

Rory Robertson
12 July 2017

Letter: The scandalous mistreatment of Australians with type 2 diabetes (T2D)

Dear Secretary Martin Bowles, Chief Medical Officer Professor Brendan Murphy, other leaders in the Australian Department of Health and independent observers including journalists,

Good morning and happy National Diabetes Week. My name is Rory Robertson. I am concerned about misguided official advice for Australians with or at risk of type 2 diabetes (T2D).

As you know, the growing global pandemic of T2D is causing misery and early death on a massive scale, in Australia as elsewhere. Indigenous families are suffering a disproportionate share of that misery - including via amputations, blindness, stroke, kidney and/or heart failures - and early death.

The good news is that T2D is not a "chronic disease". In most cases, it can be fixed by simple changes in diet. The bad news is that the standard T2D advice overseen by the Department of Health is faulty, harmful and expensive. For most people, the advice reinforces rather than fixes T2D, with few ever returning to being non-diabetic and drug free.

My guess is that, unless fixed quickly, the harmful mistreatment of millions of diabetics will ultimately be viewed as the biggest public-health scandal in Australian history. The scandal is that misery and early death is unfolding on a massive scale while a cheap and effective fix for T2D is left sitting on the shelf (see 4, below).

In my opinion, the Department's faulty T2D advice should be retracted immediately, and replaced with an approach proven to reverse T2D and reduce expensive drug use. This alternative approach - based on strong, century-old science - has the potential to produce the biggest improvement in Australian public health since the end of World War 2, while saving taxpayers many billions of dollars each year.

That may seem fanciful, but the claimed benefits of this alternative treatment are testable, and the scientific evidence is strong. Please subject my following 18 claims to intense scrutiny.

1. In Australia, the standard T2D advice provided via Diabetes Australia, the Dietitians Association of Australia and the Royal Australian College of General Practitioners (GPs) - with the Australian Health Practitioner Regulatory Authority requiring GPs to provide that advice, not the superior alternative - **features a reduced fat, high-carbohydrate diet plus glucose-lowering medications** (both of which tend to promote weight gain). Specifically, Diabetes Australia advises that "People with diabetes should follow the *Australian Dietary Guidelines* [ie. 45-65% carbohydrates]" and "Meals that are recommended for people with diabetes are the same as for those without diabetes".

2. This official advice is highly ineffective, with T2D progressing in most cases. Indeed, Diabetes Australia insists there is "no cure" because "Type 2 diabetes is a progressive condition. As time progresses...people with type 2 diabetes are often prescribed tablets to control their blood glucose levels. Eventually it may be necessary to start taking [exogenous] insulin to control blood glucose levels. ...Sometimes tablets may be continued in addition to insulin. ...it is important to note that this is part of the natural progression of the condition":

<https://www.diabetesaustralia.com.au/managing-type-2>

3. Outside Australia, competent and highly credentialed medical doctors are reversing T2D (see Table 1) and obesity (Figure 5b) in a significant proportion of their patients, within a few months and without exercise: http://diabetes.jmir.org/article/viewFile/diabetes_v2i1e5/2 ; <http://www.australianparadox.com/pdf/diabetes-type2.pdf>

4. The effective cure for many, used in 3. (above), was standard medical advice across the western world in 1923, via the most authoritative medical text at that time: *The Principles and Practice of Medicine*, by Sir (Professor) William Osler, MD and Professor Thomas McCrae, MD (9th Edition; p. 82 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>).

5. This cheap, simple and effective fix is based on the profoundly important fact - largely ignored by Australian diabetes careerists over recent decades - that T2D is a malady of carbohydrate intolerance. Professors Osler and McCrae a century ago observed explicitly that the main cause of diabetes (T2D) is an "Excess of carbohydrate intake" (p. 82). Thus simply removing excess carbohydrate from the patient's diet - while substituting dietary fat to satiety - substantially reduces excess blood glucose (measured via HbA1c), the defining feature of T2D.

6. Patients using this blood-glucose-lowering approach often can stop taking some or all of their medications, for T2D, blood pressure and other complications of insulin resistance (aka "Metabolic Syndrome"). In 3. (above), over 50% of patients had "one or more diabetes medications reduced or eliminated" (Table 2).

7. It also is profoundly important to note that the low-carbohydrate, high-fat (LCHF) diet that reverses T2D by normalising HbA1c is the same diet that reduces obesity and triglycerides, **key markers of risk for cardiovascular disease (CVD)**: pp. 87 and 94 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

8. That these are typical results for humans on carbohydrate-restricted, high-fat diets has been confirmed by **formal randomised controlled trials (RCTs)**. The evidence base for carbohydrate restriction to become the primary treatment for T2D is strong: <http://www.sciencedirect.com/science/article/pii/S0899900714003323> ; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2633336/>

9. Critically, the extent to which patients are "cured" of T2D (a carbohydrate-intolerance malady) is largely a function of their compliance with carbohydrate restriction, in the same way that those with nut allergies do best when not consuming nuts. Thus it is important that public-health entities formally endorse and encourage carbohydrate restriction by those afflicted with T2D. (In my opinion, the Department should suspend Medicare payments to Accredited Practising Dietitians (APDs) until the Dietitians Association of Australia properly corrects its advice for treating T2D.)

10. So, excess consumption of carbohydrates including refined sugar is the main cause of T2D, while removing that excess dose of carbohydrates typically produces major benefits. **Clearly, the main "risk factor" for T2D is the consumption of modern doses of carbohydrates including sugar.** It's thus inexplicable that not one of the 10 "risk factors" listed in "The Australian Type 2 Diabetes Risk Assessment Tool" - that was "developed by the Baker IDI Heart and Diabetes Institute on behalf of the Australian, State and Territory Governments as part of the COAG initiative to reduce the risk of type 2 diabetes" - mention either carbohydrates or added sugar. **If I were a lawyer, not an economist, I could tell you whether or not distributing "The Australian Type 2 Diabetes Risk Assessment Tool" while suppressing the most-important "risk factor" is criminally negligent:** <https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/6d252140-1ff0-47b2-a83f-3cc3db348131.pdf>

11. Regardless, Australians increasingly are adopting highly effective carbohydrate restriction to fix T2D on their own, ignoring official T2D advice in favour of superior advice on the internet via dozens of well-credentialed and competent medical doctors, including:

Dr Sarah Hallberg: <https://www.youtube.com/watch?v=da1vvigy5tQ>

Dr Eric Westman: <https://www.youtube.com/watch?v=oNZsfluh0Uo> ; p. 2 <http://www.australianparadox.com/pdf/why-we-get-fat.pdf>

Dr Andreas Eenfeldt: <https://www.dietdoctor.com/low-carb> ; <https://www.dietdoctor.com/low-carb/keto> ; <https://www.dietdoctor.com/low-carb/success-stories>

Dr Jason Fung: <https://www.youtube.com/watch?v=FcLoaVNQ3rc>

Professor Tim Noakes and Dr Jay Wortman, *et al*: <http://www.samj.org.za/index.php/samj/article/view/10136> ; <https://www.youtube.com/watch?v=zjUdtK6ukqY> ; <https://www.youtube.com/watch?v=QjQDFVE5exl>

Dr Peter Brukner, recently the Australian cricket team's doctor, provides further background on carbohydrate

restriction, and a list of Red and Green foods for those afflicted by T2D and/or metabolic syndrome:
<http://www.peterbrukner.com/wp-content/uploads/2014/08/All-you-need-to-know-about-LCHF1.pdf>

12. As noted in my introduction above, the burden of T2D and thus the misery and early death associated with faulty treatment falls most heavily on Indigenous Australians: "Aboriginal and Torres Strait Islander adults were more than three times as likely as non-Indigenous adults to have diabetes"; "one in five in remote areas had diabetes compared with around one in ten in non-remote areas"; and "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](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)

13. An important question now is how long the Department of Health will choose to be part of the problem rather than part of the solution. In my opinion, it is unethical and reckless for the Department to continue to promote its 45-65% carbohydrate advice to Australia's diabetics, now that its leaders know that such advice is sub-optimal; indeed, it may be criminally negligent to advise a diet of 45-65% carbohydrate when you know that a diet with only one-tenth of that dose tends to normalise HbA1c, dramatically reducing the risk of diabetes-related complications, such as amputations, blindness, stroke, kidney/heart failures, and early death. Further, it is unethical for the Department to promote the unnecessary, ineffective and expensive use of doctors, specialists and diabetes drugs at a time when Budget constraints invariably mean less funding in critical areas elsewhere.

14. In deciding how to proceed, it is critical that the Department comes to understand how it came to be providing advice that harms Australians and wastes taxpayer funds. Unfortunately, the Department - like diabetics, Indigenous communities and taxpayers more generally - is a victim of incompetence, scientific fraud and conflicts of interest at the highest levels of nutrition "science" and advice. The Department assumed that the diet and health information provided by highly influential diabetes careerists is trustworthy. Alas, it is not.

15. In fact, public health has been hijacked by hopelessly faulty "science" on matters regarding diet, diabetes, CVD and obesity. In Australia, the problem is centred within Group of Eight universities, particularly the University of Sydney. It is behind much of the faulty and harmful nutrition and diabetes advice overseen since 1979 by the Department of Health and the Australian Health and Medical Research Council (NHMRC): pp. 81 and 94 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

16. The problem is that there is no competent quality control in Group of Eight "science" when it matters. In 2016, the then-Chair of the Group of Eight, University of Sydney Vice-Chancellor Michael Spence, confirmed that he has no interest in correcting false Go8 information that is damaging to public health. His priorities appear to include soliciting taxpayer funds for his university - \$700m per year! - with false promises of research "excellence" and supporting his underperforming scientists, even those promoting serious scientific fraud in the diet-and-health space: p. 79 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf> ; <http://www.australianparadox.com/pdf/Letters-USydVCSpenceGovernance.pdf>

17. It is ironic and tragic - given the heavy burden of diet-and-health harm falling on Indigenous Australians - that the Charles Perkins Centre at the University of Sydney appears to be Australia's most-influential source of harmful diet misinformation with respect to T2D, obesity and CVD. In particular, the Charles Perkins Centre is a world leader in falsely defending modern doses of refined sugar as harmless, with its most-influential experts explicitly exonerating sugar as a cause of T2D and obesity. Again, this misinformation reflects a mix of incompetence, scientific fraud and financial conflicts of interest. Further detail is provided in the Appendix, below.

18. University professors moonlighting as paid agents of pharmaceutical companies appear to have been influential in suppressing the known diet cure for T2D from the Department of Health's *National Diabetes Strategy 2016-2020*. Indeed, many of the 600 events per week - yes, per week! - funded by pharmaceutical companies for Australian health practitioners and academics are likely to be designed to suppress any professional inclination to promote the proven diet fix rather than expensive drugs for T2D, obesity, high blood pressure and other aspects of metabolic syndrome: p. 83 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf> ; <http://www.smh.com.au/comment/australian-doctors-get-a-massive-dose-of-marketing-20170710->

[gx8b30.html](#) ; <http://bmjopen.bmj.com/content/7/6/e016701.full?ijkey=RuirMdhTCCQpbyG&keytype=ref> ;
https://static1.squarespace.com/static/57e9ebb16a4963ef7adfadb/t/5812d8cfc534a5e443dd6a56/1477630166923/NovoNordiskPresentation_MichalaFischer-Hansen+.pdf

In summary, Secretary Bowles, the potential for millions of Australians in coming decades to avoid the misery and/or early death associated with T2D - and metabolic syndrome more generally - is in your Department's hands: [http://www.health.gov.au/internet/main/publishing.nsf/Content/24BEDAF18381C86ACA257BF0001E0193/\\$File/Departmental%20Structure%20Chart%20-%202014%20June%202017.PDF](http://www.health.gov.au/internet/main/publishing.nsf/Content/24BEDAF18381C86ACA257BF0001E0193/$File/Departmental%20Structure%20Chart%20-%202014%20June%202017.PDF)

I respectfully request that the Department acknowledge my letter and subject my 18 detailed claims above, and in my Appendix below, to intense scrutiny. When you have confirmed that what I am saying is correct in all important respects, the Department of Health should immediately retract its misguided high-carbohydrate, high-drug advice for T2D, and introduce carbohydrate restriction as the primary treatment for T2D.

I look forward to your response. In the meantime, please feel free to forward this letter to others interested in improving public health. I am providing this letter to journalists and others.

Best wishes,
 Rory

APPENDIX: The Charles Perkins Centre and harmful misinformation on diet and health

The objective of the palatial \$500m Charles Perkins Centre at the University of Sydney is "Easing the burden of diabetes, obesity and cardiovascular disease, and their related conditions":

<http://www.smh.com.au/national/university-sets-up-500m-centre-for-obesity-research-20130724-2qjq8.html> ;
<http://sydney.edu.au/charles-perkins-centre/>

Unfortunately, as noted in 17. (above), it is ironic and tragic - given the heavy burden of diet-and-health harm falling on Indigenous Australians - that the Charles Perkins Centre appears to be Australia's most-influential source of harmful diet misinformation with respect to T2D, obesity and CVD.

The early evidence is that the Charles Perkins Centre is an expensive failure. Please consider the following facts:

(i) GPs across the western world knew as early as 1923 that the main cause of T2D in humans (not mice) is an "excess of carbohydrate intake", according to Sir (Professor) William Osler and Professor Thomas McCrae's widely respected medical text: *The Principles and Practice of Medicine* (9th Edition; see 4., above).

(ii) **Refined sugar (100% carbohydrate) is a key driver of health problems and early death, especially via T2D and CVD. Indeed, "in remote communities and very remote communities sugar is just killing the population", according to Indigenous Affairs Minister Senator Nigel Scullion:** <http://www.abc.net.au/news/2016-02-12/scullion-says-sugar-is-killing-remote-communities/7162974> ; p. 43 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

(iii) **In remote Aboriginal communities, the average diet of around 60% carbohydrate - mostly added sugar (100% carbohydrate) and refined grains - obviously is an excellent recipe for T2D.** As noted in 12. above, around 20% of Indigenous people in remote areas suffer diabetes (T2D) compared with around 10% in non-remote areas, while the death rate from diabetes among Indigenous Australians is seven times higher than for non-Indigenous people: pp. 13-16 <http://www.australianparadox.com/pdf/obesitysummit.pdf>

What does the Charles Perkins Centre say about those matters of fact?

(iv) Well, the "**Low-GI crew**" at the **Charles Perkins Centre** - including Professor Jennie Brand-Miller, Professor Stephen Colagiuri and Dr Alan Barclay - falsely insist that "**There is absolute consensus that sugar in food does not cause [T2] diabetes**". In the process, they have sold several million pop-sci Low-GI diet and Low-GI diabetes books: p. 5 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

(v) The Charles Perkins Centre's Academic Head, Professor Stephen Simpson, decided in 2013 that the optimal diet to maximise human longevity involves eating around 60% carbohydrates, 20% protein and 20% fat. Why? **Because "mice are not all that different from humans"**: p.89 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

(vi) Disturbingly, Professor Simpson based his 60%-carbohydrate recommendation for human longevity not on formal research investigating what happens to humans eating a diet of 60% carbohydrates dominated by refined grains and sugar - as in (iii) above - **but instead on what happens when mice are fed a diet dominated by refined grains, sugar and processed soy-bean oil**: Table S1
<http://www.cell.com/cms/attachment/2036710794/2051569003/mmc1.pdf>

Awkwardly, Professor Simpson ignored published research findings by other researchers, years earlier, that diet-and-health results from **"rodent models" can be highly misleading, adding value mainly by boosting our understanding of how rodents' metabolic mechanisms "can work in ways different from the effect in humans"**:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488544/>

(vii) In 2017, Professor Simpson and his colleagues at the Charles Perkins Centre responded to **a formal diet-and-health research-integrity investigation** by placing fake data in the *American Journal of Clinical Nutrition*, in a dishonest effort that **expanded the infamous pro-sugar Australian Paradox fraud to a third journal**: pp. 18, 28, 64 and 78 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

That shocked me because Professor Simpson told me in 2013 - in a face-to-face meeting at the Australian National University in Canberra - that he would do his best to fix - not expand! - the *Australian Paradox* fraud:
<http://www.australianparadox.com/pdf/LettersCPCProfSimpson.pdf>

(viii) Charles Perkins Centre Professor Stephen Colagiuri - **a distinguished Low-Gi co-author of that ridiculous false claim "There is absolute consensus that sugar in food does not cause [T2] diabetes"** - appears to be the most-influential scientific author involved in producing the Australian Health Department's **National Diabetes Strategy 2016-2020**: p. 84 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

In a face-to face-conversation with me at the Charles Perkins Centre in February 2016, Professor Colagiuri mistakenly insisted that carbohydrate restriction is not particularly helpful in treating T2D. Given his reckless false exoneration of added sugar (100% carbohydrate) as a cause of T2D, and his strong links with a range of large pharmaceutical companies (p. 84), it's probably not an accident that the **National Diabetes Strategy 2016-20 suppresses carbohydrate-restriction as an effective treatment for T2D**.

(ix) **Charles Perkins Centre Professor Jennie Brand-Miller and Dr Alan Barclay run the University of Sydney's 50%-owned Low-GI business that gets paid by industry to put healthy low-GI stamps on products that are up to 99.4% sugar**. In March 2016, globally famous New York University nutrition scientist Professor Marion Nestle was highly amused by that pro-industry non-science (writing "The mind boggles"), after I presented her with a bag of healthy LoGi sugar at a Charles Perkins Centre event: pp. 49-50 and 66
<http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

(x) Professor Brand-Miller and Dr Barclay also are highly influential in the diabetes space. Professor Brand-Miller over recent decades has been awarded millions of dollars of taxpayer funding for diabetes research via the NHMRC, while Dr Barclay was **Head of Research at the Australian Diabetes Council (Diabetes NSW) from 1998 to 2014**: <http://sydney.edu.au/science/people/jennie.brandmiller.php>

(xi) Further, Dr Barclay is a **prominent sugar-defending spokesperson for the Dietitians Association of Australia**, while sugar-defender Professor Brand-Miller is on the **Scientific Advisory Board of Obesity Australia**, alongside her Charles Perkins Centre boss Professor Stephen Simpson and Low-GI co-author Professor Stephen Colagiuri:
<https://daa.asn.au/voice-of-daa/daa-spokespeople/> ; <http://www.obesityaustralia.org/scientific-advisory-council>

(xii) Given the Charles Perkins Centre's recent takeover of Obesity Australia and its boss's strong disinterest in the diet cure for T2D and obesity, it is unsurprising that **the major sponsor of Obesity Australia's "Annual Summit" is**

a pharmaceutical company: <http://www.obesityaustralia.org/about-oa> ;
https://static1.squarespace.com/static/57e9ebb16a4963ef7adfadb/t/5812d8cfc534a5e443dd6a56/1477630166923/NovoNordiskPresentation_MichalaFischer-Hansen+.pdf ; <http://www.obesityaustralia.org/publications-and-documents>

(xiii) Over the past several years, the Charles Perkins Centre's high-profile *Australian Paradox* fraud has become notorious, because several highly influential scientists are pretending on the formal scientific record that there is a longstanding "inverse relationship" in Australia between sugar consumption and obesity. Based on fake data and a misreading of up versus down in the authors' own charts, the *Australian Paradox* scandal is perhaps the best-documented case of serious scientific fraud in Group of Eight university history: pp. 18, 28, 64 and 78
<http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

(xiv) The basics of the *Australian Paradox* fraud have been featured on ABC national radio (*Background Briefing*) and TV (*Lateline*), as well as in a range of newspaper articles:

<http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418> ;
<http://www.abc.net.au/lateline/content/2015/s4442720.htm> ; <http://www.smh.com.au/business/pesky-economist-wont-let-big-sugar-lie-20120725-22pru.html>

(xv) In 2011 and 2012, Professor Brand-Miller and University of Sydney colleague Bill Shrapnel used the false *Australian Paradox* "finding" to campaign against the NHMRC's proposed toughening of dietary advice against added sugar: <http://www.theaustralian.com.au/news/health-science/a-spoonful-of-sugar-is-not-so-bad/news-story/1f78f8d76736b77a9abab0363504ccfe> ; <http://www.smh.com.au/national/health/research-causes-stir-over-sugars-role-in-obesity-20120330-1w3e5.html>

In 2017, Professor Brand-Miller and the sugar and sugary drinks industries use the *Australian Paradox* fraud to try to kill proposed taxes on sugary drinks: p. 46 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf> ; <https://www.srasanz.org/sras/sras-advisors/>

(xvi) As noted above, Professor Brand-Miller and Dr Barclay's March 2017 placement of fake data in the *American Journal of Clinical Nutrition* was assisted by Charles Perkins Centre boss Professor Simpson. Also assisting was esteemed nutrition colleague Professor Stewart Truswell. Professor Truswell's role is notable because in 2013 at a Coca Cola event in Sydney I personally explained to him - after he complained to me that I was making a mountain out of a molehill - the problem of fake data in the *Australian Paradox* fraud:
<https://engage.vevent.com/index.jsp?eid=3045&seid=12>

(xvii) The "big picture" is that Professor Truswell has been highly influential in the provision of faulty dietary advice to Australians in the four decades since he joined the University of Sydney - as the "Chair of Human Nutrition" - from London (via South Africa) in 1978. Importantly, he brought with him a version of the 1977 *Dietary Goals for the United States*. In 1979, that low-fat US advice was pretty much cut-and-pasted into what became the initial version of today's *Australian Dietary Guidelines* (ADGs). Professor Truswell confirms that there was no independent Australian assessment of the "science" behind that now-discredited US diet advice. It is not an accident that official efforts since 1979 to encourage Australians to limit their consumption of fat, especially saturated fat in meat and dairy, while eating larger doses of "heart healthy" carbohydrates, have been followed by Australia's post-1980 uptrends in obesity and T2D: pp. 91-106
<http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

(xviii) In the 1992 version of today's *Australian Dietary Guidelines*, Professor Truswell appears to have been responsible for downgrading sugar as a problem. Saturated fat in meat and dairy was identified as the main dietary evil, with excess sugar demoted to number six! Extraordinarily, Professor Truswell appears to have controlled the saturated-fat-causes-CVD chapter for decades, thus allowing influential false information to damage public health. In 2015, the entity representing around 100,000 US nutritionists/dietitians conceded that the central claim in global dietary advice for the past half a century - that saturated fat in meat and dairy causes CVD - is wrong. The US Academy of Nutrition and Dietetics now explains that an excess intake of carbohydrates including sugar is a more important cause of CVD: pp. 97 and 101 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

Bottom line: In the 1950s and 1960s, healthy-diet advice took a painful wrong turn, as harmful US low-fat, high-carbohydrate advice began to colonise the world. It has been a long, painful road back, but the signs are clear that Sir (Professor) William Osler, MD and Professor Thomas McCrae, MD were indeed correct - way back in 1923 - to highlight the problems caused by excess carbohydrate (not saturated fat in meat and dairy), as they did with such impressive clarity in what was the most-authoritative and widely distributed medical text of its time: *The Principles and Practice of Medicine* (9th Edition; p. 82 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>).

rgds,
rory

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rory robertson

economist and former-fattie

<https://twitter.com/OzParadoxdotcom>

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 my *Five-year Update* on that scientific fraud, including Vice-Chancellor Spence's threat to ban me from campus: (p. 64) <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>
Want to stop trends in your family and friends towards obesity, type 2 diabetes, heart disease and various cancers? Stop eating and drinking sugar:
<http://www.youtube.com/watch?v=xDaYa0AB8TQ&feature=youtu.be>

Here's the diet advised by Dr Peter Brukner, recently the Australian cricket team's doctor:
<http://www.peterbrukner.com/wp-content/uploads/2014/08/All-you-need-to-know-about-LCHF1.pdf> ;
<http://www.abc.net.au/catalyst/lowcarb/>

Evidence from 26 doctors on why low-carbohydrate, high-fat (LCHF) diets MUST become standard treatment for obesity and type 2 diabetes (aka metabolic syndrome):
<http://www.sciencedirect.com/science/article/pii/S0899900714003323> ;
http://diabetes.jmir.org/article/viewFile/diabetes_v2i1e5/2

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

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