food in remote Aboriginal communities are either dated,[5] limited to the primary store[5,6] and/or short-term or cross-sectional in design.[7,8] These studies have consistently reported low intake of fruit and vegetables, high intake of refined cereals and sugars, excessive

was prohibited in the three study communities at the time of our study.

Monthly electronic food (and non-alcoholic beverage) transaction data

egorised into food groups derived from the Australian Food and Nutrient Database AUSNUT 07 food grouping system[10] and beverages were further

https://www.mja.com.au/journal/2013/198/7/characteristics-community-level-diet-aboriginal-people-remote-northern-australia

4727.0.55.003 - Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13

LATEST ISSUE Released at 11:30 AM (CANBERRA TIME) 10/09/2014 **First Issue**

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- + Key Findings
- + Diabetes
- + Cardiovascular disease
- Chronic Kidney Disease
- Liver Function
- Exposure to tobacco smoke
- Anaemia
- Iodine
- Vitamin D
- Feature article: Chronic disease results for Aboriginal and Torres Strait Islander and non-Indigenous Australians
- **Aboriginal and Torres Strait Islander adults experience diabetes 20 years earlier than non-Indigenous adults (Media Release)**
- About this Release
- History of Changes

MEDIA RELEASE

10 September 2014 — Embargo: 11:30 am (Canberra Time) — 132/2014

Aboriginal and Torres Strait Islander adults experience diabetes 20 years earlier than non-Indigenous adults

Aboriginal and Torres Strait Islander adults are more than three times as likely as non-Indigenous adults to have diabetes, and they experience it at much younger ages, according to new figures released by the Australian Bureau of Statistics today.

"Results from the largest ever biomedical collection for Aboriginal and Torres Strait Islander adults, which collected information on a wide range of chronic diseases and nutrition, reveal that diabetes is a major concern," said Dr Paul Jelfs from the ABS.

"The voluntary blood test results showed that in 2012–13, one in ten Aboriginal and Torres Strait Islander adults had diabetes. This means that, when age differences are taken into account, Aboriginal and Torres Strait Islander adults were more than three times as likely as non-Indigenous adults to have diabetes."

"What was even more striking was how much earlier in life Aboriginal and Torres Strait Islander adults experience diabetes. In fact, the equivalent rates of diabetes in the Aboriginal and Torres Strait Islander population were often not reached until 20 years later in the non-Indigenous population." said Dr Jelfs.

The survey revealed that diabetes was twice as common among Aboriginal and Torres Strait Islander adults living in remote areas. Around one in five in remote areas had diabetes compared with around one in ten in non-remote areas.

Also of interest was the fact that many Aboriginal and Torres Strait Islander adults with diabetes also had signs of other chronic conditions.

"More than half of all Aboriginal and Torres Strait Islander adults with diabetes also had signs of kidney disease. This compared with a third of non-Indigenous adults with diabetes", said Dr Jelfs.

"Given these findings, it is not surprising that the death rate for diabetes among Aboriginal and Torres Strait Islander people is seven times higher than for non-Indigenous people."

http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.003~2012-13~Media%20Release~Aboriginal%20and%20Torres%20Strait%20Islander%20adults%20experience%20diabetes%2020%20years%20earlier%20than%20non-Indigenous%20adults%20(Media%20Release)~130

https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

If excessive sugar/carbohydrate intake is main cause of type 2 diabetes and probably CVD, why does official diabetes advice push high-carbohydrate diets and why to do *Australian Dietary Guidelines* push 45-65% carbohydrate diets?

The **low-fat, high-carbohydrate approach** became the only "healthy diet" in the US in the 1960s, a silly mistake that was quickly institutionalised as **official US advice** by opinionated Americans who thought they knew best. High-carb official advice then colonised the world via influential know-it-alls. Little has changed for decades because the whole diet-and-health space is dominated by inept careerists, scientific fraud and cosy financial relationships with food, drink and pharmaceutical companies.

Despite it been widely known for more than a decade that saturated fat in meat, eggs and dairy foods does not cause heart disease or stroke (CVD; https://academic.oup.com/ajcn/article/91/3/535/4597110), pretty much the whole diet-and-health space in Australia - including our Health Department, NHMRC, Heart Foundation, Dietitians Australia and Diabetes Australia - has **chosen to pretend what was never true is still true!** Thus standard high-carb advice is an example of sector-wide misconduct, where thousands of taxpayer-funded professionals choose to promote harmful false information as fact.

Below is the broad timeline that delivered misguided 45-65% carbohydrate advice in *Australian Dietary Guidelines*.

Countdown to disaster: Sydney University's Professor Stewart Truswell imposes shonky US advice on NHMRC and the rest of us

January 1961: Ancel Keys, Federick Stare, Jerimiah Stamler and the American Heart Association began promoting a speculative anti-fat, pro-carb story: *Dietary Fat and Its Relation to Heart Attacks and Strokes* https://www.ahajournals.org/doi/pdf/10.1161/01.CIR.23.1.133

1967: Harvard science careerists Fred Stare (head of Harvard's nutrition department) and Mark Hegsted (later the head of nutrition at the United States Department of Agriculture, where in 1977 (see below) he helped draft US *Dietary Goals*) were paid by the sugar industry to formally downplay the role of sugar in causing heart disease, **falsely promoting saturated fat in meat, eggs and dairy as the main dietary villain**: https://www.nytimes.com/2016/09/13/well/eat/how-the-sugar-industry-shifted-blame-to-fat.html

January 1971: Ancel Keys delivered a false and unscientific smackdown of English scientist John Yudkin's (correct) claim that refined sugar (sucrose) - not total dietary fat or saturated fat - is the main dietary evil. The infamous journal article is called *SUCROSE IN THE DIET AND CORONARY HEART DISEASE*: https://www.australianparadox.com/pdf/keys_1971.pdf

February 1977: The first *Dietary Goals for the United States* were published by the US Government, prioritising a big reduction of total fat intake (saturated fat in particular) alongside a big increase in carbohydrate intake: https://naldc.nal.usda.gov/catalog/1759572

1977: **London University professor of nutrition Stewart Truswell** (formerly a South African) was given a copy of the new US *Dietary Goals*. He praised them in *Lancet*, providing "a rare positive independent review to balance against a host of critics in the USA". But when he sought to promote similar national nutrition goals as a great plan for Great Britain, "The British [nutrition] establishment was unmoved": https://www.australianparadox.com/pdf/Truswell-Origins-Diet-Guidelines.pdf

1978 and 1979: After hitting stiff resistance in the UK, Truswell abandoned the UK for Australia, arriving in May 1978 as the University of Sydney's first eminent Professor in Human Nutrition. Cultural cringe activated and doors opened. After hijacking our local Dietitians union, Truswell wrote his dietary guidelines for Australians. In April 1979, within a year of his arrival, the Commonwealth Department of Health helped Truswell launch Dietary Goals for Australia. Notably, "There was no background review of the scientific literature at the time…".

1980: The first US *Dietary Guidelines for the United States* were published, converting 1977's dietary goals into dietary advice some 200 million Americans: https://health.gov/sites/default/files/2019-10/1980thin.pdf

1982: NHMRC helped Truswell publish his first version of our *Australian Dietary Guidelines* (called Dietary Guidelines for Australians).

1982-present: The University of Sydney's Stewart Truswell has been the dominating scientific author of NHMRC's ADGs for four decades, with today's faulty 45-65% carbohydrate advice helping millions of Australians to get fat and sick: Unconscionably, Diabetes Australia, the RACGP and the Dietitians Association of Australia continue to promote NHMRC's clearly harmful 45-65%-carbohydrate advice to millions of Australians with and at risk of type 2 diabetes. **Indigenous Australians** die from type 2 diabetes at a rate seven times that of the rest of us.

p. vi https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf

And here's a summary of the problems dominating official type 2 diabetes advice:

- While NHMRC trusts and promotes the advice of its influential "experts", many such "experts" happen to be incompetent or worse. For example, NHMRC's "experts" informed the **Australian Health Department's worse-than-useless *National Diabetes Strategy 2016-2020***. Unforgivably, despite type 2 diabetes being driven by excess carbohydrate including sugar (and with ~90% of diabetics being type 2 diabetics), our *National Diabetes Strategy* **somehow failed to mention - even once - the word "carbohydrate"!** Try "control F" in https://www.health.gov.au/sites/default/files/documents/2019/09/australian-national-diabetes-strategy-2016-2020_1.pdf This NHMRC document: https://www.nhmrc.gov.au/sites/default/files/documents/attachments/translation/cfa-diabetes.pdf provides the list of NHMRC's "experts" who contributed their expertise to our *National Diabetes Strategy*. But alas it's now "unavailable"? Not to worry, here they are: pp. 83-85 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf
- How's that for incompetence or worse? Shamefully, NHMRC's "experts" duped the Australian Department of Health into publishing a ***National Diabetes Strategy* that does not mention the word "carbohydrate"**. Why? I do not know but University of Sydney **Professor Stephen Colagiuri** - the main author of NHMRC's *translation* paper and a close colleague of scientific fraudsters Jennie Brand-Miller and Stephen Simpson - is a co-author of the clownish false claim that "**There is absolute consensus that sugar in food does not cause [type 2] diabetes**": p. 84 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf
- **Why would NHMRC's trusted but highly inept diabetes "expert" promote that sort of harmful nonsense?** I do not know but many big-time careerists in the diabetes space – typically full-time employees of Group of Eight universities – **get paid substantial sums working part-time for the pharmaceutical industry**. **Professor Stephen Colagiuri**, for example, appears to have been paid at a rate of tens of thousands of dollars a year by pharmaceutical companies during his multi-decade career as a distinguished-but-inept "expert" in the diabetes space (**pp. 53-57 *Submission***). If Colagiuri and NHMRC's other "experts" - including diabetes super-star **Paul Zimmet at Monash University** - were competent they would not for decades have suppressed the fact that the excess intake of carbohydrate including sugar is the standard cause of type 2 diabetes; and would not have suppressed the fact that for more than a century competent GPs have been curing, reversing and putting type 2 diabetes into remission simply by removing that excess carbohydrate from sufferers' diets, replacing with dietary fat to the extent needed for energy. **Decades of shonky diabetes advice from NHMRC's "experts" – bad for the health of millions of Australians but great for the bank accounts of eminent Go8 professors and their Big Phama employers - should be investigated given the diabetes crisis, including the news that those with type 2 diabetes are dozens of times more likely than others to die from COVID-19**.

p. vi https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf

Here's Stewart Truswell explaining how he hijacked our fledgling diet-and-health space in 1978, and bragging that by 1979 he'd imposed shonky American diet guidelines on Australians – via our inept Department of Health and NHMRC – without any independent scientific review. Decades later, in 2017, he and dishonest Stephen Simpson helped Jennie Brand-Miller expand her infamous *Australian Paradox* sugar-and-obesity fraud into prestigious *AJCN* (see overleaf)

How University of Sydney's Stewart Truswell and pretend diet science have "owned" *Australian Dietary Guidelines* for ~40 years

Here is how the ADGs came into being, as told by the University of Sydney's highly influential Professor Stewart Truswell, the person who made it happen and who has been the dominating scientific author of every version of the ADGs over the past four decades:

- *When I first became a professor of Nutrition in 1971 at London University, public health nutrition seemed to be drifting without a compass. ... Carbohydrates had a bad press and **low carbohydrate diets** were fashionable* [RR: highly effective] *for **treating obesity**…*
- *When the first edition of Dietary Goals for the USA was published in February 1977…the editor of the Lancet…asked me to write an (unsigned) editorial and I welcomed the new goals…without realising the US political* [RR: that is, unscientific] *background. …*
- *It was the first international commentary to appear and a rare positive independent review to balance against a host of critics in the USA. In the next year, I tried to pass on my enthusiasm ... to colleagues in Britain… The British establishment was unmoved. …*
- [So] *I came to Australia to start the Chair of Human Nutrition at Sydney University in May 1978 and one of the ideas I brought with me from the north was dietary goals. ...* [Soon after arriving I set myself up as the lead speaker at a seminar after which the Australian Association of Dietitians and I] *decided to draft ourselves a set of dietary guidelines for Australians. …*
- *'Dietary goals for Australia' were first presented on 27 April 1979…at the Australian Academy of Science in Canberra, with support from dietitians' organizations…[etc]". ... The setting was conducive to a positive reaction.* [RR: All "sciency" but without real science!]
- ***These dietary goals were put together in small rooms in the Commonwealth Department of Health. I was the only nutritionist from outside the Department involved in the drafting*. [RR: ST got to include exactly the things he wanted!]**
- ***After they had been launched the goals were presented to the Nutrition Standing Committee of the National Health and Medical Research Council. They expressed disappointment that they not been earlier involved, but adopted the goals unmodified… There was no background review of the scientific literature at the time… [RR: "Look mum, no real science"!]***
- [Beyond "goals", we needed to] *advise individuals on food choices. This was done in 1981 by 'Dietary Guidelines for Australians'…*
- [RR: So, within three years of landing in Australia from the UK (where there was little interest), Truswell had transformed the unscientific *Dietary Goals for the USA* into the first version of our ADGs. One highly motivated and domineering science careerist got things done quickly, helped greatly by the fact that "There was no background review of the scientific literature at the time…". Excellent. What could go wrong, given that increasing one's carbohydrate intake while reducing dietary fat tends to promote obesity and type 2 diabetes?]
- *The first edition of the Australian dietary guidelines were widely accepted, adopted approved or quoted by nearly all Australian organizations concerned with nutrition, food or health. …The guidelines were supported by the Royal Australasian College of Physicians* [RR: now RACGP]*; adopted by the Australian Nutrition Foundation; used by the Australian Consumers Association for grading nutritiousness of foods; adopted for home economics curricula in high schools; written into the standard biology textbook for schools …*
- *The health departments of all the states adopted the federal Health Department's guidelines… There was therefore widespread acceptance of the Australian dietary guidelines. …We did not have anything like the spate of criticisms in [the US and the UK]…*

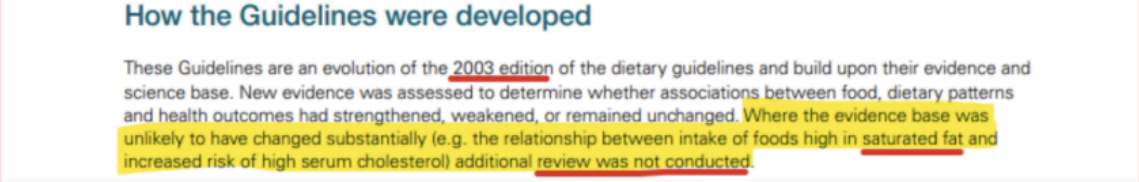
Truswell pondered: "Why were the Australian dietary guidelines accepted so well by all concerned with nutrition here?" His answer includes:

- *The scientific nutrition establishment was small and new.* [RR: Truswell quickly dominated the space and imposed his unscientific US nonsense - eat less fat and saturated fat, eat more carbohydrates - on NHMRC and the rest of us for the next four decades, to this day.]
- *Introduction of the Australian goals was well staged and tactically presented.* [RR: In 1979, a big two-day conference in Canberra would have been a fabulous taxpayer-funded head-nodding exercise, given Truswell had already done all "the science". Interstate attendees would have loved flying in an aeroplane; many would have stayed at the Hyatt and visited Parliament House, quite a treat back then.]
- *The [US] dietary guidelines for Americans … were published at about the same time…and gave international confirmation.* [RR: So the unscientific 1977 US dietary goals became Australian goals, then the 1980 US guidelines "gave international confirmation". Perfect.]
- *The goals and guidelines were reinforced by public support of senior members of the nutrition establishment.* [RR: Yep, Truswell and his new eminent Aussie sci-friends – dazzled locals suffering cultural cringe – all cluelessly embraced the unscientific US guidelines.]
- *Dietary guidelines answered a deep need for the emerging profession of community nutritionists/dietitians.* [Even back then, the (now) Dietitians Association of Australia had no capacity of critical thinking: it didn't know or care about valid science, it just needed something structured to parrot to its customers. And too bad high-carbohydrate, low-fat diets tend to fatten people vulnerable to being overweight.]
- This history is *directly* from Sydney University's Truswell: https://www.australianparadox.com/pdf/Truswell-Origins-Diet-Guidelines.pdf

After the **1982 ADGs** had been published by NHMRC, Truswell retained control of the main advice (reduce fat intake and eat much more carbohydrate) for decades. In the **1992 ADGs**, the advice on dietary fat changed to: "EAT A DIET LOW IN FAT AND, IN PARTICULAR, LOW IN SATURATED FAT", with saturated fat said to be the main driver of coronary heart disease (CHD). Truswell promoted the story that saturated fat causes heart disease by **dominating the story on sugar, ridiculing the idea that excess sugar causes CHD**: "As Truswell notes, the international scientific community thinks so little of this hypothesis that "no prevention trial of CHD and sugar has been completed, started, planned or even contemplated". Truswell was Australia's Ancel Keys in the pretend science of fat or saturated fat being the main diet evil driving chronic disease: https://webarchive.nla.gov.au/awa/20170819041659/https://www.nhmrc.gov.au/guidelines-publications/n4

In the **2003 ADGs**, Truswell (again) wrote the chapter on saturated fat. He observed: "The first Dietary Guidelines for Australians, published in 1982, recommended, 'Avoid eating too much fat' - that is, total fat. ... In the second edition of Dietary Guidelines for Australians, published in 1992, the guideline had evolved to 'Eat a diet low in fat and, in particular, low in saturated fat'": p. 120 of 283
https://webarchive.nla.gov.au/awa/20170816084823/https://www.nhmrc.gov.au/guidelines-publications/n29-n30-n31-n32-n33-n34

Even for the **2013 ADGs** - when Truswell wasn't formally part of the "updating" process – his influence looks to have ensured that version is as flawed as all previous versions. In particular, the dominant thing driving the harmful 45-65% advice for carbohydrate – the mistaken claim that total fat and particularly saturated fat are the main dietary cause of heart disease – was **quarantined from scrutiny**, allowing that false assumption to dominate again despite the story having been exposed - every step of the way for decades - as unscientific nonsense. The evolution of Keys's silly fat phobia is documented in Taubes' *Good Calories, Bad Calories* (2018) and *Teicholz's The Big Fat Surprise* (2015).



How the Guidelines were developed

These Guidelines are an evolution of the 2003 edition of the dietary guidelines and build upon their evidence and science base. New evidence was assessed to determine whether associations between food, dietary patterns and health outcomes had strengthened, weakened, or remained unchanged. Where the evidence base was unlikely to have changed substantially (e.g. the relationship between intake of foods high in saturated fat and increased risk of high serum cholesterol) additional review was not conducted.

p. 5 https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines.pdf

p. vii https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf
https://www.australianparadox.com/pdf/Truswell-Origins-Diet-Guidelines.pdf

The Big Picture: Incompetence, scientific fraud, careerism and a lust for taxpayer funding dominating "science"

One US critic - Dr Edward Archer - recently observed that **"American universities often produce corrupt, incompetent, or scientifically meaningless research that endangers the public, confounds public policy, and diminishes our nation's preparedness to meet future challenges. Nowhere is the intellectual and moral decline more evident than in public health research"**.

He argues that the problems with competence and integrity in US university science are in part a function of **"the relentless pursuits of Taxpayer funding"**. He claims "training in 'science' is now tantamount to grant-writing and learning how to obtain funding. Organized skepticism, critical thinking, and methodological rigor, if present at all, are afterthoughts": https://www.jamesgmartin.center/2020/01/the-intellectual-and-moral-decline-in-academic-research/

In Australia, false and harmful dietary advice is driving type 2 diabetes, misery and early death in more than a million Australians, especially in Indigenous communities and aged-care homes. The false and harmful nutrition advice has its origins in the widespread incompetence and scientific fraud at the highest levels of nutrition science in our Group of Eight universities.

As I have shown since 2012 - via the ongoing case of the infamous *Australian Paradox* sugar-and-obesity fraud - there is no competent, honest Group of Eight quality control when it matters. Australians cannot trust Go8 research on even the simplest of matters, let alone complex matters including climate change. Taxpayers waste billions of dollars each year by funding research they cannot implicitly trust.

In the *Australian Paradox* sugar-and-obesity fraud, the University of Sydney continues to dishonestly defend as factual the false and harmful claim that there is "an inverse relationship" in Australia between sugar consumption and obesity: http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

This silly false claim would be dismissed as clownish, if it were not marketed and dishonestly defended as factual by the University of Sydney's highly distinguished Professor Jennie Brand-Miller, the misbehaving careerist bizarrely elected to The Australian Academy of Science in 2018 despite the infamous, well-documented scientific fraud she continues to champion, with the help of her boss, Professor Stephen Simpson, the Academic Director of the Charles Perkins Centre: https://www.science.org.au/profile/jennie-brand-miller ; https://www.science.org.au/profile/steve-simpson ; see especially pp. 22-26 https://www.australianparadox.com/pdf/Letter-ABC-Nov2019.pdf

When push came to shove, influential University of Sydney professors Stephen Simpson and Stewart Truswell (since 1979, Truswell has been the main scientific author of *Australian Dietary Guidelines*) agreed to pretend that Brand-Miller's extraordinarily faulty *Australian Paradox* paper (2011) is fine, in the process of dishonestly thwarting Professor Robert Clark AO's 2014 research-integrity "initial inquiry" recommendation that a new paper be written that **"specifically addresses and clarifies the key factual matters" including fake and misinterpreted data**: p. 6 http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf

As noted earlier, NHMRC Principal investigator Simpson also is the Academic Director of the palatial Charles Perkins Centre, **overseeing ~1000 taxpayer-funded researchers**. Simpson's faulty, famous *Cell Metabolism* paper at the heart of the University of Sydney's 30-diet lifespan fraud already has been cited a massive ~500 times in the scientific literature.

Again, Simpson **improperly concealed *fully one-third* of his 15 low P:C diets** and tried to hide the 143 mice that suffered severe malnutrition on those **five killer low P:C diets**, before they were culled. Simpson then **falsely concluded that low P:C diets extend lifespan in mice as in insects and so humans**, as forecast in his highly cited 2012 book (pp. 17-18). Simply ignored is the fact that mice and humans have *profoundly different* metabolisms when it comes to low-carbohydrate (high-fat) diets (p.24). And too bad that the sugary low-protein, high-carbohydrate diets that the Charles Perkins Centre falsely promotes as lifespan-extending for mice actually cause type 2 diabetes, misery and early death in humans, including especially those living and dying in Indigenous communities and aged-care facilities.

Apart from ongoing harm to public health, the misbehaviour of distinguished science careerists in our universities involves a massive waste of public resources. The Go8 is gifted two-thirds of all public funding provided to Australian universities; each year, taxpayers have been gifting ~$700m to the University of Sydney, most of it to fund research that nobody can really trust. That issue has become even clearer, as the University's management has defended the 30-diet lifespan fraud as solid, factual, useful "science". To keep the research-funding gravy train running, the University of Sydney and its the Group of Eight partners promise taxpayers a unique devotion to "excellence" in research. Yet when false "findings" harming public health are brought to management's attention, the claims are dishonestly defended as factual rather than formally retracted, in line with standard scientific process: https://www.the-scientist.com/news-opinion/top-retractions-of-2018-65254

In my opinion, the University of Sydney is choosing to defraud taxpayers on a massive scale (see overleaf). Again, the current 30-diet mouse-lifespan fraud is an **"action replay"** of the fundamental dishonesty of Charles Perkins Centre and University of Sydney management in the 2012-2017 period, when it chose not to stop Professor Jennie Brand-Miller's **ongoing *Australian Paradox* sugar-and-obesity fraud**.

Having considered my *Submission* so far, are "Rory's concerns in every respect unfounded", as claimed by NHMRC Principal investigator Simpson in January 2019 to keep dishonestly squeezing $13m from NHMRC? (p.11) My assessment is that these two troubling case studies make it hard to avoid the conclusion that **Group of Eight "science" is untrustworthy so cannot be relied upon in public-policy debates.** There is no competent, honest quality control when it matters: **Senior Deputy Vice-Chancellor Garton's dishonest "initial inquiry" report** – a report that was "held back" for months so it could be published during the summer lull, on 17 December 2019 - is an absolute disgrace.

In my opinion, the ongoing research misconduct by influential science careerists at the University of Sydney is **a national scandal that should be brought to public's attention and stopped**. Authorities should rescue the million-plus Australians who - shamefully and for no good reason - are left without proper treatment, to suffer type 2 diabetes, misery (eg blindness and amputations) and early death (pp. 42-60).

The good news is that there is a simple, effective cure for type 2 diabetes that was known at the highest levels of medical science a century ago, and used back then by thousands of GPs across the western world (pp. 23, 42-43, 50-58). Alas, what should be the widespread life-giving use of this effective cure today is suppressed by the fraudulent sugary high-carbohydrate "science" promoted by the dishonest University of Sydney. **Please consider the information set out over the rest of this document.**

Rory Robertson
1March 2020

Epic fail in University of Sydney's quality control: False and harmful mouse-diet claims promoted as research excellence

Source: *The Sydney Morning Herald*, 15 December 2018

p. 11 https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf

EXHIBITS

Research-integrity investigator Professor Peter Koopman confirmed my important allegation that 100+ mice have been hidden

Through the course of assessing this issue, Professor Koopman also identified a discrepancy between the total number of animals reported in the paper (N=858) and the actual number of animals used (N=715). However, he found no evidence to suggest that

3/7

THE UNIVERSITY OF SYDNEY

p. 3 https://www.australianparadox.com/pdf/2014-2019-USyd-enquiry-report.pdf

NHMRC Principal investigator Simpson, Professor Koopman and three of Simpson's bosses - Deputy Vice-Chancellors Garton, Ivison and Messerle – have been paid while clownishly insisting independent veterinary office mistakenly culled 143 healthy mice

(a) In the 2014 Cell Metabolism paper the authors referred to 'weight loss (≥ 20%), rectal prolapse or failure to thrive' as reasons why the mice were euthanised;

(b) The authors provided additional submissions to Professor Koopman regarding this issue to the effect that the mice on discontinued diets were not sick when culled, and those that were not losing weight may well have lived long and healthy lives, albeit as smaller mice;

p. 7 https://www.australianparadox.com/pdf/RR-outcome-letter-7May20.pdf

Simpson told *Cell Metabolism* in January 2019: "malnutrition" prompted independent veterinary office to cull mice on 5 killer diets

Comment 3:
Table 3 (on p.6, below) confirms that the authors have skilfully misrepresented their 30-diet longevity results, including by obscuring 100+ dead mice on five low-protein diets.

Response 3:
As we pointed out at the time of publication in an online response to Mr Robertson, these diets were discontinued within the first 10-23 weeks of the study because the young mice assigned to them from weaning were not growing, and according to the independent veterinary office overseeing the study, would soon have died from malnutrition. Under the terms of the ethics protocol this mandated their immediate removal from the experiment.

Consideration of the composition of the excluded diets reveals the reason. As can be seen in Table S1 (and visualized in Figure S1), the 5 diets excluded from the 30 all combined a low or very low protein macronutrient ratio with high cellulose content (hence low energy content):

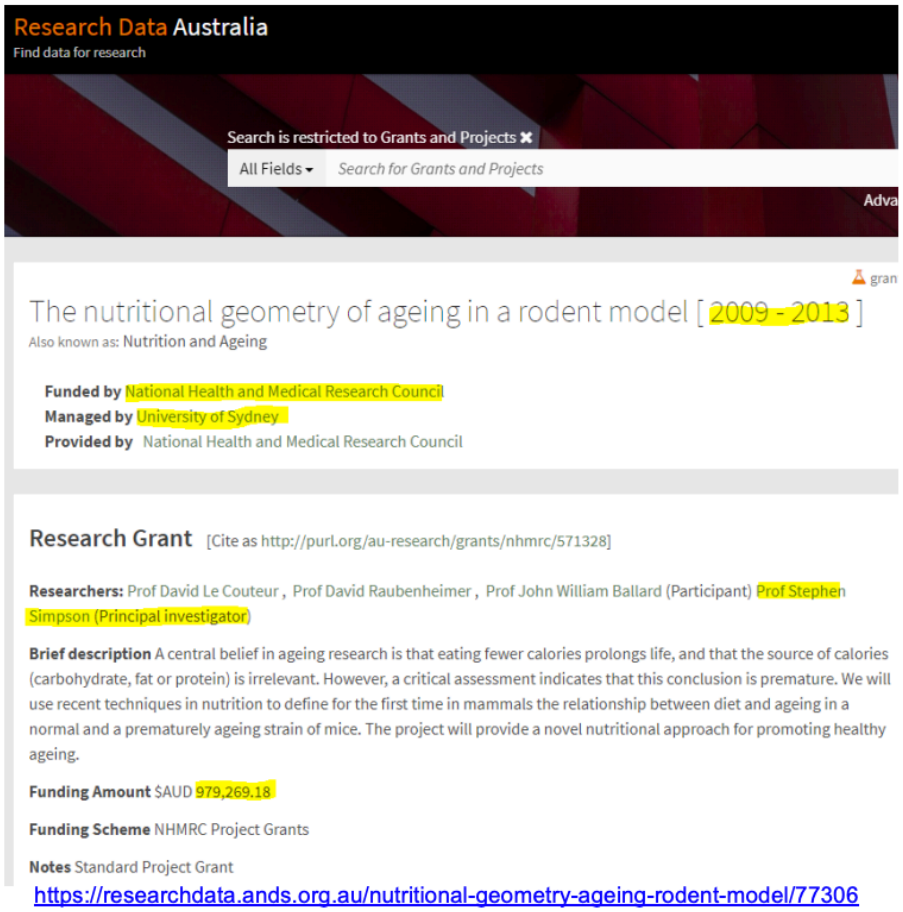
- Diet 2 Low energy density 5:75:20 (P:C:F, i.e. very low protein, high carb, low fat)
- Diet 3 Low energy 5:20:75 (very low protein, low carb, high fat)
- Diet 6 Low energy: 5:48:48 (very low protein, medium carb, medium fat)
- Diet 3 Medium energy: 5:20:75 (very low protein, low carb, high fat)
- Diet 6 Medium energy: 5:48:48 (very low protein, medium carb, medium fat).

To have attained sufficient nutrient intakes for growth would have required the mice on these low-energy, low-protein diets consuming more food than they were able to achieve. In short, these diets were not viable for a young, growing mouse.

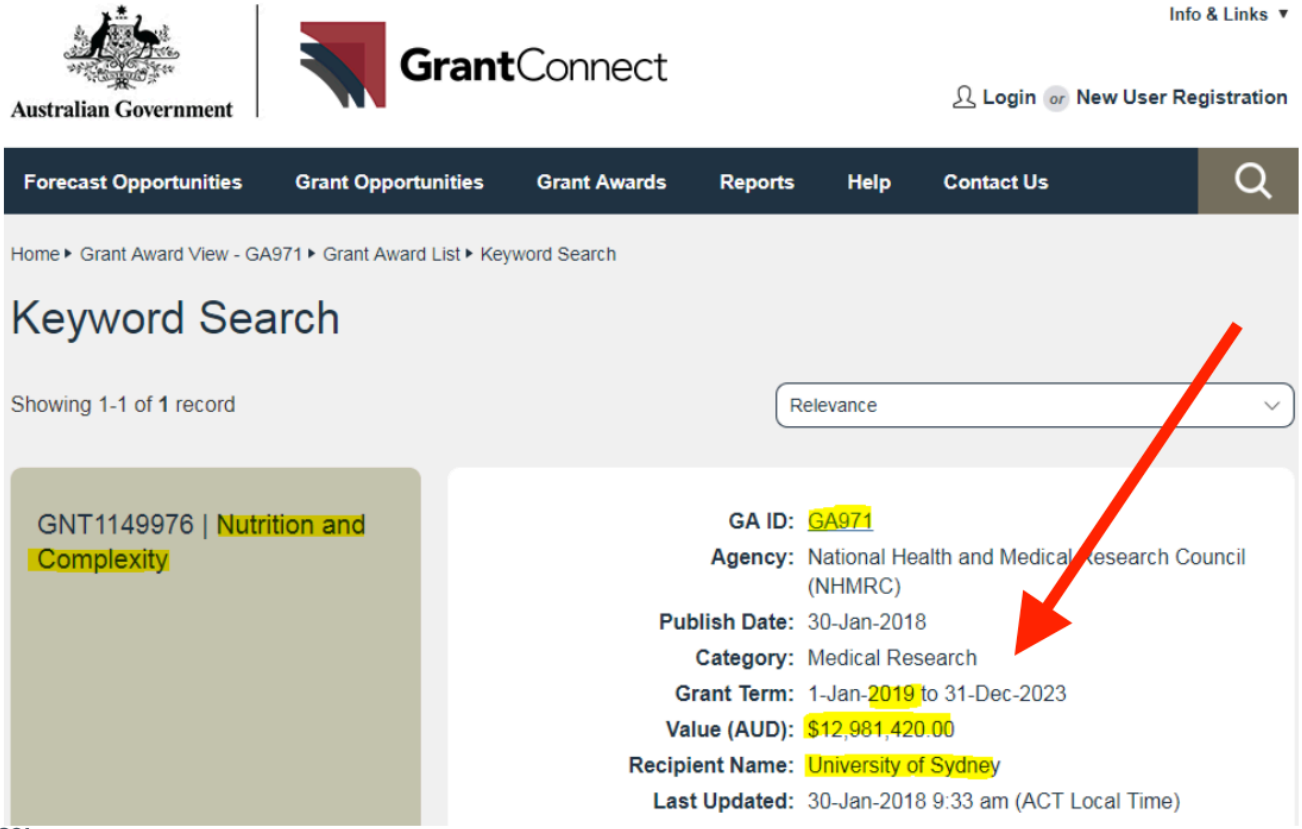
See Simpson's email to a journalist, *Cell Metabolism* & me on p.21 & https://www.australianparadox.com/pdf/USyd-mouse-diet-response.pdf

p. 11 https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf

Charles Perkins Centre boss Stephen Simpson, University of Sydney management and NHMRC are relaxed about protecting harmful scientific frauds & dishonestly misrepresenting data to steal $13m research funds from taxpayers



https://researchdata.ands.org.au/nutritional-geometry-ageing-rodent-model/77306



Purpose:
Nutrition shapes the relationship between genes and health, and failure to attain dietary balance has profound biological consequences leading to disease. This Application proposes an integrated program that harnesses advances in nutritional theory, systems metabolism, and data modelling that evaluates the effects of macro- and micro-nutrients on mice, cells and humans. This will provide the scientific foundations necessary for the development of evidence-based precision nutrition.

https://www.grants.gov.au/?event=public.GA.show&GAUUID=A88D3135-0238-7750-40C0D7DCFCCCF9B9
https://pdfs.semanticscholar.org/8d58/7c7cb42378e6e263223edd4abc8e5bc9d801.pdf

Rory Robertson (+61 414 703 471)
May 2021

CEO Kelso says NHMRC can't stop Sydney Uni's sci-fraud or $13m theft & won't stop early death via Type 2 diabetes

Dear Professor Anne Kelso AO, CEO of the National Health and Medical Research Council (NHMRC),

Thank you for your 19 April letter - reproduced **overleaf** - in response to my 3 March request that you stop the University of Sydney's 30-Diet Lifespan Fraud, a harmful NHMRC-funded fraud dishonestly overseen by Vice-Chancellor Stephen Garton. In particular, I requested that you publish your *Final Report* that was supposed to **address the "initial inquiry" evidence I provided in my *Submission* last June**. Further, I requested that you - by doing two basic things - start to **stop the harmful mistreatment of 1-2 million Australians with type 2 diabetes**, a national disgrace resulting largely from NHMRC being misled by eminent but highly unreliable University of Sydney science careerists.

Background

NHMRC's Australian Research Integrity Committee (ARIC) in June 2020 agreed to address my specific observation that "**the University hid evidence, then fabricated evidence and dishonestly contrived a false finding in order to exonerate Professor Stephen Simpson of serious research misconduct**": p. 2 in my ***Submission*** https://www.australianparadox.com/pdf/RR-Submission-NHMRC-review-2020.pdf

As you are aware, I want the harmful 30-Diet Lifespan Fraud stopped to start to end the harmful suppression of the effective cure for type 2 diabetes, and to stop the University stealing $13m from taxpayers over 2019-2023 (p. 11). Recall that NHMRC officials were duped out of the extra $13m by Simpson's **misrepresentation** of lifespan results of his NHMRC-funded ($1m) experiment involving **~900 mice fed 30 diets**.

What is clear is that Simpson - Academic Director of the Charles Perkins Centre and a **Senate Fellow** alongside journalist Kate McClymont - **hid five killer low-protein diets and 143 dead mice** while also suppressing the profound result that **five of the top seven diets** for median lifespan are diets *high not low* in **P**rotein relative to **C**arbohydrate (ie. *high* P:C diets). Alas, **the "wrong mice" died first**, falsifying Simpson's **career-defining story** in his pre-experiment book: **his hypothesis that low P:C diets extend lifespan** in insects and mice (and so humans) was **devastated** by the early deaths of 143 mice (pp. 3-18). **Simpson says those 143 hidden mice fed five insect-friendly low P:C diets "were removed from the experiment" but they *were* the experiment**! The five worst diets remain hidden from the scientific community, so too the outperformance of hundreds of long-lived mice fed *high* P:C diets that Simpson forecast would deliver early death. Extraordinarily, the **longest-lived median mouse** across the 30 diets enjoyed a ***really high*** P:C (42%:29% = 1.45) diet for a big 139 weeks, >10% or **a decade in human years longer** than any of the 15 median mice fed Simpson's preferred low P:C diets! (pp. 6-7). The fraud is highly influential, cited in **600+ journal articles and duping even the ABC's Dr Norman Swan**: https://cosmosmagazine.com/biology/carbs-earn-their-place-table/

CEO Kelso, I did not request that you revamp your ***Australian Dietary Guidelines*** **(ADGs)**, as you falsely suggested. I asked you to **start to fix the mistreatment** of 1-2 million people with type 2 diabetes, by **instructing** Diabetes Australia, the RACGP and Dietitians Association of Australia to **stop misusing your *ADGs*, explicit misuse bringing misery and early death to so many**. Why, in your 19 April response, did you misrepresent my final two requests? Was it to avoid addressing evidence of NHMRC's role in all that mistreatment and harm?

In Parts 1, 2 and 3, I discuss **three troubling aspects** of your 19 April response (overleaf) to my three requests. In **Part 4**, I make various **Recommendations**, to stop the harmful misconduct and to fix the **unscientific origins and failed "disease model"** dominating our ADGs.

1. You insist you can't stop the 30-Diet Fraud or the ongoing $13m theft from taxpayers directly assisted by Vice-Chancellor Garton

CEO Kelso, you did nothing to stop University of Sydney Vice-Chancellor Stephen Garton's dishonest protection of Simpson's 30-Diet Lifespan Fraud. Nor did you stop the University from continuing to steal $13m from taxpayers via NHMRC officials over 2019-23 (p. 11). Unconvincingly, you claim that the CEO of NHMRC – a job that includes ensuring that dishonest Group of Eight university careerists and management do not steal from taxpayers - cannot consider "**the merits**" of my evidence that "the University hid evidence, then fabricated evidence and dishonestly contrived a false finding in order to exonerate Professor Stephen Simpson of serious research misconduct".

Specifically, you observed: "**The evidence to which you refer goes to the merits of the case, which have been dealt with by the University through its initial inquiry and through the University's review".** You appear to be saying that the University of Sydney investigated itself and falsely exonerated its star researchers, so everything is fine. Or are you sayng that (now) Vice-Chancellor Garton's dishonest efforts to protect the 30-Diet Lifespan Fraud - via a sham "initial inquiry" **(2019)** and a sham formal "review" **(2020)** designed to pretend nothing is wrong - are consistent with **proper "process"** in the *Australian Code for the Responsible Conduct of Research*? **(p. 10)** https://www.australianparadox.com/pdf/2014-2019-USyd-enquiry-report.pdf and https://www.australianparadox.com/pdf/RR-outcome-letter-7May20.pdf

CEO Kelso, this is nonsense. You are running NHMRC/ARIC as a **"toothless tiger"** despite Health Minister Greg Hunt in 2020 advising you that NHMRC is required by law to oversee "**the highest standards of ethics and integrity in health and medical research**", and to fund only "high-quality health and medical research": https://www.nhmrc.gov.au/about-us/who-we-are/statement-expectations **So, it is indeed your job to assess "the merits" of my strong evidence of outrageous misconduct, including that Charles Perkins Centre boss and Senate Fellow Stephen Simpson lied to the University of Sydney's research-fraud "initial inquiry"** (a formal inquiry prompted and overseen by NHMRC), introducing his desperate deception via "**additional submissions**" dishonestly claiming that his 143 hidden dead mice "**were not sick when culled**" on the advice of the independent veterinary office overseeing the experiment (pp. 5 and 8 in *Submission*).

We know that is a **straight-faced lie** because Simpson in early 2019 advised *Cell Metabolism*'s Editor-in-Chief, ~70 scientists on *Cell*'s Editorial Board and journalist Adam Creighton that the "**independent veterinary office overseeing the study**" had made the **definitive assessment** when it mattered (after observing severe weightloss, rectal prolapse and failure to thrive) that the 143 sick hidden mice "**would soon have died from malnutrition**" because five of Simpson's insect-friendly low P:C diets were **"not viable" for mice** (pp. 21 and 5-8).

I believe that Simpson contrived the "not sick when culled" lie, and Vice-Chancellor Garton - then directly in charge of the "initial inquiry" - knowingly embraced that obvious lie, in order to allow Garton to falsely exonerate Simpson of serious research fraud.

Further, I believe Garton - then on the cusp of becoming Vice-Chancellor - did what he did to pretend there is no problem, to sneakily protect his University's undeserved reputation for "research excellence" (worth roughly $400m p.a. from taxpayers), and to help Simpson's group continue to steal that extra $13m from taxpayers - via NHMRC officials - over 2019-2023 (pp. 11 and 41).

This letter continues after NHMRC CEO Kelso's 19 April letter to me and ARIC's June 2020 letter, reproduced overleaf

Charles Perkins Centre boss Stephen Simpson, University of Sydney managers and NHMRC are relaxed about protecting harmful scientific frauds & dishonestly misrepresenting data to steal $13m research funds from taxpayers

Rory Robertson (+61 414 703 471)
20 July 2021

Letter to new University of Sydney Vice-Chancellor, Mark Scott: Please stop Charles Perkins Centre misconduct, to stop type 2 diabetes killing Indigenous Australians

Dear (incoming) University of Sydney Vice-Chancellor Mark Scott AO, health and education journalists, and others,

First, Principal Professor Scott, please accept my congratulations on your new role as the Vice-Chancellor of Australia's oldest university. As you would know, the University of Sydney is the recipient of up to $400m worth of research funding from taxpayers each year, with the University promising a devotion to "research excellence" in return: https://go8.edu.au/wp-content/uploads/2020/09/Go8_Research-Excellence.pdf

I understand that today you will participate in your first meeting of the University of Sydney's Academic Board. Accordingly, I am writing to brief you on long-standing and harmful incompetence and scientific fraud in your Charles Perkins Centre, home to roughly 1000 taxpayer-funded researchers.

I propose that either you stop the harmful research misconduct (outlined below) or change the name of the Charles Perkins Centre. An appropriate name would be the University of Sydney's Centre for Sneaky Research Misconduct and Harm to Public Health.

The background to my concerns is that **type 2 diabetes drives misery and early death in 1-2 million Australians, with that harm particularly concentrated in Indigenous and aged-care communities**. The ABS estimates that "Aboriginal and Torres Strait Islander adults experience diabetes 20 years earlier than non-Indigenous adults"; moreover, "the death rate for diabetes among Aboriginal and Torres Strait Islander people is seven times higher than for non-Indigenous people".

The tragic irony here is that the Charles Perkins Centre's research misconduct and the University of Sydney's management misbehaviour (as detailed below) are working to increase - not limit - the extent of misery and early death via type 2 diabetes in Indigenous Australia. We have an influential scientific fraud pretending that modern doses of sugar consumption have nothing to do with our epidemics of obesity and type 2 diabetes, alongside blatantly misrepresented experimental data funded by taxpayers being used to dishonestly promote low-protein, high-carbohydrate mouse diets as best for "extending lifespan" in mice and thus humans. These dishonest, false and harmful research "findings" are the opposite of what is needed to "Close The Gap" between Indigenous and non-Indigenous Australians' health and lifespan outcomes.

I think Charles Perkins would be rolling over in his grave if he knew what is being done under his name. Charlie would be rolling in his grave if he knew that the boss of the Charles Perkins Centre - Professor Stephen Simpson: https://www.sydney.edu.au/science/about/our-people/academic-staff/stephen-simpson.html - is overseeing influential incompetence and harmful research fraud that is working to suppress medical science's easy fix for type 2 diabetes.

1. Reversing type 2 diabetes is simple, and easy for many

Type 2 diabetes - a major driver of blindness, limb amputations and early death via kidney disease and heart attacks - persists today, and is growing rapidly in Australia, despite the main cause (excessive consumption of sugar and other carbohydrate) and the effective "cure" (stopping that excessive consumption) having been documented at highest levels of medical science - and used by competent GPs across the western world - for a century: https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

Today, across the world, hundreds if not thousands of doctors and health specialists are removing refined sugar and other carbohydrates from sufferers' diets to fix type 2 diabetes. It's still rare in Australia, but competent doctors and others are indeed "fixing", "curing", "reversing" and otherwise putting type 2 diabetes "into remission". These champions include:

- **Dr Penny Figtree (MBBS (Hons 1) Syd Uni, FRACGP)**: https://www.youtube.com/watch?v=11x9PhlZuK0 ; https://www.lowcarbpmg.com.au/
- **Ray Kelly**: https://toodeadlyfordiabetes.com.au/ (**please watch Ray's first video in that link, showing Margo - a 60yo Indigenous woman** - having her long-time despair being transformed into a new lust for life); "Several participants equated the diet with the type of food Aboriginal people might have eaten prior to colonisation. As Josie explained, 'Our diet over many thousands of years was just fresh plants and fresh meat. Nothing was processed, everything was organic'. Kate agreed, stating, 'Carbs are not good for people with diabetes and Indigenous people in general'. Briana added, 'We were paleo people, we need to starve a bit and feast a bit'."https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.13092
- **Dr Peter Brukner, the former Australian Cricket team doctor**: https://www.defeatdiabetes.com.au/our-experts ; https://www.australianparadox.com/pdf/PeterBrukner.pdf
- **In the UK, Drs David and Jen Unwin**: https://nutrition.bmj.com/content/3/2/285
- **In the US, Dr Sarah Hallberg and Virta Health**: https://www.youtube.com/watch?v=5UGauD22Ni8 ; https://link.springer.com/content/pdf/10.1007/s13300-018-0373-9.pdf ; https://www.virtahealth.com/reversediabetes
- **Also in the US, Dr Eric Westman**: https://nutritionandmetabolism.biomedcentral.com/track/pdf/10.1186/1743-7075-5-36.pdf ; https://www.youtube.com/watch?v=Issf2W7Pdvc

The evidence is that type 2 diabetes can be fixed independently of weight loss: it simply is a matter of removing excess carbohydrate from patients' diets, then average "blood sugar" (HbA1c) readings subside. That is, the benefits of dietary carbohydrate restriction do not require weight loss. Although weight loss is not required for benefit, "no dietary intervention is better than carbohydrate restriction for [sustained] weight loss": https://www.sciencedirect.com/science/article/pii/S0899900714003323

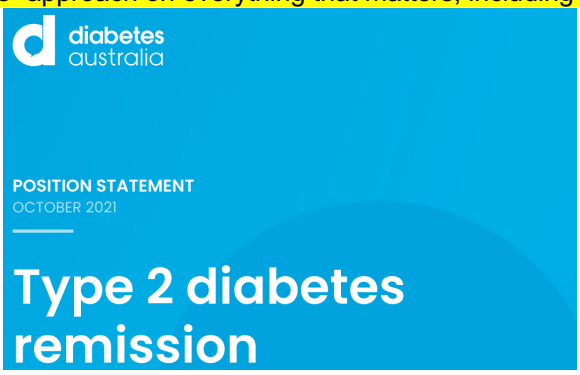
2. Charles Perkins Centre research misconduct is suppressing medical science's low-carbohydrate "cure" for type 2 diabetes

While competent scientists, GPs and others across the world are using medical science's long-available effective "cure" to fix type 2 diabetes in (say) 60% of patients, several highly influential careerists at the Charles Perkins Centre are working against the reversal of type 2

Beyond working to suppress the ability of people with diabetes to realise profound health benefits from carbohydrate restriction – for which he is well-remunerated by pharmaceutical companies - did Colagiuri recklessly misrepresent profound Virta-versus-DiRECT clinical outcomes in Diabetes Australia's *Position Statement* for a sneaky new reason?

To recap, I have requested that the Academic Board at Sydney University undertake a formal research-misconduct inquiry into Charles Perkins Professor Stephen Colagiuri's recent work in diabetes advice, as part of a broader investigation into systemic academic and financial corruption in the diabetes space. For starters, please assess my claim that in producing Diabetes Australia's October 2021 *Position Statement*, Colagiuri and his team of "experts" disingenuously misrepresented a range of critical clinical results, in their sham comparison (below) between the DiRECT (UK) and Virta (US) diabetes trials.

The actual clinical results are set out in the large table you saw on p. 3. Shamefully, Colagiuri *et al* took a **basic starting protocol** for the Virta trial – that is, US type 2 diabetes (T2D) patients were routinely kept on the oral diabetes drug Metformin, following formal American Diabetes Association advice – and then **sneakily pretended it was the main clinical result of the Virta trial, seeking to mislead**. Assessing the actual results, it's clear that Virta's lower-carbohydrate approach outperformed DiRECT's low-carb, low-energy "shakes" approach on everything that matters, including HBA1c, weight and other CVD risks.



Intensive dietary changes

While several approaches to weight loss may help a person with type 2 diabetes achieve remission, there has been considerable recent focus on particular dietary interventions including very low energy and ketogenic diets. The major studies investigating intensive dietary interventions include DiRECT, DIADEM-1 and a study by technology company Virta Health (*see table below*).

Defining dietary approaches

- A very low energy diet
  - Consuming 3,300 kJ per day or less. This is often achieved through total meal replacements (shakes, soups, or bars).
- 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.

Major studies investigating dietary interventions

Study	Intervention	Remission Definition	Remission at 1 year	Remission at 2 year
DiRECT Study (United Kingdom) N=306	Meal replacement (e.g. shakes) – followed by a gradual reintroduction of food before entering a weight maintenance phase.	No glucose-lowering medication HbA1c <6.5% Duration ≥ 2 months	I: 46%[5] C: 4%	I: 36%[6] C: 3%
DIADEM Study (Qatar – involving people from the Middle East and North Africa) N=147	Meal replacement (e.g. shakes) - followed by a gradual reintroduction of food before entering a weight maintenance phase.	No glucose-lowering medication HbA1c <6.5% Duration ≥ 3 months	I: 61% [7] C: 12%	-
Virta Health (United States) N=349	Ketogenic ('keto') diet	No glucose-lowering medication HbA1c <6.5% Duration not stated	25% (I)[8]	17.6% (I) [9] 2.4% (C)

I = Intervention group; C = Control group

A recent systematic review and meta-analysis reported that rates of people achieving type 2 diabetes 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 the rate of remission achieved by people following other dietary approaches.[10]

5 Lean M, Leslie W, Barnes A, et al. Primary care-led weight management for remission of type 2 diabetes (DiRECT): an open-label, cluster-randomised trial. *The Lancet*, 2018; 391(10120): 541-551.
6 Ibid.
7 Taheri S, Zaghloul H, Chagoury O, et al. Effect of intensive lifestyle intervention on bodyweight and glycaemia in early type 2 diabetes (DIADEM-I): an open-label, parallel-group, randomised controlled trial. *Lancet Diabetes Endocrinol* 2020; 8: 477-489.
8 Hallberg S, McKenzie A, Williams P, et al. Effectiveness and safety of a novel care model for the management of type 2 diabetes at 1 year: an open-label, non-randomized, controlled study. *Diabetes Therapy*, 2018 9(2): 583-612.
9 Athinarayanan SJ, Adams RN, Hallberg SJ, et al. Long-Term Effects of a Novel Continuous Remote Care Intervention Including Nutritional Ketosis for the Management of Type 2 Diabetes: A 2-Year Non-randomized Clinical Trial Front. *Frontiers in Endocrinology*, 2019; 10: 348. doi: 10.3389/fendo/2019/00348.
10 Goldenberg J, Day A, Brinkworth G, et al. Efficacy and safety of low and very low carbohydrate diets for type 2 diabetes remission: systematic review and meta-analysis of published and unpublished randomized trial data. *BMJ*, 2021; 372 m4743 doi: 10.1136/bmj.m4743.

https://www.diabetesaustralia.com.au/wp-content/uploads/2021_Diabetes-Australia-Position-Statement_Type-2-diabetes-remission_2.pdf

Beyond misrepresenting Virta's clearly superior clinical results, does Colagiuri's misconduct involve undisclosed conflicts? Is Colagiuri a key leader in DiRECT-Aus trial? Is there a secret deal with Nestle? (My letter to him on p. 26)

Diabetes Australia's "Position Statement" writers Colagiuri *et al* hid from readers the conflicts of interest behind their shameful misrepresentation of Virta's superior clinical results. Is that misconduct? Yes. Our growing armies of fat and sick Australians who look to Diabetes Australia for effective treatment advice – and the taxpayers who fund the truckloads of expensive and ineffective drugs delivered – should be told up-front what many of influential diabetes "Position Statement" writers do after-hours: work for pharmaceutical companies, using their University's good name to boost their drug-sellers' credibility. Again, Colagiuri is paid tens of thousands of dollars a year by drug sellers to insist that modern doses of sugar/carbohydrate do not cause type 2 diabetes. Far from it: "Low GI" products up to 99.4% sugar can be "Better for you". Recall that Colagiuri also has unsavoury links to sugary food companies – including Nestle - via Sydney University's "Low GI Diet" business scam (pp. 7-14).

diabetes nsw & act

phn NORTHERN SYDNEY An Australian Government Initiative

SYDNEY NORTH Health Network

Expression of Interest – DiRECT-Aus

Sydney North Health Network is seeking Expressions of Interest from five general practices in the Northern Sydney PHN region to take part in a translational research study to demonstrate remission in Type 2 diabetes.

Summary

DiRECT-Aus is a translational research study looking to replicate the active arm of DiRECT-UK, the Diabetes Remission Clinical Trial. DiRECT UK demonstrated that type 2 diabetes remission can be achieved by delivering a structured weight management program within the general practice setting. DiRECT-Aus is seeking to demonstrate the same, or better outcomes, within the Australian setting in general practices throughout NSW.

We are currently seeking interest from five general practices within the Northern Sydney PHN region to take part in DiRECT-Aus.

Aim

DiRECT-Aus is seeking to demonstrate that type 2 diabetes can be reversed through the delivery of a structured weight management program in a primary care setting in Australia.

General practice role

Each participating general practice will be provided with resources and training to support the practice and GPs within the practice to deliver DiRECT-Aus to eligible participants. The role of each practice is outlined below:

- You will be supported to recruit 10 eligible participants to take part in DiRECT-Aus.
- The DiRECT-Aus structured weight management program will be available to eligible participants within your general practice. The structured weight management program consists of 20 dietitian visits, a total diet replacement and stepped food reintroduction and patient education delivered via individual and group consults. Participants will receive Optifast meal replacement bars, shakes and soups, free of charge.
- A specialty trained dietitian will deliver consultations to participants at your general practice.
- Your GPs will receive specialty training on the DiRECT-Aus protocol from the research team with the University of Sydney.

What is needed from you?

As a participating GP Practice, you are asked to provide:

- A consulting room for the dietitian to use on a fortnightly and then monthly basis to see participants in the study. The dietitian may also need access to the patient's medical record to review past medical history, blood test results and make patient notes.
- The support of your practice staff, to assist with booking patients into screening consults with their GP and dietitian visits.
- Space within your waiting room to display brochures and posters, if space permits.
- A safe and secure place within the practice for the dietitian to leave the study file.
- GP training, provided by your PHN, Diabetes NSW & ACT and the research team with the University of Sydney.

https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2020/06/EOI_DiRECT-Aus_final.pdf

Nestle's OPTIFAST relies on carbohydrate restriction, ketosis and ultra-processed low-energy "shakes"

Nestlé HealthScience

NESTLÉ HEALTH SCIENCE > OUR BRANDS > OPTIFAST® VLCD™

OPTIFAST® VLCD™

The OPTIFAST® VLCD™ Program is a very low calorie diet, for the dietary management of obesity. The Program includes replacing meals throughout the day, choosing from a wide range of convenient products (shakes, soups, desserts and bars).

Weight loss with the OPTIFAST® VLCD™ Program Intensive Level is achieved by the restriction of carbohydrate and total energy intake. This enables your body to use its fat stores as energy via a process called ketosis.

https://www.nestlehealthscience.com.au/brands/optifast

Vanilla | Chocolate | Coffee | Caramel | Banana | Strawberry | Chai | Mocha | Assorted Shake Pack

This great tasting vanilla flavour shake is a satisfying and easy to prepare product in the OPTIFAST VLCD range.

Available in

- 12 Pack
- 18 Pack

Ingredients

Skimmed **Milk** Powder (31%), **Milk** Proteins [Calcium Caseinate (20%), Sodium Caseinate (10%)], Maltodextrin (Corn), Vegetable Oil (Canola, Sunflower), Minerals (Potassium Citrate, Magnesium Carbonate, Calcium Phosphate, Sodium Chloride, Potassium Phosphate, Ferric Pyrophosphate, Copper Gluconate, Zinc Sulphate, Manganese Sulphate, Sodium Fluoride, Potassium Iodide, Sodium Molybdate, Sodium Selenite, Chromium Chloride), Vegetable Gum (414), Fructo-Oligosaccharide, Inulin, Medium Chain Triglycerides, Glucose Syrup (Corn), Sugar, **Fish** Oil, Flavour, Emulsifiers (472c, **Soy** Lecithin, 471), Sweeteners (Aspartame, Acesulfame Potassium), Antioxidants (301, 304, 306), Vitamins (Vitamin E Acetate, Nicotinamide, Calcium Pantothenate, Sodium Ascorbate, Pyridoxine Hydrochloride, Thiamine Hydrochloride, Vitamin A Acetate, Riboflavin, Folic Acid, Phytomenadione, Cholecalciferol, Cyanocobalamin, Biotin), Colour (Curcumin).
Contains Milk, Soy and Fish. Contains Phenylalanine. Gluten Free.

Please click here for product allergies & intolerances information.

OPTIFAST VLCD Shake Vanilla 53g

Serving Size: 53g (Powder)	Average Quantity per Serving	Average Quantity per 100g	Ave Qty per 100ml (made up with 200ml water)
Energy	840 kJ	1580 kJ	354 kJ
	201 Cal	379 Cal	85 Cal
Protein	20 g	37.7 g	8.4 g
Fat-total	4.5 g	8.5 g	1.9 g
- Saturated	0.9 g	1.7 g	0.4 g
- Linoleic Acid	1.2 mg	2.2 mg	0.5 mg
- α-Linoleic Acid	196 mg	370 mg	83 mg
Carbohydrate	18.2 g	34.4 g	7.7 g
- Sugars	10.1 g	19 g	4.3 g
- Lactose	9.5 g	18 g	4.0 g
Dietary Fibre	3.6 g	6.8 g	1.5 g
Sodium	215 mg	410 mg	92 mg
Vitamin A	345 µgRE	650 µgRE	146 µgRE
Thiamin	0.58 mg	1.10 mg	0.2 mg
Riboflavin	0.74 mg	1.40 mg	0.3 mg
Niacin	8.0 mgNE	15 mgNE	3.4 mgNE
Pantothenic Acid	2.7 mg	5 mg	1.1 mg
Vitamin B6	1.0 mg	1.9 mg	0.4 mg
Biotin	10.6 µg	20 µg	4.5 µg
Folic Acid	110 µg	210 µg	47 µg
Vitamin B12	1.1 µg	2 µg	0.4 µg
Vitamin C	40 mg	75 mg	17 mg
Vitamin D	3.7 µg	7 µg	1.6 µg
Vitamin E	7.4 mgTE	14 mgTE	3.1 mgTE
Vitamin K	31.8 µg	60 µg	13.4 µg
Calcium	420 mg	800 mg	180 mg
Chromium	13 µg	25 µg	5.6 µg
Copper	1.1 mg	2 mg	0.4 mg
Fluoride	340 µg	650 µg	146 µg
Iodine	98 µg	185 µg	42 µg
Iron	8.0 mg	15 mg	3.4 mg
Magnesium	160 mg	300 mg	67 mg
Manganese	0.8 mg	1.5 mg	0.3 mg
Molybdenum	18.6 µg	35 µg	7.8 µg
Phosphorus	360 mg	680 mg	150 mg
Selenium	40 µg	75 µg	16.8 µg
Zinc	4.2 mg	8 mg	1.8 mg
Potassium	955 mg	1800 mg	405 mg
Choride	280 mg	530 mg	120 mg
Gluten	Nil detected	Nil detected	Nil detected

https://www.optifast.com.au/products/optifast-vlcd-shakes

Who benefits if DiRECT-Aus trial results in huge dollops of taxpayer money being funnelled to Nestle via PBS?

Diabetes remission not only provides hope and motivation for people living with type 2 diabetes, but it may have a significant impact on health care costs in Australia. The total annual cost of diabetes in Australia is estimated at $14.6 billion (Lee, 2013). Additionally, the complications of diabetes can be quite devastating, including blindness, amputations, heart disease and kidney failure. Putting diabetes into remission can potentially reduce the financial impact of diabetes on the health care system as well as reduce rates of long-term complications.

PRIMARY OBJECTIVES

1. To determine whether a program designed to achieve remission of T2DM to normal glucose tolerance by substantial weight loss using a low energy diet (VLED) can be effectively delivered within the routine primary care setting in Australia where most people with T2DM are managed.
2. Evaluate the attitudes of participants to the VLED program including acceptability, ease of use and perceived value.
3. Develop a sustainable delivery model that can be incorporated into general practice through the Medicare Benefits Schedule.

https://www.hnc.org.au/wp-content/uploads/2020/04/DiRECT-GP-Booklet-2.pdf

Some important questions investigators should be asking Professor Stephen Colagiuri

Letter to Professor Colagiuri re research misconduct involving lucrative OPTIFAST/DiRECT-Aus diabetes trial

Inbox ×

rory robertson <strathburnstation@gmail.com> Oct 29, 2022, 9:34 AM (1 day ago)

to stephen.colagiuri, Vice, emma.l.johnston, mark.butler.mp, jason.clare.mp, Anne.Kelso, Clare.McLaughlin, Julie.Glover, Prue.Torrance, Alan.Singh, Tony.Krizan, Marita.Sloan, Jillian.Barr, Chris.Wel

Dear Professor Stephen Colagiuri,

Hello Stephen. We have met once or twice over the years. I particularly recall one conversation at a campus event where you insisted to me with a straight face that there is "no evidence" that low-carbohydrate diets are particularly beneficial for people suffering type 2 diabetes. Immediately, I understood.

Accordingly, I was not shocked to see last October that **you and your team of "experts" recklessly misrepresented the relative merit of clinical results** from the profoundly important Virta (US) diet-and-health trial - https://link.springer.com/content/pdf/10.1007/s13300-018-0373-9.pdf - in the **"Position Statement" co-authored for Diabetes Australia**: p. 5 https://www.diabetesaustralia.com.au/wp-content/uploads/2021_Diabetes-Australia-Position-Statement_Type-2-diabetes-remission_2.pdf

I am aware that you are paid as a part-timer by various pharmaceutical companies in the diabetes space, and I am aware of your links to sugary food companies via the University of Sydney's "Low GI Diet" business/charity scam: pp. 14-42 https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

But I am seeking a fuller understanding of why you would recklessly misrepresent the clinical results of two important diet-and-health trials, misinforming every one of potentially millions of fat, sick and hapless Australians wanting reliable diet-and-health information from Diabetes Australia, a currently worse-than-useless entity that is in the process of wasting billions of taxpayer dollars.

Some questions that arise from your pretending that the Virta (US) low-carbohydrate approach is second-rate - in particular, profoundly inferior to the DiRECT (UK) low-carbohydrate, low-energy approach - include:

1. **What is your involvement with the DiRECT-Aus trial?** Are you a co-lead investigator, the overall boss, something else, or do you have nothing to do with it? https://diabetesnsw.com.au/news/weight-loss-key-to-type-2-remission/
2. **Do you have any relationship with Nestle**, the food company that produces the ultra-processed OPTIFAST products that are being provided "free of charge" to DiRECT-Aus trial participants? https://www.optifast.com.au/products/optifast-vlcd-shakes ; https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2020/06/EOI_DiRECT-Aus_final.pdf
3. **Is one of the ambitions of the DiRECT-Aus "researchers" to get Nestle's lucrative OPTIFAST products incorporated into the Medicare Benefits Schedule?** https://www.hnc.org.au/wp-content/uploads/2020/04/DiRECT-GP-Booklet-2.pdf

I look forward to hearing from you.

Regards,
Rory

Available information on Nestle's lucrative OPTIFAST/DiRECT-Aus diabetes trial:

https://diabetesnsw.com.au/news/weight-loss-key-to-type-2-remission/
https://www.optifast.com.au/products/optifast-vlcd-shakes
https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2020/06/EOI_DiRECT-Aus_final.pdf
https://www.hnc.org.au/wp-content/uploads/2020/04/DiRECT-GP-Booklet-2.pdf

So far, I have had nothing in response from Colagiuri. Investigators should be asking why clinical results were misrepresented.

Dedication

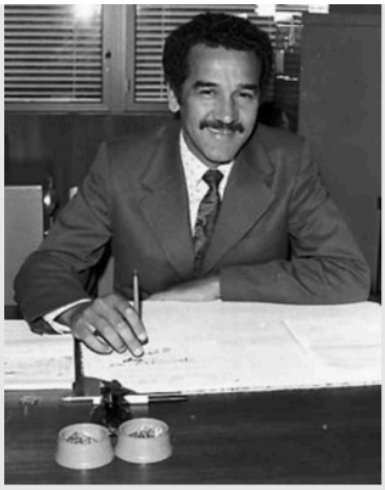
Charlie Perkins was born in Alice Springs near the red centre of Australia in June 1936. I was born there 30 years later in March 1966. I dedicate my decade's worth of efforts exposing the Charles Perkins Centre's disastrous high-carbohydrate advice for diabetes to my now-dead parents. My wonderful, 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 http://www.australianparadox.com/pdf/AlecRobertson-born2oct33.pdf)

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 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 2 million or more Australians today already have type 2 diabetes, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate diabetes advice promoted by a range of respected entities advised by highly influential Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

rory robertson **+61 (0) 414 403 471**
www.strathburn.com
Strathburn Cattle Station is a proud partner of YALARI, Australia's leading provider of quality boarding-school education for Aboriginal and Torres Strait Islander teenagers. Check it out at http://www.strathburn.com/yalari.php

What would Charlie think of what's being done under his name, if he hadn't died young, via kidney disease?



Charles Perkins, 1974
National Archives of Australia,

Life Summary [details]

Birth
16 June 1936
Alice Springs, Northern Territory, Australia

Death
18 October 2000
Sydney, New South Wales, Australia

Cause of Death
kidney disease

Cultural Heritage
- Indigenous Australian

Education
- Le Fevre High School (Adelaide)
- University of Sydney

Occupation
- Indigenous rights activist/supporter
- public servant
- public service head
- soccer player

Awards
- Officer of the Order of Australia

Key Events
- Freedom Ride, 1965

Key Organisations
- Foundation for Aboriginal Affairs
- Student Action for Aborigines
- National Aborigines Consultative Committee
- Aboriginal and Torres Strait Island Commission

https://royalsoc.org.au/images/pdf/Forum2016/Simpson.29Nov2016.pdf
http://ia.anu.edu.au/biography/perkins-charles-nelson-charlie-810

Australian Government

Department of Health and Aged Care

Ref No: MC22-022347

Mr Rory Robertson
strathburnstation@gmail.com

Dear Mr Robertson

I refer to your correspondence of 23 November 2022 to the Members of the Australian Parliament regarding a request for a Parliamentary inquiry into a fix to reverse type 2 diabetes. Your letter has been referred to the Minister for Health and Aged Care, the Hon Mark Butler MP. The Minister has asked me to reply.

The Australian Government acknowledges the significant impact diabetes places on individuals and families and is committed to the prevention, early detection, and management of diabetes, where possible.

To support this, the previous Australian National Diabetes Strategy 2016–2020 has been updated to ensure it remains current and adaptive in today's health environment. The refreshed *Australian National Diabetes Strategy 2021-2030* released on 14 November 2021, outlines Australia's response to diabetes and includes a range of priority actions to reduce the burden of diabetes and its complications and improve quality of life. A priority action has been included on 'offering more intensive dietary interventions to people with type 2 diabetes aiming for remission'.

The Department of Health and Aged Care is keeping informed of the evolving body of research to advance our knowledge of remission of type 2 diabetes, how it can be maintained, the long-term impact of remission on complications, and remission among different population groups.

Whilst it is encouraging to see research that shows improvement of glucose levels into the normal range in some people with type 2 diabetes, the department understands the importance of careful, accurate messaging to people with diabetes and health professionals. People with type 2 diabetes who want to attempt diabetes remission, are advised to do so in close consultation with their diabetes healthcare team, as intensive dietary and weight changes need careful management, monitoring and support.

The Australian Dietary Guidelines (ADGs) are the current national policy document which underpins national food and nutrition education, policy, and research, at both a federal and jurisdictional level. The department and the National Health and Medical Research Council (NHMRC) are committed to maintaining currency of the ADGs. The NHMRC are reviewing the 2013 dietary guidelines to ensure they remain fit-for-purpose and reliable into the future. The review is due for completion in 2024. The ADGs provide evidenced based guidance on the types and amounts of food to eat to maintain health and wellbeing, meet nutrient requirements, maintain a healthy body weight, and prevent chronic disease. The ADGs are intended for children, adolescents, adults, and older Australians in the general healthy population, including people with common diet-related risk factors such as being overweight. The Guidelines do not apply to people with medical conditions requiring specialised dietary advice, or to frail elderly people who are at risk of malnutrition.

Regarding your concern about research misconduct, I suggest that you contact Tertiary Education Quality and Standards Australia (TEQSA) which is the regulatory body for all providers of higher education in Australia, including public and private universities. You can contact TEQSA via email at integrityunit@teqsa.gov.au or by submitting a concern at https://www.teqsa.gov.au/about-us/contact-us/raising-complaint-or-concern/how-raise-concern .

Thank you for writing on this matter.

Yours sincerely

C. Carlile

Chris Carlile
Assistant Secretary
Hearing Services and Chronic Conditions Branch
4 January 2023

Sydney NSW
23 November 2022

Letter: Request for Parliamentary inquiry into simple fix to reverse type 2 diabetes (T2D) epidemic, a win-win fix unethically suppressed by Charles Perkins

Dear Members and Senators of our Australian Parliament, [227 APH addresses listed on p. 13, below]

Good morning. In early November, I wrote to the Academic Board and other senior management of the University of Sydney, the CEO and senior managers of the National Health and Medical Research Council (NHMRC) and assorted others to request an **independent investigation** into what I consider to be **research misconduct and corruption** involving Diabetes Australia and Professor Stephen Colagiuri, a highly influential diabetes "expert" from the Charles Perkins Centre at the University of Sydney. For your information, that letter (sent via email) is attached below [see pp. 5-12].

Unacceptably, I received no reply. My letter was (unethically) ignored by taxpayer-funded managers whose job it is to properly address evidence of misconduct that is harmful to public health.

Accordingly, today I am writing to all Members and Senators of our Australian Parliament, seeking to end unnecessary misery via type 2 diabetes (T2D) for up to two million Australians. **I want Parliament to investigate, please, what I believe to be the biggest medical scandal in Australia's history**. That is, influential research misconduct and corruption are behind harmful T2D dietary advice - and a disastrous official T2D treatment regime - that is promoting widespread misery and pushing millions towards early death.

That is a big claim. I urge you to investigate and assess the following seven observations:

- **Competent GPs and MDs have been fixing T2D without drama and without drugs for over 100 years. The number and cost of taxpayer-funded drugs needed to treat T2D is zero**. In what effectively is a profound message of hope for millions of Australians, two major medical trials published in 2017/18 - via Virta Health ("VIRTA") in the US and Professor Roy Taylor ("DiRECT") in the UK - confirmed that low-carbohydrate diets are the best-available fix for T2D and obesity. **Notably, VIRTA outperforms DiRECT on everything that matters**. Beyond fixing T2D in roughly half of its participants, VIRTA's lower-carbohydrate approach was able to eliminate or reduce usage of the drug insulin in 94% of users. Please assess my VIRTA-versus-DiRECT comparison table on page 2 in https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf [Table reproduced pp. 3 & 7 below]

- Critically, it has been known at the highest levels of medical science for over 100 years that T2D is caused by the excess consumption of sugar and other carbohydrates. In the most distinguished medical text in the western world back then, ***The Principles and Practice of Medicine*** (9th Edition, 1923), Sir William Osler MD and Thomas McCrae MD observed: **"The healthy person has a definite limit of carbohydrate assimilation" and "Clinically, one meets with many cases in which glycosuria is present as a result of excessive ingestion of carbohydrates, particularly in stout persons and heavy feeders –- so-called lipogenic diabetes [T2D] – a form very readily controlled". So, fixing T2D typically is straightforward. The menace is "EXCESS OF CARBOHYDRATE INTAKE" so Doctors Osler and McCrae advised a "STRICT DIET" of nutritious wholefoods: "(Foods without sugar [carbs]). Meats, Poultry, Game, Fish, Clear Soups, Gelatine, Eggs, Butter, Olive Oil, Coffee, Tea and Cracked Cocoa" plus many plant foods including Cabbage, Cauliflower, Lettuce, Tomatoes, Olives [and Avocados], Berries, Nuts, etc**: pp. 3 and 6 of https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf [Complete food list in 1923 medical text is reproduced on p. 11, below]

- Again, the **low-carbohydrate wholefood diet** that GPs across the western world were using to fix T2D a century ago is the diet that fixed T2D in around half of all patients in the VIRTA trial, with the vast majority of patients reducing or eliminating their use of ineffective drugs for diabetes and other maladies. **In summary, what is available via the introduction of science-based dietary advice for people suffering T2D is a great leap forward for public health alongside big savings on drug subsidies from taxpayers. What's not to like?**

- **The obvious question is: Why does official T2D advice promote high-carbohydrate diets**? I do not know, exactly. But I do know that for various misguided and unethical reasons, at least four highly distinguished and influential but ultimately inept and dishonest science careerists operating out of the Charles Perkins Centre at the University of Sydney recklessly promote sugary high-carbohydrate diets as healthful. I say recklessly because, again, it has been widely known for over 100 years that the main cause of T2D is an excessive intake of sugar and (other) carbohydrates.

- **This "cabal" of ultimately inept and dishonest science careerists operating out of the Charles Perkins Centre is a menace to public health, a powerful force that sustains our harmful official dietary advice promoting more not less T2D across Australia**. The four sci-careerists I am prepared to name are: (i) **Professor Stephen Colagiuri** (often the main scientific adviser for diabetes reports published by Diabetes Australia and NHMRC); and his colleagues (ii) **Professor Stephen Simpson** (the Academic Director of the Charles Perkins Centre and main author of the 30-Diet-Lifespan Fraud); (iii) **Professor Jennie Brand-Miller** (the main author of the *Australian Paradox* sugar-and-obesity fraud and coauthor with Colagiuri of a big-selling series of "Low GI Diet" books, one featuring the spectacularly silly false claim that "There is absolute consensus that sugar in food does *not* cause [type 2] diabetes"); and last but not least (iv) **Professor Stewart Truswell** (the main scientific author of our *Australian Dietary Guidelines* since 1978, and who with Simpson in 2017 helped JBM to expand her *Australian Paradox* sugar-and-

obesity fraud into the *American Journal of Clinical Nutrition*). All this is documented in my recent interactions with the senior management of the University of Sydney and with the CEO of NHMRC: [for starters, try pages x-xv] https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf

- **While the University of Sydney and NHMRC apparently couldn't care less, this all matters for the health and wellbeing of millions of Australians, especially Indigenous Australians, whose death rate via T2D is a stunning seven times the death rate via T2D for the rest of us**. It is a tragic irony that a key reason for the early death of Indigenous Australians via T2D is the uncontrolled misconduct of a cabal of highly influential but ultimately inept and dishonest science careerists that operates out of the palatial Charles Perkins Centre at the University of Sydney. Tragic, ironic and borderline criminal.

- **I am sorry to have to admit that I have long been highly ineffective in my efforts to fix T2D advice and help improve the lives of millions**. It's now more than five years ago in 2017 that I wrote to senior officials in the Department of Health - including (then) Chief Medical Official **Professor Brendan Murphy** - on these matters. Alas, Dr Brendan Murphy and his colleagues also had no interest: https://www.australianparadox.com/pdf/Expanded-Letter-HealthDept-type2diabetes.pdf [Professor Brendan Murphy AC now is Secretary of the Australian Government Department of Health. He by now would be well aware that many thousands of Australian victims who died with COVID-19 (say 20% or more of the total) were profoundly vulnerable to that early death as a result of our health professionals' scandalous mistreatment of the victims' T2D (via "usual care") over their final years or often decades.]

So again, Members and Senators, please investigate the seven observations outlined above, and then fix Australia's harmful official diabetes advice. **Fixing Australia's shameful diabetes advice can stop the current T2D epidemic in its tracks and reduce misery and early death for millions, especially Indigenous Australians, while taking great pressure off our hospitals and nurses, and saving heaps of money for taxpayers**. Please stop the shameful misconduct of the Charles Perkins Centre cabal that is helping to fuel countless T2D tragedies across Indigenous Australia.

If needed, I am available to travel to Canberra at your convenience for detailed discussions of these matters. I want to help.

Finally, please note that my $11,000 self-funded advertisement in *The Australian* newspaper today [original reproduced overleaf] was mangled almost beyond recognition by the paper's ham-fisted lawyers. Bizarrely, they stopped me stating as a matter of fact that competent GPs have been fixing T2D without drama and without drugs for over 100 years. Yet that is a simple matter of fact, confirmed again by the profoundly important VIRTA trial in 2017. **You can see my original ad and the various sources for my claims documented at #CabalSydneyUni on Twitter, where I post as @OzParadoxdotcom.**

Best wishes,
Rory

email: strathburnstation@gmail.com
mobile: +61 414 703 471

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rory robertson
www.strathburn.com
Strathburn Cattle Station is a proud partner of YALARI, Australia's leading provider of quality boarding-school education for Aboriginal and Torres Strait Islander teenagers. Check it out at http://www.strathburn.com/yalari.php

A message of hope for all fat, sick and lost Australians

And especially for the families and loved ones of our two million tragics suffering type 2 diabetes (T2D)

There's no need to suffer ongoing misery, amputations, blindness, or early death. Thousands are fixing their T2D within months. Rescuing their lives. After accessing information at www.DefeatDiabetes.com.au, https://lowcarbdownunder.com.au/ or https://www.virtahealth.com/, you'll be set to change your diet, extend your lifespan and rescue the life you once loved. T2D is simply "carbohydrate intolerance" (Hint: a nut allergy is fixed by avoiding nuts)

Many will choose to swap breakfasts of cereal, fruit and a dose of insulin for a big nutritious omelette and a black coffee
A simple plan: Reverse your T2D & obesity, ditch heaps of ineffective drugs & stop the massive wasting of taxpayers' money
Critically, it's not "diet & lifestyle" that works: Diet change is the intervention - a massively improved lifestyle is the outcome

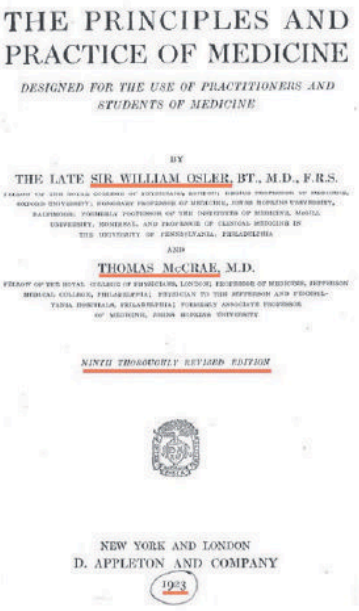
THE SCIENCE: It's been known at the highest levels of medical science for >100 years that type 2 diabetes is caused by the excess consumption of sugar and other carbohydrates. In the most distinguished medical text in the western world, ***The Principals and Practice of Medicine*** (9th Edition, 1923), Sir William Osler MD and Thomas McCrae MD observed: **"The healthy person has a definite limit of carbohydrate assimilation"** and **"Clinically, one meets with many cases in which glycosuria is present as a result of excessive ingestion of carbohydrates, particularly in stout persons and heavy feeders – so-called lipogenic diabetes [T2D] – a form very readily controlled"**. So, fixing T2D typically is straightforward

The menace is "**EXCESS OF CARBOHYDRATE INTAKE**" so Doctors Osler and McCrae advised a "**STRICT DIET**" of nutritious wholefoods: "**(Foods without sugar** [carbs]**). Meats, Poultry, Game, Fish, Clear Soups, Gelatine, Eggs, Butter, Olive Oil, Coffee, Tea and Cracked Cocoa" + Plants** incl Cabbage, Cauliflower, Lettuce, Tomatoes, Olives [& Avocadoes], Berries, Nuts, etc: http://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

What worked readily in 1923 still works readily now (see table below). Fresh information and help are available at **#CabalSydneyUni, Defeat Diabetes, Virta Health and via doctors at LCDU above. WARNING: Advise your doctor before going low-carb, as drug dosages will need to be reduced**

EVIDENCE: Critically, **Virta Health (2018)** and **DiRECT (2018) trials** emphatically confirmed T2D & obesity are 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-CARBOHYRATE TRIALS		**VIRTA**	**DiRECT**	
Ketogenic diet via severe 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 **rountinely** kept on oral diabetes/CVD drug Metformin via formal ADA advice re CVD		Yes	No	
"All oral antidiabetic and antihyperintensive drugs were **discontinued on day 1** . . ."		No	Yes	
Excluded **all long-duration** T2D patients, all those diagnosed **7 to (say) 40 years** earlier		No	Yes	
Excluded **all particularly troubled** T2D patients, including all of those on **insulin therapy**		No	Yes	
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		
At 12 months, insulin therapy in Virta was stopped or reduced in 94% of completers				
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 av. number other "prescribed medications", incl. **antidepressants**		No	Yes	Virta outperform


THE PRINCIPLES AND PRACTICE OF MEDICINE

DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE

BY

THE LATE SIR WILLIAM OSLER, BT., M.D., F.R.S.

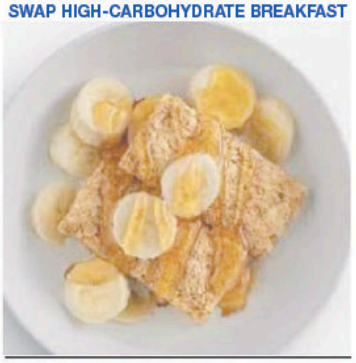
AND

THOMAS McCRAE, M.D.

NINTH THOROUGHLY REVISED EDITION

NEW YORK AND LONDON
D. APPLETON AND COMPANY
1923

SWAP HIGH-CARBOHYDRATE BREAKFAST



FOR LOW-CARBOHYDRATE BREAKFAST

THEN DITCH INSULIN AND T2D FOREVER

All sources cited in full at https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf and **@OzParadoxdotcom**

Ad researched & paid for solely by economist, pro-science campaigner & health advocate Rory Robertson (strathburnstation@gmail.com)

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 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 2 million or more Australians today already have type 2 diabetes, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate diabetes advice promoted by a range of respected entities advised by highly influential Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

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

--

rory robertson +61 (0)414 703 471
economist and former-fattie
https://twitter.com/OzParadoxdotcom

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: http://www.abc.net.au/lateline/content/2015/s4442720.htm

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

www.strathburn.com
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

Request for investigation into research misconduct – Professor Stephen Colagiuri - and corruption in diabetes space

From: **rory robertson** <strathburnstation@gmail.com>
Date: Wed, Nov 2, 2022 at 8:06 PM
Letter: Request for investigation into research misconduct – Professor Stephen Colagiuri - and corruption in diabetes space
To: <stephen.colagiuri@sydney.edu.au>, Stephen Simpson (CPC) <stephen.simpson@sydney.edu.au>, Professor Truswell <professor.truswell@sydney.edu.au>, <jennie.brandmiller@sydney.edu.au>, Vice Chancellor <vice.chancellor@sydney.edu.au>, <emma.l.johnston@sydney.edu.au>, <mark.butler.mp@aph.gov.au>, <jason.clare.mp@aph.gov.au>, <Anne.Kelso@nhmrc.gov.au>, <Clare.McLaughlin@nhmrc.gov.au>, <Julie.Glover@nhmrc.gov.au>, <Prue.Torrance@nhmrc.gov.au>, <Alan.Singh@nhmrc.gov.au>, <Tony.Krizan@nhmrc.gov.au>, et al...
Rory Robertson
2 November 2022

Dear University of Sydney Academic Board (via "Manager, Academic Governance"), University of Sydney Senate (via "Deputy Secretary to Senate"), members of Parliament, members of Australia's "research community" and especially the hapless millions harmed by influential diet misinformation and the scandalous mistreatment of Type 2 diabetes (T2D),

Good evening. I am writing to request, please, a formal inquiry into Charles Perkins Centre Professor Stephen Colagiuri's recent work in diabetes advice, as part of a needed independent investigation into systemic academic and financial corruption in the diabetes space.

For many, the comparison tables on the second and third pages of the following document will be of particular interest: https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf

Regards,
Rory

email: strathburnstation@gmail.com
mobile: +61 414 703 471

--
rory robertson
www.strathburn.com
Strathburn Cattle Station is a proud partner of YALARI, Australia's leading provider of quality boarding-school education for Aboriginal and Torres Strait Islander teenagers. Check it out at http://www.strathburn.com/yalari.php

Please reply "please delete" if you would prefer not to receive my emails on public health matters.

Rory Robertson (+61 414 703 471)
2 November 2022

Request for investigation into research misconduct – Professor Stephen Colagiuri - and corruption in diabetes space

Dear University of Sydney Academic Board (via "Manager, Academic Governance"), University of Sydney Senate (via "Deputy Secretary to Senate"), members of Parliament, members of Australia's "research community" and especially the hapless millions harmed by influential diet misinformation and the scandalous mistreatment of Type 2 diabetes (T2D),

Tragically, seriously faulty dietary advice from a cabal of distinguished but ultimately inept and dishonest University of Sydney science careerists is harming the health of Australians. I have exposed Professor **Jennie Brand-Miller's** "Australian Paradox sugar-and-obesity fraud" and her Charles Perkins Centre boss **Stephen Simpson's** sugary low-protein, high-carbohydrate "30-diet lifespan fraud". So too, I've revealed how dominating **Stewart Truswell** arrived in Australia in 1978, quickly hijacking our local nutrition space and ultimately causing great public harm by installing shonky US low-fat 45-65% carbohydrate advice as our *Australian Dietary Guidelines*. All this is documented in my 2021 letter to **Vice-Chancellor Mark Scott** and interactions with NHMRC CEO Anne Kelso: pp.v-xv https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf

Today, I am writing to request a formal inquiry into **Charles Perkins Professor Stephen Colagiuri's** recent work in diabetes advice, as part of a needed **independent investigation** into systemic academic and financial corruption in the diabetes space.

For starters, please assess my claim that in producing Diabetes Australia's October 2021 "POSITION STATEMENT", Colagiuri and his team of "experts" **disingenuously misrepresented a range of critical clinical results**, in their sham comparison between the **high-profile DiRECT (UK) and Virta (US) diet-and-health trials**: p. 5 https://www.diabetesaustralia.com.au/wp-content/uploads/2021_Diabetes-Australia-Position-Statement_Type-2-diabetes-remission_2.pdf

The *actual* clinical results are set out overleaf. Shamefully, Colagiuri *et al* took **a basic starting *protocol*** for the Virta trial – that is, **US** type 2 diabetes (T2D) patients were routinely kept on the oral diabetes drug Metformin, following formal ***American*** Diabetes Association advice – and then sneakily pretended it was the **main clinical *result*** of the Virta trial, seeking to mislead.

Assessing those ***actual* results**, it's clear that **Virta's lower-carbohydrate approach outperformed DiRECT's low-energy, low-carb (<130g/d) shakes, on all critical clinical markers**: reducing HbA1c, weight, blood pressure and Triglycerides, while boosting HDL-cholesterol. And Virta did all that despite a sicker pool of T2D patients, suffering an average of 8 years since initial diagnosis (versus 3 years for DiRECT); almost 30% were struggling on **insulin therapy** (0% for DiRECT). One sharp University of Sydney trained doctor who is routinely fixing T2D and rescuing lives in her NSW practice observed crisply: **"The thing about DiRECT is the patients weren't even on insulin! Virta took the super sick, DiRECT took the easy ones".** [Here's the future of Australian public health: **Dr. Penny Figtree https://www.youtube.com/watch?v=11x9PhlZuK0**]

Despite much-sicker T2D patients, the tables overleaf show that Virta produced **greater reductions** in HbA1c and weight, and **greater reductions** in cardiovascular-vascular disease (CVD) risk via **greater reductions** in Triglycerides and blood pressure, alongside a **greater improvement** (increase) in HDL-cholesterol. Both trials reported **major drops** in diabetes-drug use; Virta massively reduced insulin. Notably, DiRECT reported a surprising increase in usage of other drugs, including antidepressants.

Recall that 6.5% is the critical threshold in T2D diagnosis. Virta's low-carbohydrate treatment reduced HbA1c from above 6.5% to below 6.5% for **fully half of its patients** while massively reducing diabetes-drug use, whereas DiRECT's ultra-processed, low-carb, low-energy shake approach worked like that for *only around one-third* of its patients (again, see overleaf).

Now, none of this is surprising for those of us aware that the main cause of T2D is excess intake of sugar and carbohydrates, and so low-carbohydrate diets readily put T2D into remission. Those simple matters of fact have been **known at the highest levels of Medical science for at least a century**. (Please scroll two and five pages ahead to view Medical advice in 1923.)

This brings us to the second aspect of Colagiuri's research misconduct: undisclosed conflicts of interest. Colagiuri *et al* hid from readers the conflicts of interest that drove their shameful misrepresentation of Virta's superior clinical results. Is that misconduct? Yes, our millions of fat, sick and hapless Australians who rely on Diabetes Australia for advice – not to mention the politicians and silly taxpayers who fund the billions wasted by Diabetes Australia – should be told what shonky diabetes experts do after-hours: they typically work part time for drug companies using their University's good name to pretend integrity. I have been aware for some time that Colagiuri is paid tens of thousands of dollars a year by pharmaceutical companies in the diabetes space, and have alerted others; so too, I have highlighted his unsavoury links to sugary food companies via Sydney University's "Low GI Diet" business/charity scam: pp. 14-79 https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

Last Saturday, I wrote to Colagiuri to ask whether he has an **involvement in Nestle's OPTIFAST/DiRECT-Aus diabetes trial.**

[The text continues after the next two pages of clinical results and a reproduction of medical advice that fixed T2D in 1923.]

VIRTA (US) VERSUS DiRECT (UK) T2D TRIALS: COMPARING LOW-CARB DIETS, PROTOCOLS & RESULTS

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-CARBOHYRATE TRIALS		**VIRTA**	**DiRECT**	
Ketogenic diet via severe 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 **rountinely** kept on oral diabetes/CVD drug Metformin via formal ADA advice re CVD		**Yes**	No	
"All oral antidiabetic and antihyperintensive drugs were **discontinued on day 1**…"		No	**Yes**	
Excluded **all long-duration** T2D patients, all those diagnosed **7 to (say) 40 years** earlier		No	**Yes**	
Excluded **all particularly troubled** T2D patients, including all of those on **insulin therapy**		No	**Yes**	
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**		
At 12 months, insulin therapy in Virta was stopped or reduced in 94% of completers				
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 av. number other "prescribed medications", incl. **antidepressants**		No	**Yes**	**Virta outperform**

Sources are as follows:

Virta study: https://link.springer.com/content/pdf/10.1007/s13300-018-0373-9.pdf
Virta paper on reduced "Depressive symptoms": https://link.springer.com/article/10.1007/s10865-021-00272-4
DiRECT study: https://nrl.northumbria.ac.uk/id/eprint/35606/1/Primary%20care-led%20weight%20management.pdf
More DiRECT: https://www.directclinicaltrial.org.uk/Pubfiles/DiRECT%20Baseline%20paper%20Diabetologia.pdf
Further evidence for low-carbohydrate approach: https://www.mdpi.com/2072-6643/13/10/3299
Another summary of low-carb evidence: https://www.mdpi.com/2072-6643/11/4/766
An earlier summary of low-carb evidence: https://www.sciencedirect.com/science/article/pii/S0899900714003323

For ~100 years, competent GPs read Medical text, advised low-carb diet, put type 2 diabetes into remission
(Please scroll 3 pages ahead to view clinical diet specified and advised in eminent 1923 Medical text)

with permanent relief.

Type 2 **II. DIABETES MELLITUS** ~90% of all diabetes

Definition.—A disease of metabolism in general with especial disturbance of carbohydrate metabolism in which the normal utilization of carbohydrate is impaired with an increase in the sugar content of the blood and consequent

glycosuria. There is a tendency to subsequent disturbance of the fat metabolism with resulting acidosis (Ketosis).

History.—The disease was known to Celsus. Aretæus first used the term diabetes, calling it a wonderful affection "melting down the flesh and limbs into urine." He suggested that the disease got its name from the Greek word signifying a syphon. Willis in the seventeenth century gave a good description and recognized the sweetness of the urine "as if there has been sugar and honey in it." Dobson in 1776 demonstrated the presence of sugar, and Rollo in 1797 wrote an admirable account and recommended the use of a meat diet. The modern study of the disease dates from Claude Bernard's demonstration of the glycogenic function of the liver in 1857.

Etiology.—The enzymes of the intestinal mucosa convert the starches and sugars of the food into monosaccharides—dextrose, galactose and levulose—which pass into the portal circulation, but the major portion remains in the liver, where it is converted into glycogen. The percentage of sugar in the systemic blood remains constant—0.06 to 0.11 per cent. Part of the sugar passes to the muscles, where it is stored as glycogen. The total storage capacity of the liver is estimated at about one-tenth of its weight, *i. e.*, about 150 gms. for an ordinary organ weighing 1,500 gms. Not all of the glycogen comes from the carbohydrates; a small part in health is derived from the proteins and fats. This treble process of transformation, storage and retransformation of the sugars is effected by special enzymes, which are furnished by internal secretions, chiefly of the pancreas and hypophysis, and are directly influenced by the nervous system. According to Claude Bernard the sugar is simply warehoused on demand in the liver, and given out to the muscles which need it in their work. In any case, the sugar, one of the chief fuels of the body, is burned up, supplying energy to the muscles, and is eliminated as CO_2 and water. The nature of the intermediate stages of the transformation is still under discussion.

The following are the conditions which influence the appearance of sugar in the urine:

(*a*) Excess of Carbohydrate Intake.—In a normal state the sugar in the blood is about 0.1 per cent. In diabetes the percentage is usually from 0.2 to 0.4 per cent. The hyperglycæmia is immediately manifested by the appearance of sugar in the urine. The healthy person has a definite limit of carbohydrate assimilation; the total storage capacity for glycogen is estimated at about 300 gms. Following the ingestion of enormous amounts of carbohydrates the liver and the muscles may not be equal to the task of storing it; the blood content of sugar passes beyond the normal limit and the renal cells immediately begin to get rid of the surplus. Like the balance at the Mint, which is sensitive to the correct weight of the gold coins passing over it, they only react at a certain point of saturation. Fortunately excessive quantities of pure sugar itself are not taken. The carbohydrates are chiefly in the form of starch, the digestion and absorption of which take place slowly, so that this so-called alimentary glycosuria very rarely occurs, though enormous quantities may be taken. The assimilation limit of a normal fasting individual for sugar itself is about 250 gms. of grape sugar, and considerably less of cane and milk sugar. Clinically one meets with many cases in which glycosuria is present as a result of excessive ingestion of carbohydrates, particularly in stout persons and heavy feeders—so-called lipogenic diabetes—a form very readily controlled.

(*b*) Disturbances in the Nervous System.—Bernard shows that there

THE PRINCIPLES AND PRACTICE OF MEDICINE

DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE

BY

THE LATE SIR WILLIAM OSLER, BT., M.D., F.R.S.
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; REGIUS PROFESSOR OF MEDICINE, OXFORD UNIVERSITY; HONORARY PROFESSOR OF MEDICINE, JOHNS HOPKINS UNIVERSITY, BALTIMORE; FORMERLY PROFESSOR OF THE INSTITUTES OF MEDICINE, McGILL UNIVERSITY, MONTREAL, AND PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA

AND

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NINTH THOROUGHLY REVISED EDITION

NEW YORK AND LONDON
D. APPLETON AND COMPANY
1923

https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

[continued] The reason I wrote to Colagiuri was to seek a fuller understanding of exactly why he recklessly misrepresented the clinical results of two important diet-and-health trials, why he chose to dishonestly pretend that Virta's traditional low-carb approach is profoundly inferior to DiRECT's low-carb (<130g/d), low-energy "shakes" approach. (My letter reproduced below.)

Letter to Professor Colagiuri re research misconduct involving lucrative OPTIFAST/DiRECT-Aus diabetes trial

Inbox ×

rory robertson <strathburnstation@gmail.com> Oct 29, 2022, 9:34 AM (1 day ago)

to stephen.colagiuri, Vice, emma.l.johnston, mark.butler.mp, jason.clare.mp, Anne.Kelso, Clare.McLaughlin, Julie.Glover, Prue.Torrance, Alan.Singh, Tony.Krizan, Marita.Sloan, Jillian.Barr, Chris.Wel

Dear Professor Stephen Colagiuri,

Hello Stephen. We have met once or twice over the years. I particularly recall one conversation at a campus event where you insisted to me with a straight face that there is "no evidence" that low-carbohydrate diets are particularly beneficial for people suffering type 2 diabetes. Immediately, I understood.

Accordingly, I was not shocked to see last October that **you and your team of "experts" recklessly misrepresented the relative merit of clinical results** from the profoundly important Virta (US) diet-and-health trial - https://link.springer.com/content/pdf/10.1007/s13300-018-0373-9.pdf - in the **"Position Statement" co-authored for Diabetes Australia**; p. 5 https://www.diabetesaustralia.com.au/wp-content/uploads/2021_Diabetes-Australia-Position-Statement_Type-2-diabetes-remission_2.pdf

I am aware that you are paid as a part-timer by various pharmaceutical companies in the diabetes space, and I am aware of your links to sugary food companies via the University of Sydney's "Low GI Diet" business/charity scam: pp. 14-42 https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

But I am seeking a fuller understanding of why you would recklessly misrepresent the clinical results of two important diet-and-health trials, misinforming every one of potentially millions of fat, sick and hapless Australians wanting reliable diet-and-health information from Diabetes Australia, a currently worse-than-useless entity that is in the process of wasting billions of taxpayer dollars.

Some questions that arise from your pretending that the Virta (US) low-carbohydrate approach is second-rate - in particular, profoundly inferior to the DiRECT (UK) low-carbohydrate, low-energy approach - include:

1. **What is your involvement with the DiRECT-Aus trial?** Are you a co-lead investigator, the overall boss, something else, or do you have nothing to do with it? https://diabetesnsw.com.au/news/weight-loss-key-to-type-2-remission/
2. **Do you have any relationship with Nestle**, the food company that produces the ultra-processed OPTIFAST products that are being provided "free of charge" to DiRECT-Aus trial participants? https://www.optifast.com.au/products/optifast-vlcd-shakes ; https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2020/06/EOI_DiRECT-Aus_final.pdf
3. **Is one of the ambitions of the DiRECT-Aus "researchers" to get Nestle's lucrative OPTIFAST products incorporated into the Medicare Benefits Schedule?** https://www.hnc.org.au/wp-content/uploads/2020/04/DiRECT-GP-Booklet-2.pdf

I look forward to hearing from you.

Regards,
Rory

Available information on Nestle's lucrative OPTIFAST/DiRECT-Aus diabetes trial:
https://diabetesnsw.com.au/news/weight-loss-key-to-type-2-remission/
https://www.optifast.com.au/products/optifast-vlcd-shakes
https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2020/06/EOI_DiRECT-Aus_final.pdf
https://www.hnc.org.au/wp-content/uploads/2020/04/DiRECT-GP-Booklet-2.pdf

So far, I have had nothing in response from Colagiuri. Investigators should be asking why clinical results were misrepresented.

Given the massive growth in diabetes harm over recent decades, it is tragic that official Australian policy and dietary advice have been driven by incompetence, scientific fraud and the financial conflicts of interests of influential "experts" in the space.

Colagiuri has long been at the top of that pile, and he hasn't missed a chance to suppress the fact T2D is caused mainly by the excess intake of sugar and other carbohydrates - despite that profound matter of fact being documented in the most famous Medical text in history (see previous page) - or to pretend that traditional low-carb diets have no role in fixing our T2D disaster.

To his credit, Colagiuri somehow leveraged his selling millions of (co-authored) "Low GI diet" books featuring the spectacularly silly false claim "**There is absolute consensus that sugar in food does not cause [type 2] diabetes**" into being the main scientific advisor for *Australian National Diabetes Strategy 2016-2020*. In that role, Colagiuri – operating as the pharmaceutical industry's paid flunky – helped impose a ban on the word "carbohydrate" across the entire document! Try "control F" in https://www.health.gov.au/sites/default/files/documents/2019/09/australian-national-diabetes-strategy-2016-2020_1.pdf Also unforgivably, Colagiuri helped exclude any mention of excess carbohydrate in the AUSDRISK assessment, making it fluffy and ineffective: https://www.health.gov.au/sites/default/files/the-australian-type-2-diabetes-risk-assessment-tool-ausdrisk.pdf

But why would an obviously smart person go out of his way to pretend that excess sugar and other carbohydrate have nothing to do with T2D, when that main cause has been known at the highest levels of medical science since at least the early 1900s? (Please review previous page.) Well, I have documented that **Colagiuri was paid nearly $20,000 by drug companies over the year to April 2017**. Perhaps investigators could access all available records to estimate whether compensation paid to Colagiuri by pharmaceutical companies - in cash, flights and accommodation - over his multi-decade career now totals in the millions of (2022) dollars: pp. 40-57 https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf

Of course, Colagiuri is not the only expert in the diabetes space whose intellectual integrity has been corrupted by cash flowing readily from the pharmaceutical industry. I've told the joke for years that "researchers" at **the Baker Heart and Diabetes Institute in Melbourne** have been searching tirelessly for nearly a century seeking answers on the main cause and best fix for T2D but somehow have been so blinded by rivers of gold from drug-company cash that they remain unable to find the simple answers waiting on pages 422 and 432 in the most-distinguished Medical text in the western world, sitting, waiting quietly, wilfully ignored, on the bookshelf, under their noses: pp. 4-8 https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

That the Baker Heart and Diabetes Institute has been "owned" by drug-company cash for nearly a century probably explains why prominent Baker Heart and Diabetes Institute expert Professor Jonathan Shaw assisted Colagiuri to profoundly misrepresent the critical Virta-versus-DiRECT clinical *results* in Diabetes Australia's sham comparison (see my earlier table).

For anyone who somehow has missed the main point of all this, I should state it clearly for all to understand: the results of both the Virta and DiRECT trials demonstrate unambiguously that the most important thing in securing diabetes remission is a **strict personal ban** on common sugary drinks, breakfast cereals, potato chips, bread, cakes, biscuits, lollies, ice cream, chocolates, rice, pasta, bananas, oranges, grapes, beer, etc. There's no need to starve yourself or feed yourself ultra-processed "shakes" promoted by eminent but ultimately dishonest experts, and paid for by politicians and dumb taxpayers wowed by the shonks.

Sydney University's cabal of eminent but ultimately inept and dishonest Charles Perkins Centre science careerists

The good news is that Virta's clinical results (in my comparison table) are close to miraculous: T2D and Metabolic Syndrome fixed simply by eating nutritious wholefoods to satiety. Happily, millions of Australians can benefit profoundly from simple dietary changes, and our healthcare system can be rescued from self-interested careerists who deny simple matters of fact.

Tragically, Colagiuri's diabetes advice and eminent career have been worse than useless. But it's not just him. He's part of a team, let's call it a cabal. Colagiuri writes shonky "Low GI Diet" books with Jennie Brand-Miller claiming sugar does not cause T2D, while dishonest Simpson and Truswell helped JBM expand her *Australian Paradox* sugar fraud into the *American Journal of Clinical Nutrition*. This cabal of **eminent-and-entitled but ultimately inept-and-dishonest careerists** has been perhaps the biggest menace to Australian public health over the past 40 years, continuing to push false and harmful diet advice without regard for the millions of fat and sick Australians with T2D, living their lives in quiet misery on the road to early death.

This cabal of big-name but dishonest careerists – Professors Jennie Brand-Miller, Stephen Simpson, Stewart Truswell and Stephen Colagiuri – have stuck together through thick and thin. When pressed by me over the past decade – serious factual misrepresentations having been exposed in their research "findings" and dietary advice – they simply ploughed on, pretending everything is fine, no problems beyond the trivial. This cabal of duds from the Sydney University's Charles Perkins Centre effectively devoted their careers to – and bet their careers on - **suppressing the no-sugar, low-carbohydrate fix for T2D**.

But that game is over, their time has passed. As they enter old age, the world – now with continuous glucose monitors, aka CGMs (try googling #KetoRR) – will become increasingly aware that the University of Sydney's nutrition establishment, from 1978 to 2022, was an influential menace to public health. Again, the profound clinical results from the Virta trial - and indeed the DiRECT trial, since both feature the removal of modern doses of sugar and carbohydrate to fix T2D and Metabolic Syndrome - provide further hard, unambiguous evidence that the misbehaving cabal's faked "findings" and sugary high-carbohydrate dietary advice fuelled the disastrous uptrend towards two-million-plus T2D sufferers in Australia.

Colagiuri's final mistake was to "**jump the shark**", outrageously using Virta's *sensational* no-sugar, low-carbohydrate clinical trial results to pretend that traditional wholefood low-carbohydrate diets are inferior to the sorts of ultra-processed, low-energy, low-carb (<130g/d) shakes made by his friends at Nestle, who helped him fuel Australia's "diabesity" epidemic in the first place. But, again, there's now a **much brighter future for millions of Australians: fixing T2D often is as simple and tasty as the century-old meat-eggs-and-veg menu overleaf**. We must force the retraction of harmful advice promoted by the shonks and ensure all health professionals dealing with T2D prioritise instructing patients to restrict sugar and other excess carbohydrate.

In conclusion, false dietary claims by conflicted "experts" have for decades fuelled T2D, misery and a road to early death for millions of Australians, especially Indigenous Australians. Accordingly, I am requesting, please, **an independent investigation - by the University of Sydney and/or the Australian Parliament - into what I see as serious research misconduct by Professor Stephen Colagiuri, amongst others. Please accept this document as part of my *Submission.***

Further evidence can be found in my 2021 Letter to Vice-Chancellor Mark Scott and my 2020-2021 interactions with NHMRC CEO Anne Kelso: https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf ; my **2018 *Submission to ACCC's Scamwatch***: https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf ; and my **2017 Letter to the Australian Department of Health**: https://www.australianparadox.com/pdf/Letter-HealthDept-type2diabetes.pdf **Please stop the misery.**

Regards,
Rory

QUANTITY OF FOOD Required by a Severe Diabetic Patient Weighing 60 kilograms. (Joslin.)

Food	Quantity Grams	Calories per Gram	Total Calories
Carbohydrate	10	4	40
Protein	75	4	300
Fat	150	9	1,350
Alcohol	15	7	105
			1,795

STRICT DIET. (Foods without sugar.) Meats, Poultry, Game, Fish, Clear Soups, Gelatine, Eggs, Butter, Olive Oil, Coffee, Tea and Cracked Cocoa.

FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATES

	5% +	10% +	15% +	20% +
VEGETABLES	Lettuce, Spinach, Sauerkraut, String Beans, Celery, Asparagus, Cucumbers, Brussels Sprouts, Sorrel, Endive, Dandelion Greens, Swiss Chard, Vegetable Marrow, Cauliflower, Tomatoes, Rhubarb, Egg Plant, Leeks, Beet Greens, Water Cress, Cabbage, Radishes, Pumpkin, Kohl-Rabi, Sea Kale	Onions, Squash, Turnip, Carrots, Okra, Mushrooms, Beets	Green Peas, Artichokes, Parsnips, Canned Lima Beans	Potatoes, Shell Beans, Baked Beans, Green Corn, Boiled Rice, Boiled Macaroni
FRUITS	Ripe Olives (20 per cent. fat), Grape Fruit	Lemons, Oranges, Cranberries, Strawberries, Blackberries, Gooseberries, Peaches, Pineapples, Watermelon	Apples, Pears, Apricots, Blueberries, Cherries, Currants, Raspberries, Huckleberries	Plums, Bananas
NUTS	Butternuts, Pignolias	Brazil Nuts, Black Walnuts, Hickory, Pecans, Filberts	Almonds, Walnuts (Eng.), Beechnuts, Pistachios, Pine Nuts	Peanuts; 40%; Chestnuts
Miscellaneous	Unsweetened and Unspiced Pickle, Clams, Scallops, Fish Roe, Oysters, Liver			

30 grams (1 oz.) CONTAIN APPROXIMATELY	Protein	Fat	Carbohydrates GRAMS	Calories
Oatmeal	5	2	20	110
Meat (uncooked)	6	2	0	40
" (cooked)	8	3	0	60
Potato	1	0	6	25
Bacon	5	15	0	155
Cream, 40%	1	12	1	120
" 20%	1	6	1	60
Milk	1	1	2	20
Bread	3	0	18	90
Rice	3	0	24	110
Butter	0	25	0	240
Egg (one)	6	5	0	75
Brazil Nuts	5	20	2	210
Orange (one)	0	0	10	40
Grape Fruit (one)	0	0	10	40
Vegetables from 5–6% groups	0.5	0	1	6

1 gram protein contains 4 calories.
1 " carbohydrate contains 4 calories.
1 " fat contains 9 calories.
1 " alcohol contains 7 calories.

1 kilogram—2.2 pounds.
6.25 grams protein contain 1 gram nitrogen.
A patient "at rest" requires 30 calories per kilogram body weight.

CHART XIV.—DIABETIC FOOD TABLES. (JOSLIN.)

https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

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 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 2 million or more Australians today already have type 2 diabetes, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate diabetes advice promoted by a range of respected entities advised by highly influential Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

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

2 November 2022

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rory robertson +61 (0)414 703 471
economist and former-fattie
https://twitter.com/OzParadoxdotcom

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: http://www.abc.net.au/lateline/content/2015/s4442720.htm

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

www.strathburn.com
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

227 Australian Parliamentarians' APH email addresses to which T2D reversal letter was sent on 22 November 2022

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