

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

<u>DETAILS OF TYPE 2 DIABETES (T2D) PATIENTS IN LOW-CARBOHYDRATE TRIALS</u>		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
<u>DETAILS OF DIETS AND PROTOCOLS IN COMPETING LOW-CARBOHYDRATE TRIALS</u>		VIRTA	DiRECT	
Ketogenic diet via strict carbohydrate restriction (ongoing<30g/d or episodic<130g/d)		Yes	Yes	
Strict ban on common sugary drinks, breakfast cereals, potato chips, bread, cakes, lollies, biscuits, ice cream, chocolates, rice, pasta, potatoes, bananas, apples, oranges, beer, etc		Yes	Yes	
Features ultra-processed drinks and severe energy restriction (~840 kcal/d, 59% carbs)		No	Yes	Virta outperform
Features wholefoods - including meat, eggs and green vegetables - eaten to satiety		Yes	No	Virta outperform
This particular low-carbohydrate diet featured in most distinguished US/UK medical text in history and has been advised for diabetes remission by competent GPs for >100 years		Yes	No	Virta outperform
<u>PROTOCOLS</u>		VIRTA	DiRECT	
Patients routinely kept on oral diabetes/CVD drug Metformin via formal ADA advice re CVD		Yes	No	
"All oral antidiabetic and antihypertensive drugs were discontinued on day 1... "		No	Yes	
Excluded all long-duration T2D patients, all those diagnosed 7 to (say) 25 years earlier		No	Yes	
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	
<u>A. RESULTS - Profound progress normalising key aspects of Metabolic Syndrome</u>		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
<u>B. RESULTS - Massive reductions in antidiabetic drug usage</u>		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 of depression at 1 year or 40% higher 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>

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

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DISEASES OF METABOLISM

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 CO₂ 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

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

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
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1923

[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 x

→ rory robertson <strathburnstation@gmail.com>

Oct 29, 2022, 9:34 AM (1 day ago)

☆ ↶ ⋮

to stephen.colagiuri, Vice, emma.ljohnston, 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 AUDRISK assessment, making it fluffy and ineffective: <https://www.health.gov.au/sites/default/files/the-australian-type-2-diabetes-risk-assessment-tool-ausrisk.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 distinguished 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 Brand-Miller claiming that 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 growing 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 – when obvious and harmful faults had 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

DIABETES MELLITUS

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

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

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.)	Protein	Fat	Carbohydrates	Calories
CONTAIN APPROXIMATELY			GRAMS	
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.)

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 1-2 million Australians today 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>