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November 2019

[Four ABC reporters duped by 30-diet fraud; NHMRC requests sci-fraud investigation at University of Sydney](#)

Dear journalists and management at Our ABC,

My name is Rory Robertson. I'm an economist with a strong interest in scientific integrity and improved public health. I was the main source for the ABC's 2014 and 2016 reporting on the University of Sydney's *Australian Paradox* sugar-and-obesity fraud: <https://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418> ; <https://www.abc.net.au/lateline/health-experts-continue-to-dispute-sydney-uni/7324520>

Those reports merely scratched the surface of research misconduct in Group of Eight universities. Mostly, we don't hear anything about serious misconduct in our universities, because university managements work hard to "manage" their reputations. Impressively, the ABC last month reported chronic problems with research-quality control at the University of NSW: <https://www.abc.net.au/news/2019-10-17/unsw-skin-cancer-levon-khachigian-allegations-and-retractions/11585768>

I am writing today to advise the ABC about a profoundly important scientific fraud that is based at the University of Sydney's Charles Perkins Centre and involves distinguished professors of science at the University of Sydney, UNSW and Harvard (p. 7). This largely still-unreported research misconduct promotes misery and early death across Australia, especially in Indigenous communities and aged-care homes. The problem is ongoing because the misconduct is protected: the University of Sydney management's approach is simply to pretend there is no problem (p. 11), thus unethically avoiding being forced to retract the false information that is working to harm the millions of Australians with or at risk of type 2 diabetes. The same dishonest approach has been used by management to protect the University's infamous *Australian Paradox* fraud: pp. 5-6 <https://www.australianparadox.com/pdf/USyd-Misconduct-June19.pdf>

In May, the National Health and Medical Research Council (NHMRC) requested that the University of Sydney investigate my concerns about the blatant misrepresentation of the lifespan data from its own high-profile 30-diet mouse experiment (see p. 9, below). A formal research-misconduct investigation remains underway. It's now five months since Dr Rebecca Halligan advised me of the investigation (her letter is reproduced on p. 3, below). I have asked the authors and the journal *Cell Metabolism* to retract the faulty paper and requested a new paper be written under proper supervision, with the *actual* lifespan data presented to readers. Alas, they refuse to do anything of the sort.

I think the public has a **#righttoknow** what is going on. And I think the ABC should tell it.

(i) Background and brief summary of the Charles Perkins Centre's recent research misconduct

There's an extraordinary story to be told, including incompetent and dishonest science and things almost too outrageous to be true (but they are true): before their career-expanding experiment involving ~1000 mice on 30 diets, two highly ambitious **insect specialists** wrote a 2009 paper and 2012 book, *The Nature of Nutrition* (pp. 27-31, below) - predicting that the lifespan of mice would be greatest on diets low in protein and high in carbohydrate (a *low* P:C ratio); after their 30-diet experiment was completed, the Charles Perkins Centre's 2014 report on the results **quietly excluded five low P:C diets and ~150 dead young mice, before "finding" that - hey presto! - the authors' longstanding hypothesis is correct; yes, "Median lifespan was greatest" on low P:C diets, and "longevity in the mice was also, just like the fly, greatest on low-protein, high-carbohydrate diets"**; moreover, and what a coincidence, it turns out that low-protein mouse diets **dominated by refined sugar and processed grains** also are lifespan-maximising for humans (!); to spread the good news, a full-page University of Sydney advertisement in the *Sydney Morning Herald* claimed that the University's low-protein, high-carbohydrate (LPHC) **mouse** diet can boost the lifespan of **humans** (p. 4), without any mention of mice or the fact that mice and humans have **profoundly different metabolic responses** to carbohydrate and dietary fat (p. 32); awkwardly, it was well-documented at the highest levels of medical science as early as 1923 that excess intake of carbohydrate (including added sugar) is the dominant (only?) cause of type 2 diabetes in humans (pp. 33-34); ironically, tragically, the Charles Perkins Centre today is promoting sugary LPHC diets that look almost specifically designed to produce type 2 diabetes and early death in the Indigenous peoples that Charlie when he was alive worked indefatigably to help (pp. 35-38); along the way, at least four high-profile ABC reporters, **three separate ABC programs** and the ABC's national audience of millions have been duped by influential Charles Perkins Centre careerists who unethically ignore the profound fact that **five of the top seven (of 30) mouse diets for median lifespan are high P:C diets** (indeed, one HPLC diet has a median lifespan of 139 weeks, **10% longer than any of the other 29 diets**, a decade in human years!); amazingly, after hiding those ~150 dead young mice on five killer low P:C insect diets, the Charles Perkins careerists talked to ABC reporters about 25 (not 30) diets and insisted that those low P:C (0.07, 0.1 and 0.25) diets maximised median lifespan not early death; also disturbingly, the misrepresented mouse-experiment results were used to leverage an initial \$1m of NHMRC funding over four years into **\$13m worth of new funding** over 2019-2023 (p.12); the threat of that \$13m being withdrawn appeared in part to prompt the authors' blatantly dishonest response - **"...Rory's concerns are in every respect unfounded"** - to my January 2019 *Expression of Concern* to their journal; notably, an unwise research partnership between Qantas and the unreliable Charles Perkins appears to have resulted in **Qantas CEO Alan Joyce having been duped into thinking sugary low-protein, high-carbohydrate diets are healthful**, falsely validating the sugary processed carbohydrates typically served as breakfast and snacks on Qantas flights ("The centre's research has already influenced what meals and beverages we'll be serving.." (p. 14)); in

2017, Stephen Simpson, the Academic Director of the Charles Perkins "Faculty" and lead author Professor Jennie Brand-Miller sneakily thwarted the main recommendation of **research-misconduct investigator Professor Robert Clark AO's 2014 Initial Inquiry Report**, by overseeing the production of a dishonest "update" of the original *Australian Paradox* paper (p. 24), rather than the recommended "clarification" paper addressing the use of fake data and other profound problems in the original paper; during that process in 2016, a **University of Sydney security guard** was used by Brand-Miller to stop a fee-paying customer at a public-health conference (me) from asking questions about the expansion of her infamous *Australian Paradox* sugar-and-obesity fraud into the *American Journal of Clinical Nutrition* (p. 24); **importantly, her main collaborators on that 2017 AJCN paper – beyond her boss Simpson - were found in Federal Court in 2018 to be untrustworthy and their evidence unreliable** (p. 25); around that time, Professor Brand-Miller "jumped the shark" by claiming that I had **bribed her Vice-Chancellor with a \$10,000 gift**; that was ironic, because her Vice-Chancellor Michael Spence had threatened to ban me from campus (p. 24) for wanting to question her on the research fraud she and he are dishonestly protecting; VC Spence's dishonest approach of avoiding the key "factual issues" opened the door for an Australian National University PhD thesis (featuring a reckless absence of fact-checking) to describe me as an **unethical "Research Silencer"**; meanwhile, the ABC itself continues to **suppress 14 of 15 pages of an ABC Audience and Consumer Affairs' secret Investigation Report (dated 13 April 2016)**, an independent report that carefully confirms the use of fake data and other evidence supporting my observation that the University of Sydney's *Australian Paradox* sugar-and-obesity "finding" is indeed part of a serious scientific fraud (p. 26 and pp. 48-56). Did I mention that a famous Harvard University professor who was once on *TIME* magazine's list of **"100 most influential people in the world"** is a co-author of the influential 30-diet mouse median-lifespan fraud? (pp. 20-21)

Perhaps most importantly, my investigations have documented a collapse of academic standards at Group of Eight universities and **a crisis in Australian science**, with seemingly no-one influential either interested or brave enough to step forward to try to stop the frauds and the fraudsters from continuing to harm public health and defraud taxpayers on a massive scale (p. 21). **Professor David Vaux** of the Walter and Eliza Hall Institute is an honourable exception (p. 1).

Ominously, the influential nutrition-science careerists driving the diet-and-health frauds I have documented are the same influential nutrition-science careerists involved in developing a **"Decadal plan" seeking to revamp nutrition science and dietary advice in Australia** (p. 2 <https://www.science.org.au/files/userfiles/events/documents/theo-murphy-2017-program-of-events-1.pdf>) In particular, the "Steering committee and invited experts" list at the **Australian Academy of Science's "Rethinking food and nutrition science"** conference in July 2017 includes Professors Jennie Brand-Miller, Stephen Simpson and David Raubenheimer, each heavily involved in the Charles Perkins Centre's infamous pro-sugar *Australian Paradox* fraud and/or its highly influential pro-carbohydrate 30-diet median-lifespan fraud (pp. 7 & 24).

Importantly, it has been known at the highest levels of medical science since at least 1923 that type 2 diabetes in humans is caused by excessive intake of carbohydrate (including sugar). Tragically, the chronic lack of competence and integrity in modern nutrition "science" is responsible for the suppression of medical science's simple, effective cure: removing that excess intake (pp. 33-34). The longstanding mistreatment of the million-plus Australians with type 2 diabetes probably is **the biggest medical scandal in Australia's history**. Today's standard, harmful high-carbohydrate advice - alongside diabetes drugs - is promoting misery and early death. On the false, deceptive and harmful claims by nutrition "scientists" and health/medical entities involved (and their conflicts of interests), I have written to the **Australian Competition and Consumer Commission (ACCC)**: <https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf>

For the record, Australia's runaway type 2 diabetes was kick-started in 1978 when the University of Sydney imported highly influential nutrition **Professor Stewart Truswell**, who brought with him faulty and harmful pro-carbohydrate US dietary guidelines and - **without proper independent review** - immediately set to work inking them in as **Australian Dietary Guidelines**: p. 94 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf> Notably, Stewart Truswell in recent years has been busy with Stephen Simpson protecting the *Australian Paradox* fraud (pp. 24 and 45).

(ii) NHMRC has requested a formal investigation of the Charles Perkins Centre's 30-diet mouse-lifespan fraud

As noted above, the NHMRC in May requested that the University of Sydney investigate my concerns about the blatant misrepresentation of the median-lifespan results from its own high-profile 30-diet mouse experiment. A formal research-misconduct investigation remains underway. The relevant letter – from Dr Rebecca Halligan - is reproduced overleaf. The University's full-page advertisement promoting its faulty 30-diet mouse claims as research excellence boosting human lifespan is reproduced on page 4. Why is there **no mention of mice** on that one big page? To stop readers from quickly realising that the boosting-human-lifespan part of the story is contrived nonsense? (p. 32)

"Principal investigator" Professor Stephen Simpson - the prominent Academic Director of the Charles Perkins Centre; he's also a Fellow of Sydney University's Senate, where he sits alongside sometimes-feared *Sydney Morning Herald* investigator Kate McClymont - has carefully misrepresented the **actual** results of his career-expanding experiment involving ~1000 mice on **30 (not 25) diets** for up to three years. **In 2014, the blatant misrepresentation probably was not inadvertent, as Simpson in 2012 published his predicted/preferred results and marketed them widely in what he calls his "manifesto"** (pp. 27-31); **in 2019, the misrepresentation has featured blatant dishonesty** (p. 11).

(The discussion resumes on p.17, after a range of relevant information is presented on the following dozen or so pages.)



THE UNIVERSITY OF
SYDNEY

Rebecca Halligan

Director, Research Integrity & Ethics Administration

9 May 2019

Mr Rory Robertson

By email: strathburnstation@gmail.com

PRIVATE & CONFIDENTIAL

Dear Mr Robertson

Confidential: Concerns with 2014 Cell Metabolism paper

I am writing to acknowledge the concerns you have raised regarding the publication '*The Ratio of Macronutrients, Not Caloric Intake, Dictates Cardiometabolic Health, Aging, and Longevity in Ad Libitum-Fed Mice*,' Cell Metabolism (2014), 19, 418-430 (the "**2014 Cell Metabolism paper**") by researchers at the University of Sydney. Your concerns were brought to the attention of the National Health and Medical Research Council (NHMRC), who subsequently asked the University to consider the issues raised.

I understand that you have raised concerns regarding the representation of results in the 2014 Cell Metabolism paper and the communication of the paper's findings to the general public. As these matters fall within the scope of the University's *Research Code of Conduct 2013* and the *Australian Code for the Responsible Conduct of Research 2007* (copies of which are attached), these concerns will be assessed in accordance with these policies.

I will provide a further update when it is available. In the meantime, please treat this email as confidential.

Yours sincerely,

Dr Rebecca Halligan

Director, Research Integrity & Ethics Administration

Attachments: University Research Code of Conduct 2013
Australian Code for the Responsible Conduct of Research 2007



**We're unlearning
diet to help us
live longer**

By questioning how the body processes different foods, our researchers have discovered that a low protein, high carb diet can delay chronic disease and help us live a longer and healthier life.

Find out how we're unlearning the world's greatest challenges.
sydney.edu.au/our-research



THE UNIVERSITY OF
SYDNEY

Leadership for good starts here



AAP NOVEMBER 20, 2013 9:45PM

Prof uses 1000 mice to expose food folly

THE key to good health is a balance between protein, carbohydrates and fat, says an expert on obesity, diabetes and cardiovascular disease.

Clifford Fram, AAP National Medical Writer

BELIEF that single nutrients such as omega-3s, sugar or salt can cure or cause all ills is folly, says a leading health scientist.

The key, Professor Stephen Simpson says, is for people to think about food as food and to seek a healthy balance between protein, carbohydrates and fat.

Too much of one for too long can make you fat and unhealthy, or even thin and unhealthy, says Prof Simpson, academic director of the new \$500 million Charles Perkins centre set up at the University of Sydney to fight obesity, diabetes and cardiovascular disease.

"The balance really matters," he told colleagues at an Australian Society for Medical Research conference in Victoria.

His team conducted a study in which 1000 mice were fed 30 different diets with different ratios of protein, carbohydrates and fat.

"If you want to lose weight as a mouse, you go onto a high-protein diet. But if you stay on that too long you will have poor circulating insulin and glucose tolerance.

"If you go too low on protein, you will drive over-consumption and be prone to obesity."

A good balance for a mouse is about 20 per cent protein, about 60 per cent carbohydrates and about 20 per cent fat.

"And mice are not that different from humans," he said.

An interesting finding was that a low-protein diet coupled with high carbohydrates led to obesity. But these mice lived longest and had a healthy balance in their gut.

Prof Simpson said he was concerned about the emphasis on micronutrients such as vitamins, sugar and salt.

"It is unhelpful when people argue everything is the fault of sugar or fat or salt or whatever when what we are dealing with is a balancing problem."

The best type of carbohydrates and fat is limited amounts of sugar and complex, low GI, hard-to-digest foods.

Prof Simpson said healthy fats such as omega-3 were also important.

Originally published as Prof uses 1000 mice to expose food folly

<https://www.news.com.au/national/breaking-news/prof-uses-1000-mice-to-expose-food-folly/news-story/403238e7cccc57b86b689aaa18fa4b95>

Hidden from readers: ~150 young mice perishing malnourished on five of authors' preferred low P:C diets


RESULTS

The data we present derive from 858 mice fed one of 25 diets differing systematically in protein, carbohydrate, and fat content and energy density. By their nature, these data are complex, and

<https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

Steve Simpson: It was the most complicated study and indeed the most ambitious study ever to look at macronutrition in any animal, particularly any mammal. What we set out to do was to look at the interactive and individual effects of protein, carbohydrate and fat in the diet of mice, and that requires a very large number of dietary treatments. Rather than a typical study which would look at a control diet of standard mouse food and compare it to a high fat diet, what we did was design 25 diets that spanned 10 different ratios of protein to fat to carbohydrate at one of three total energy densities and allowed our mice to feed ad libitum throughout their lives.

<https://www.abc.net.au/radionational/programs/healthreport/high-protein2c-low-carbohydrate-diet/5309616#transcript>



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Low-carb diet may make you unhealthy, shorten your life: study

By Sarah Dingle
Updated 5 Mar 2014, 4:54pm

Eating a high-protein, low-carb diet could actually make you unhealthy and more likely to die younger, a landmark Australian study has found.

The three-year study by the University of Sydney's Charles Perkins Centre found that while high-protein diets might make you slimmer and feel more attractive, the best diet for longevity is one low in protein and high in carbohydrates.

Professor of geriatric medicine David Le Couteur from Sydney's Anzac Research Institute was part of the team which modified the diets of 900 mice with dramatic results.

"If you're interested in a longer life span and late-life health, then a diet that is low in protein, high in carbohydrate and low in fat is preferable," he said.

"You can eat as much of that as you like.

"You don't have to be hungry, you don't have to reduce your calorie intake, you can just let your body decide what the right amount of food is."

The team put mice on 25 different diets, altering the proportions of protein, carbohydrates and fat.

The mice were allowed to eat as much food as they wanted to more closely replicate the food choices humans make.

"The healthiest diets were the ones that had the lowest protein, 5 to 10 to 15 per cent protein, the highest amount of carbohydrate, so 60, 70, 75 per cent carbohydrate, and a reasonably low fat content, so less than 20 per cent," Professor Le Couteur said.





PHOTO: The paleolithic or modern day Stone Age diet is one of the latest crazes. (Flickr: Megan Myers)

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AUDIO: Listen to Professor David Le Couteur (AM)

<https://www.abc.net.au/news/2014-03-05/low-carb-diet-may-shorten-your-life-study-finds/5299284>



The Ratio of Macronutrients, Not Caloric Intake, Dictates Cardiometabolic Health, Aging, and Longevity in Ad Libitum-Fed Mice

Samantha M. Solon-Biet,^{1,2,3,4,13} Aisling C. McMahon,^{1,2,3,13} J. William O. Ballard,⁵ Kari Ruohonen,⁶ Lindsay E. Wu,⁷ Victoria C. Cogger,^{1,2,3} Alessandra Warren,^{1,2,3} Xin Huang,^{1,2,3} Nicolas Pichaud,⁵ Richard G. Melvin,⁸ Rahul Gokam,^{2,3} Mamdouh Khalil,³ Nigel Turner,⁹ Gregory J. Cooney,⁹ David A. Sinclair,^{7,10} David Raubenheimer,^{1,4,11,12} David G. Le Couteur,^{1,2,3,*} and Stephen J. Simpson^{1,4,*}

¹Charles Perkins Centre, The University of Sydney, Sydney NSW 2006, Australia

²Centre for Education and Research on Aging, Concord Hospital, The University of Sydney, Sydney NSW 2139, Australia

³ANZAC Research Institute, Concord Hospital, The University of Sydney, Sydney NSW 2139, Australia

⁴School of Biological Sciences, The University of Sydney, NSW 2006, Australia

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⁶EWOS Innovation, Dirdal 4335, Norway

⁷Laboratory for Aging Research, School of Medical Sciences, University of New South Wales, Sydney NSW 2052, Australia

⁸Institute of Biotechnology, University of Helsinki, Helsinki 00014, Finland

⁹Garvan Institute of Medical Research, University of New South Wales, Darlinghurst NSW 2010, Australia

¹⁰The Paul F. Glenn Laboratories for the Biological Mechanisms of Aging, Department of Genetics, Harvard Medical School, Boston, MA 02115, USA

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¹²Faculty of Veterinary Science, The University of Sydney, Sydney NSW 2006, Australia

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<http://dx.doi.org/10.1016/j.cmet.2014.02.009>

<https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

This faulty 2014 paper is one of the highest-profile papers ever written in Australia. The authors' false mouse-diet claims quickly became harmful diet advice for humans - even promoted in a full-page newspaper advertisement (p. 4) - and used to justify public funding of misguided mouse-diet research into dementia (p. 40). It's thus worth understanding exactly what has been done. It's been reported that **~1,000 C57BL/6 (standard laboratory) mice were put on 30 diets**, consisting of various parts protein, fat and carbohydrate, each with three energy levels. Along the way, five killer low-P:C diets and their ~150 dead young low P:C mice were buried/hidden in the “Supplemental” material (below).

SUPPLEMENTAL TABLES

Table S1, related to experimental procedures. The macronutrient composition of the diets.

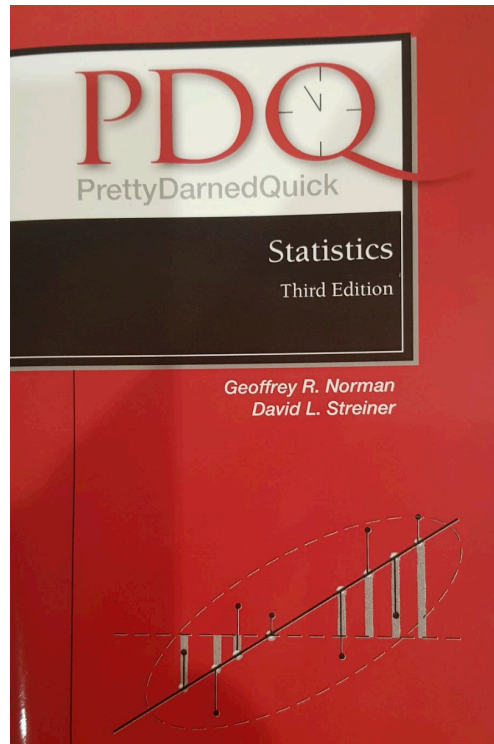
The % of protein (P), carbohydrate (C) and fat (F) (as a % of total energy). Each diet was replicated at 8 kJ g⁻¹ (low energy), 13 kJ g⁻¹ (medium energy) and 17 kJ g⁻¹ (high energy). Diets varied in content of P (casein and methionine), **C (sucrose, wheatstarch and dextrinized cornstarch)** and F (soya bean oil). All other ingredients were kept similar. Other ingredients include cellulose, a mineral mix (Ca, P, Mg, Na, C, K, S, Fe, Cu, I, Mn, Co, Zn, Mo, Se, Cd, Cr, Li, B, Ni and V) and a vitamin mix (vitamin A, D3, E, K, C, B1, B2, Niacin, B6, pantothenic acid, biotin, folic acid, inositol, B12 and choline) supplemented to the same levels as AIN-93G. ^aDiets **2** low energy and **6** medium energy were **discontinued within 23 weeks**. ^bDiets **3** low energy, **3** medium energy and **6** low energy were **discontinued within 10 weeks** of treatment. These diets were discontinued due to weight loss (≥ 20%), rectal prolapse or **failure to thrive**.

Diet	1	2 ^a	3 ^b	4	5	6 ^a	7	8	9	10
%P	60	5	5	33	33	5	14	14	42	23
%C	20	75	20	47	20	48	29	57	29	38
%F	20	20	75	20	47	48	57	29	29	38
Low 8 kJ g ⁻¹	P	5.03	4.2	4.2	2.77	2.77	4.42	1.17	1.17	3.52
	C	1.67	6.8	1.7	4.02	1.67	4.02	2.43	4.77	2.43
	F	1.67	1.6	6.2	1.67	4.02	4.0	4.77	2.43	3.18
Medium 13 kJ g ⁻¹	P	7.54	0.63	0.63	4.15	4.15	0.63	1.76	1.76	5.28
	C	2.51	9.41	2.51	6.02	2.51	6.02	3.64	7.15	3.64
	F	2.51	2.51	9.4	2.51	6.02	6.02	7.15	3.64	4.77
High 17 kJ g ⁻¹	P	10.06	0.84	0.84	5.53	5.53	0.84	2.35	2.35	7.04
	C	3.35	12.55	3.35	8.03	3.35	8.03	4.85	9.54	4.85
	F	3.35	3.35	12.55	3.35	8.03	8.03	9.54	4.85	6.36

Textbook says authors shouldn't have hidden dead mice or Table S2 before launching statistical shenanigans

chapter. The important point, which we raised in Chapter 1, is that the onus is on the author to convey to the reader an accurate impression of what the data look like, using graphs or standard measures, before beginning the statistical shenanigans. Any paper that doesn't do this should be viewed from the outset with considerable suspicion.

¹Huff D. *How to lie with statistics*. New York: WW Norton; 1954.



p. 12 in https://books.google.com.au/books?id=huoPAHPkxVYC&pg=PA18&source=gbs_selected_pages&cad=2#v=onepage&q&f=false

Hidden Table S2 falsifies authors' claim that greatest *median* lifespan via low-protein, high-carb (low P:C) diets

Table S2, related to Figure 2. Survival analysis by dietary composition.

Median and maximum lifespan in **weeks (w)**. Maximum lifespan was determined as the average of the longest lived 10% (n=2-3) of each cohort.

Energy Density	Protein (%)	Carb (%)	Fat (%)	Protein: Carb ratio	Median lifespan (w)	Maximum lifespan (w)
MEDIUM	5	75	20	0.07	121.86	157.43
HIGH	5	20	75	0.25	106.43	154.21
HIGH	5	75	20	0.07	119.43	151.79
MEDIUM	14	57	29	0.25	123.00	151.57
HIGH	42	29	29	1.45	138.86	151.14
MEDIUM	42	29	29	1.45	122.57	148.00
MEDIUM	14	29	57	0.48	113.86	147.36
HIGH	5	48	48	0.10	124.43	146.21
MEDIUM	33	48	20	0.69	122.57	145.71
MEDIUM	23	38	38	0.61	123.86	143.07
HIGH	33	48	20	0.69	98.29	141.00
HIGH	14	57	29	0.25	117.43	140.07
HIGH	33	20	48	1.65	107.14	136.86
LOW	33	48	20	0.69	126.57	134.14
MEDIUM	33	20	48	1.65	106.57	133.79
HIGH	14	29	57	0.48	108.00	133.71
MEDIUM	60	20	20	3.00	108.00	129.50
HIGH	60	20	20	3.00	99.57	127.57
HIGH	23	38	38	0.61	100.00	124.57
LOW	14	57	29	0.25	98.57	119.43
LOW	33	20	48	1.65	78.57	116.36
LOW	14	29	57	0.48	88.71	115.07
LOW	42	29	29	1.45	85.85	104.00
LOW	60	20	20	3.00	84.29	102.86
LOW	23	38	38	0.61	89.29	100.36

<https://ars.els-cdn.com/content/image/1-s2.0-S1550413114000655-mmc1.pdf>

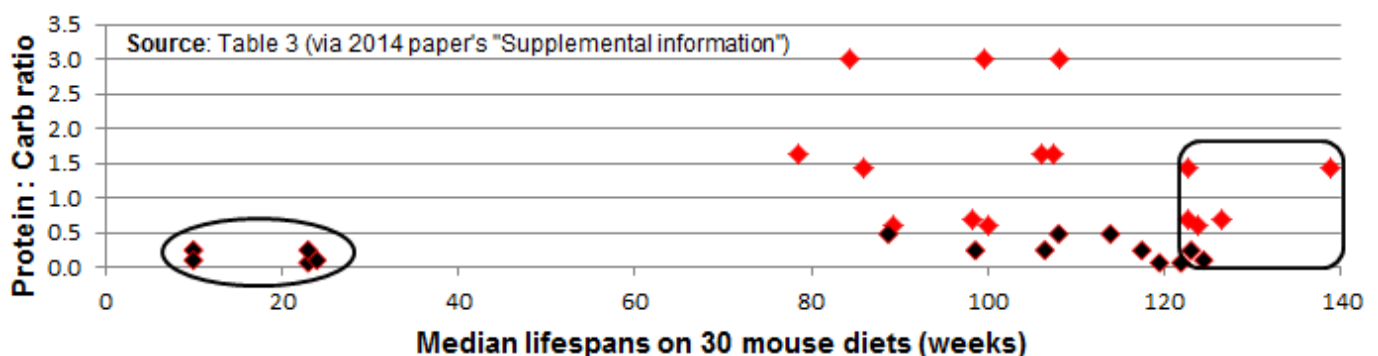
Table 3: The *actual* lifespan results – including five killer *low* P:C diets - from the 30-diet experiment

30 mouse diets spanning ~1000 mice, ranked by median lifespan (weeks) per cohort * #							
				HPLC	P:C > 0.5 (high-protein diet)		
				LPHC	P:C < 0.5 (low-protein diet)		
Diet ranking	Protein: Carb (P:C) ratio	Median lifespan of cohort (weeks)	Protein (%)	Carb (%)	Fat (%)	Energy density	2-3 oldest mice (weeks)
1 winner	1.45	139	42	29	29	high	151
2	0.69	127	33	48	20	low	134
3 #	0.10	124	5	48	48	high	146
4	0.61	124	23	38	38	medium	143
5	0.25	123	14	57	29	medium	152
6	1.45	123	42	29	29	medium	148
7	0.69	123	33	48	20	medium	146
8 #	0.07	122	5	75	20	medium	157
9 #	0.07	119	5	75	20	high	152
10	0.25	117	14	57	29	high	140
11	0.48	114	14	29	57	medium	147
12	0.48	108	14	29	57	high	134
13	3.00	108	60	20	20	medium	130
14	1.65	107	33	20	48	high	137
15	1.65	107	33	20	48	medium	134
16	0.25	106	5	20	75	high	154
17	0.61	100	23	38	38	high	125
18	3.00	100	60	20	20	high	128
19	0.25	99	14	57	29	low	119
20	0.69	98	33	48	20	high	141
21	0.61	89	23	38	38	low	100
22	0.48	89	14	29	57	low	115
23	1.45	86	42	29	29	low	104
24	3.00	84	60	20	20	low	103
25	1.65	79	33	20	48	low	116
26 * #	0.07	23	5	75	20	low	23
27 * #	0.10	23	5	48	48	medium	23
28 *	0.25	10	5	20	75	low	10
29 *	0.25	10	5	20	75	medium	10
30 * #	0.10	10	5	48	48	low	10
		START (week 1)					
* ~30 mice dead after diet discontinued; cohort died or "failed to thrive" ("would soon have died from malnutrition")							
# Diet claimed by authors in 2018 mouse-dementia paper to maximise lifespan (P:C ratio of ~0.1)							

Source: pp. 7-8 <https://ars.els-cdn.com/content/image/1-s2.0-S1550413114000655-mmc1.pdf>

Simpson *et al* claim: "Median lifespan was greatest" on low P:C diets. The *actual* data falsify that claim. Five of the best seven diets for median lifespan are *high* P:C diets; the five worst diets are low P:C (.07, 0.1, 0.25) diets!

Median lifespans of 30 cohorts of mice, versus PC ratio of 30 diets



Uni challenged on high-carb research claims

EXCLUSIVE

By ADAM CREIGHTON
ECONOMICS EDITOR
Follow @Adam_Creighton

12:00AM AUGUST 8, 2019

126 COMMENTS



Former Reserve Bank and Macquarie economist Rory Robertson, whose complaints triggered the NHMRC request in May. Picture: Britta Campion/The Australian

It was a breakthrough diet tested on 1000 mice, promoted by the University of Sydney with full-page ads and used to guide selection of Qantas in-flight meals.

Now an economist, backed by a former deputy governor of the Reserve Bank, has queried the diet study paid for with \$1 million of taxpayers' money, prompting the university to investigate.

The National Health and Medical Research Council has requested the university investigate allegations the authors of the highly cited 2014 study into the impact of various diets on 30 groups of mice ignored the mice that died first and last — to conclude high-carbohydrate diets were best.

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US OPEN

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COURTNEY WALSH

"It's a misrepresentation of the 30 diets' median-lifespan results," said former - Reserve Bank and Macquarie economist Rory Robertson, whose complaints triggered the NHMRC request in May.

Stephen Grenville, former deputy governor of the Reserve Bank, said: "The issues Mr Robertson has recently raised on university nutritional studies seem to me to be of importance both for diet advice and university governance, and deserve to be examined objectively by the university authorities at the highest level."

Based on the mouse study's conclusions, the university ran full-page advertisements in *The Sydney Morning Herald* last year claiming its researchers had "discovered that a low-protein, high-carb diet can delay chronic disease and help us live longer".

Qantas signed a "partnership" with the university, which oversaw the research, in 2017. "The research has already influenced what meals and beverages we'll be serving on board," chief executive Alan Joyce said at the time.

The authors, including professors David Sinclair and Stephen Simpson of Harvard and Sydney universities, defended removal of the five groups of mice that died first from the final analysis of the four-year study. The mice had been fed high-carb, low-fat diets.

"According to the independent veterinary office overseeing the study, (they) would soon have died from malnutrition," Professor Simpson said in statement.

"These diets were not viable for a young, growing mouse."

The results revealed the two groups of mice that ended up having the longest median lifespans, 139 and 127 weeks, were fed high-protein diets.

"Median lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate," the authors concluded in the study published in the journal *Cell Metabolism*, arguing that it was "wrong to pick out one of two diets for special attention".

The journal said it stood by the publication and peer-review process.

"The paper has been cited hundreds of times by scientists who have been through the data and analyses without any mention of the type of concerns raised by Mr Robertson," said a spokeswoman for the University of Sydney.

The university's research integrity and ethics director, Rebecca Halligan, in May said Mr Robertson's claims would be assessed against the university's and government's codes for responsible research conduct.

In 2012, Mr Robertson slammed a nutritionist's 2011 findings that sugar consumption was falling in Australia while obesity rates were rising. "The scandalous mistreatment of millions of people with type 2 diabetes ... is why I remain determined to fix faulty and harmful science at the University of Sydney," he told *The Australian*.

Statement by research authors

After the publication of this story, the Charles Perkins Centre at the University of Sydney provided a further comment.

The authors of the paper strenuously denied any problem with the study. In a written statement to *The Australian* they said the NHMRC letter was "an automatic response followed for any complaint, irrespective of merit".

The statement also said Qantas' nutrition policy was guided by a broad review of the scientific literature into nutrition and jetlag rather than any single piece of research.

On the substance of Mr Robertson's criticisms, the authors said:

1. The last individual mice to die were low protein high carb-fed, but nothing can be concluded from that observation, nor from the median lifespans for any one diet. The conclusions derive, as they must, from analysis of the entire dataset.

2. The conclusion was not that high-carbohydrate diets were best – rather, diets with a combination of low protein and high carbohydrate supported longest lifespans and best late-middle age health. The same has been observed among human populations, most famously the traditional Okinawa diet which is low in protein and high in healthy carbohydrates. Optimal outcomes at different lifestages in the study (e.g. reproduction) were supported by other nutrient mixtures.

Specifically in relation to the five groups of mice which died first, the authors said:

1. They were very low energy diets – low in concentration of all nutrients including carbs but especially protein, due to high content of indigestible fibre.

2. Additionally, inclusion of these diets in the analysis would have supported our conclusions not weakened them.

They noted that the study is "... tightly integrated with a large and growing body of evidence from humans. Also, the fundamental biological processes (nutrient signalling pathways) that serve to mediate the effects of nutrients on health and ageing are universal – shared by mice, humans, flies, worms and yeast cells."

ADAM CREIGHTON, ECONOMICS EDITOR

Adam Creighton is an award-winning journalist with a special interest in tax and financial policy. He was a Journalist in Residence at the University of Chicago's Booth School of Business in 2019. He's written ... [Read more](#)



NHMRC's 2019 focus on misrepresentation in 2014 paper puts authors' new \$13m research funding at risk

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Adv

The nutritional geometry of ageing in a rodent model [2009 - 2013]
Also known as: Nutrition and Ageing

Funded by **National Health and Medical Research Council**
Managed by **University of Sydney**
Provided by **National Health and Medical Research Council**

Research Grant [Cite as <http://purl.org/au-research/grants/nhmrc/571328>]

Researchers: Prof David Le Couteur , Prof David Raubenheimer , Prof John William Ballard (Participant) **Prof Stephen Simpson (Principal investigator)**



Brief description A central belief in ageing research is that eating fewer calories prolongs life, and that the source of calories (carbohydrate, fat or protein) is irrelevant. However, a critical assessment indicates that this conclusion is premature. We will use recent techniques in nutrition to define for the first time in mammals the relationship between diet and ageing in a normal and a prematurely ageing strain of mice. The project will provide a novel nutritional approach for promoting healthy ageing.


Funding Amount \$AUD **979,269.18**


Funding Scheme NHMRC Project Grants

Notes Standard Project Grant

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

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GNT1149976 | **Nutrition and Complexity**

GA ID: **GA971**
Agency: National Health and Medical Research Council (NHMRC)
Publish Date: 30-Jan-2018
Category: Medical Research
Grant Term: 1-Jan-2019 to 31-Dec-2023
Value (AUD): **\$12,981,420.00**
Recipient Name: **University of Sydney**
Last Updated: 30-Jan-2018 9:33 am (ACT Local Time)

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&GAUID=A88D3135-0238-7750-40C0D7DCFCCCF9B9>

<https://pdfs.semanticscholar.org/8d58/7c7cb42378e6e263223edd4abc8e5bc9d801.pdf>

World's GPs knew by 1923 that excess consumption of carbohydrate including sugar causes type 2 diabetes

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 hyperglycemia 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-1extbook.pdf>

Disaster: 10-15%+ of over-55s suffer type 2 diabetes, caused by decades on (sugary) high-carbohydrate diets

28 | LIVING IN AUSTRALIA

Table 5: Prevalence of selected serious illness conditions, by gender and age group in 2017 (%)

	Males			Females		
	15-34	35-54	> 55	15-34	35-54	> 55
Arthritis or osteoporosis	1.1	9.2	27.6	1.6	11.2	45.9
Asthma	10	8	9	11.5	11.7	12.9
Any type of cancer	0.2	2	9.1	0.4	2.5	5.6
Chronic bronchitis or emphysema	0.4	0.7	4.4	0.2	1.5	4.6
Type 1 diabetes	0.5	0.8	2	0.4	0.9	1.2
Type 2 diabetes	0.5	3.3	15.2	0.5	3.1	10.3

https://melbourneinstitute.unimelb.edu.au/data/assets/pdf_file/0005/3126038/LivingInAus-2019.pdf

Today, competent US scientists, doctors and dietitians use LCHF diet (via 1923 med. text) to fix type 2 diabetes in ~60% patients (v. <1% usual care), overseeing large reductions in weight and use of costly ineffective drugs



Diabetes Therapy
April 2018, Volume 9, Issue 2, pp 583-612 | [Cite as](#)

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

How does the Virta Treatment compare to Usual Care?

	Virta	Usual Care
HbA1c	▼ -1.3%	▲ +0.2%
Diabetes Medication Usage Rate (except metformin)	▼ -48%	▲ +9%
Body Weight	▼ -30 lbs	— +0 lbs
Triglycerides	▼ -48 mg/dL	▲ +28 mg/dL
HDL-c	▲ +8 mg/dL	▲ -1 mg/dL
Inflammation (hsCRP)	▼ -39%	▲ +15%

Hallberg SJ, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. *Diabetes Ther*. 2018; DOI: 10.1007/s13300-018-0373-9

Groundbreaking Clinical Outcomes

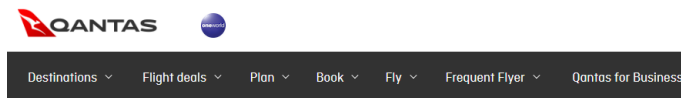
Virta's landmark clinical trial demonstrated rapid type 2 diabetes reversal in as little as 10 weeks, with sustained and improved results at 1 year—all published in peer-reviewed scientific journals.

	60%	OF PATIENTS REVERSED THEIR TYPE 2 DIABETES
	94%	OF PATIENTS REDUCED OR ELIMINATED INSULIN
	1.3%	AVERAGE HBA1C REDUCTION AT ONE YEAR
	30 lbs	AVG WEIGHT LOSS AT ONE YEAR (12%)
	83%	CLINICAL TRIAL RETENTION AT ONE YEAR

Hallberg SJ, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. *Diabetes Ther*. 2018; DOI: 10.1007/s13300-018-0373-9

<https://www.virtahealth.com/research> ; <https://link.springer.com/content/pdf/10.1007%2Fs13300-018-0373-9.pdf>

Main author of high-carb mouse-diet fraud is Qantas's main scientific advisor on diet/menu and "well-being"



THE EXPERIENCE

Qantas and Charles Perkins Centre announce partnership



Qantas passengers are set to benefit from a world first collaboration between the airline and one of Australia's leading academic institutions to reshape the travel experience.

The University of Sydney's **Charles Perkins Centre** will work with Qantas to help develop the airline's new approach to long haul travel ahead of the first Boeing 787 Dreamliner flights this year. The centre brings together researchers across a variety of fields from nutrition to physical activity, sleep and complex systems modelling. Research projects include strategies to counteract jetlag, onboard exercise and movement, menu design and service timing, pre and post-flight preparation, transit lounge wellness concepts and cabin environment including lighting and temperature.

Qantas Group CEO Alan Joyce said the partnership has the potential to transform the journey for passengers, particularly on the long haul routes that the Dreamliner is scheduled to operate. "While the Dreamliner aircraft itself is already a step change for passengers with its larger windows, increased cabin humidity and lower cabin altitude, the findings that will come from Charles Perkins Centre researchers will allow Qantas to design and develop a range of new innovations and strategies to complement the Dreamliner experience". ...

"The centre's research has already influenced what meals and beverages we'll be serving onboard ... Neil Perry is working with the centre on new menus for the 787 flights so we are excited that one of Australia's best culinary minds is **teaming up with the best scientific minds to design the best possible menu to look after both health and hunger.**"

Qantas and the Charles Perkins Centre are looking at opportunities to involve some Qantas frequent flyers in trials that involve wearable technology in the measurement of existing biorhythms during travel, enabling future products to be developed and designed with the insight of robust data. **Professor Steve Simpson, Academic Director of the Charles Perkins Centre**, said the partnership is hugely exciting as it's the first time there has been an integrated multidisciplinary **collaboration between an airline and a university around in-flight health and well-being** beyond medical emergency. "There is the potential for extraordinary health, science and engineering discoveries and innovations to come out of this research partnership, which will also provide the evidence-base needed for Qantas to implement strategies to further improve how people feel after a long haul flight," he said.

The University of Sydney's Vice-Chancellor and Principal, Dr Michael Spence, said the collaboration between the Australian airline and university reflected the vision of both institutions. "The Dreamliner is a transformative project for Qantas, as the Charles Perkins Centre was for the University of Sydney when we brought together multidisciplinary teams of scholars to find solutions to some of the world's most pressing health problems.

"Adapting and innovating is in both our DNA. The real-world outcomes from this new partnership have the potential to significantly alter the future experience of long haul flying."

<https://dreamliner.qantas.com/accessibility/article/qantas-and-charles-perkins-centre-announce-partnership/>

RORY ROBERTSON

Submission to ACCC's Scamwatch

False, misleading and harmful claims about sugary products, type 2 diabetes treatments and academic "excellence"

Letter to Mr Rod Sims (Chairman of the ACCC) and senior ACCC officials detailing influential University of Sydney and Group of Eight misinformation that is misleading and harming consumers and taxpayers (p. 1)

Appendix 1: Further evidence of misleading, deceptive and/or dishonest conduct, harming consumers (p.13)

Appendix 2: Charles Perkins Centre misrepresents sugary mouse-diet results, misleading consumers (p. 63)

Appendix 3: A showbag of Low-GI books and sugary branded products, including Hospital Sustagen (p. 77)

Please note: In this document I detail influential incompetence and worse in nutrition and health "science", and by Group of Eight university senior management. Importantly, if you see anything in the following pages 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 more than one million Australians today have Type 2 diabetes, the number growing rapidly. Many of these vulnerable consumers can expect mistreatment, misery and early death, assisted 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

December 2018

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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>

What exactly is “research misconduct”?

**Leadership
for good
starts here.**



sydney.edu.au/leadership

Box B.1 Examples of research misconduct

There are many ways in which researchers may deviate from the standards and provisions of this Code, including but not limited to:

- fabrication of results
- falsification or misrepresentation of results
- plagiarism
- misleading ascription of authorship
- failure to declare and manage serious conflicts of interest
- falsification or misrepresentation to obtain funding
- conducting research without ethics approval as required by the *National Statement on Ethical Conduct in Research Involving Humans* and the *Australian Code of Practice for the Care and Use of Animals for Scientific Purposes*
- risking the safety of human participants, or the wellbeing of animals or the environment
- deviations from this Code that occur through gross or persistent negligence
- wilful concealment or facilitation of research misconduct by others.

<https://nrmr.gov.au/about-us/publications/australian-code-responsible-conduct-research-2007#block-views-block-file-attachments-content-block-1>

20 Definition of research misconduct

- (1) Research misconduct is a serious breach of this policy which is also:
 - (a) intentional;
 - (b) reckless; or
 - (c) negligent.
- (2) Examples of conduct which may amount to research misconduct include any of the following on the part of a researcher:
 - (a) fabrication, falsification, or deception in proposing, carrying out or reporting the results of research;
 - (b) plagiarism in proposing, carrying out or reporting the results of research;
 - (c) failure to declare or manage a serious conflict of interests;
 - (d) avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk to humans, animals or the environment, or breach of privacy;
 - (e) wilful concealment or facilitation of research misconduct by others;
 - (f) misleading attribution of authorship;
 - (g) intentional, unauthorised taking, sequestration or material damage to any research-related property of another;
 - (h) deliberate conduct of research without required human ethics committee approval;
 - (i) conduct of research involving animals without required animal ethics committee approval;
 - (j) risking the safety of human participants or the wellbeing of animals or the environment; and
 - (k) deviations from this policy which occur through gross or persistent negligence.
- (3) Repeated or continuing breaches of this policy may also constitute research misconduct, and will do so where these have been the subject of previous counselling or specific direction.
- (4) Research misconduct does not include honest differences in judgement, and may not include honest errors that are minor or unintentional. Unintentional errors do not usually constitute research misconduct unless they result from behaviour that is reckless or negligent.

(discussion continued from page 2)

Professor Simpson *et al*'s widely marketed and cited *Cell Metabolism* paper falsely reports: "**Median lifespan was greatest** for animals whose intakes were *low* in protein [P] and high in carbohydrate [C]". Looking at the 30 diets (p. 9), it is clear that **five of the seven best diets for median lifespan** have *high* P:C ratios, while the **five killer diets** on which mice perished rapidly all are low P:C (0.07, 0.1 or 0.25) diets. That is, Simpson *et al*'s "finding" that median lifespan was greatest on low P:C diets is **unambiguously falsified** by the 30-diet experiment's *actual* results, results quietly hidden from almost all readers of the 2014 paper's main text, in "Supplemental" materials (pp. 6-8).

Part of the research misconduct I have documented involves Charles Perkins Centre science careerists **duping credulous ABC journalists (overleaf)**, by misrepresenting the *actual* lifespans of the ~1000 mice on those 30 diets. Again, five of the seven best diets for median lifespan have *high* P:C ratios; amazingly, the authors quietly buried five killer low P:C (0.07, 0.1 and 0.25) diets and their ~150 dead young low P:C mice before claiming that low P:C diets maximise median lifespan, not early death!

I hope that you, the ABC, can correct the false information promoted in at least three separate national programs (see overleaf) and begin to inform your audience about the serious problems I have documented. Importantly, scientific-integrity investigator **Professor David Vaux** (see the ABC's UNSW report on p. 1) agrees with my assessment that the lifespan results from the experiment have been misrepresented. If asked, he may share his thoughts with the ABC.

Notably, the low-protein, high-carbohydrate (LPHC) mouse diets used in the 30-diet experiment - the low P:C diets now falsely promoted as lifespan maximising for mice and thus humans - mostly are **dominated by sugar and refined grains: "sucrose, wheatstarch and dextrinized cornstarch"** (p. 7). Outrageously, what could be better calculated to cause type 2 diabetes in humans? (pp. 13 and 33 and my *Submission to ACCCs Scamwatch*)

Other important facts also should be carefully reported to the wider community, because people are dying and resources are being wasted. For starters, **the metabolic responses of mice and humans to low-carbohydrate (LC) diets and especially high-fat (LCHF) diets are - surprise, surprise - profoundly different**. That is, standard laboratory mice fed LCHF diets get fat and sick, while fat and sick humans with type 2 diabetes get better, with medical science's century-old LCHF treatment working reliably to reverse both our type 2 diabetes and obesity (see pp. 13 and 40-41 and my *Submission to ACCCs Scamwatch*). Part of the unethical behaviour of the Charles Perkins science careerists involves the overlooking or misrepresenting of known facts that matter, in order to pursue career-boosting stories they want to tell, no matter what the cost to public health.

Beyond dishonest "science", the research misconduct I have documented involves the defrauding of taxpayers. In particular, the big 30-diet mouse experiment was funded in part by a ~\$1m grant from taxpayers via the NHMRC; the blatantly misrepresented lifespan results from that experiment helped to convince the NHMRC to unwisely pour a further \$13m of taxpayers' money into new mouse (and thus human!) diet-and-health initiatives over the four years from January 2019 (p. 12). **In my opinion, that current \$13m of research funding was gained via deceptive conduct; is that called "Defrauding the Commonwealth"? Is the same true of the mouse-dementia nonsense on p. 40?**

Beyond misery, early death and the defrauding of taxpayers, it is amusing that the University of Sydney's quality control was so lax that the Academic Director of the Charles Perkins Centre - now also a **Fellow of the University of Sydney Senate** - and his friends somehow managed to convince Vice-Chancellor Michael Spence to fund a full-page advertisement in the *Sydney Morning Herald* to promote his 30-diet **mouse** misrepresentations as research excellence that helps **humans** to live longer. The *Herald's* readers were duped, in part by the ad hiding the key fact that the (supposedly profoundly important) research involved mice not humans! **Vice-Chancellor Spence** - determined to "manage" his University's contrived reputation for "excellence" - now is stuck pretending that his high-profile Fellow's blatantly misrepresented 30-diet mouse-experiment results are valid (p. 9) - and that the University's reckless extrapolation from mice to humans is valid (p. 32) - **not false, misleading and a menace to public health**.

Part of the tragic farce is that the NHMRC in 2019 asked University of Sydney to investigate itself. So, University of Sydney management in May was requested to investigate the veracity of the particular mouse diet-and-health "findings" that the same University of Sydney management - led by Vice-Chancellor Spence - continues to promote as an example of research "excellence". Should we be surprised if University of Sydney management right now, this week, is preparing another **dishonest formal "whitewash"** that insists there is no problem (maybe conceding some minor "miscommunications"?) and that everything is indeed excellent?

After all, the outcome of the formal research-misconduct investigation into the infamous *Australian Paradox* matter - overseen by Deputy Vice-Chancellor (Research) Jill Trehwella and Vice-Chancellor Michael Spence - was a **hopelessly flawed Initial Inquiry Report that in 2014 dishonestly exonerated Professor Jennie Brand-Miller of research misconduct**. Amazingly, the University of Sydney dishonestly "disappeared" my key evidence that some of Brand-Miller's main sugar series is faked, and bizarrely pretended that other profound problems were somehow irrelevant, effectively insisting that three upward-sloping indicators of sugar consumption in the authors' published charts are not upward sloping. **What is your assessment of the charts on pp. 48-49?** And **Bill Shrapnel's** role in producing **shonky sugar data** for *Australian Paradox* 2017? p. 37 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

My forecast remains that after an unethical and unconvincing mouse-diet-misconduct "whitewash" is announced by the University of Sydney in the year ahead, the Charles Perkins Centre will be all set to dishonestly insist that real-world human consumption of its sugary low-protein, high-carbohydrate (LPHC) diets in our remote Indigenous communities has absolutely nothing to do with tragic outsized rates of type 2 diabetes, misery and early death in those Indigenous communities (pp. 33-38), nor, indeed, in many/most Indigenous populations across the globe.

(iii) Further details on the latest misconduct, including the duping of four ABC reporters

Impressively, Professor Simpson and his co-authors have duped their fellow scientists, at least four ABC reporters, **three separate ABC programs** and the ABC's national audience, in part by "disappearing" ~150 dead mice that were dying young of malnutrition on five killer diets with the same low P:C (0.07, 0.1 and 0.25) ratios that the 18 co-authors now insist maximise lifespan for mice and humans (supposedly just as they did for insects).

EXAMPLE A: <https://www.abc.net.au/radionational/programs/healthreport/high-protein2c-low-carbohydrate-diet/5309616#transcript>

Norman Swan: Hello and welcome to the Health Report... a large study in mice ... One of the study's leaders was Professor Steve Simpson, who's director of the Charles Perkins Centre at the University of Sydney.

Steve Simpson: It was the most complicated study and indeed the most ambitious study ever to look at macronutrition in any animal, particularly any mammal. ... what we did was design 25 diets that spanned 10 different ratios of protein to fat to carbohydrate at one of three total energy densities [RR: Yes, 10 times 3 = 30, not 25].

EXAMPLE B: (25 not 30 diets?) <https://www.abc.net.au/news/2014-03-05/low-carb-diet-may-shorten-your-life-study-finds/5299284>

EXAMPLE C: ABC Radio's national AM program <https://www.abc.net.au/radio/programs/am/time-to-put-down-the-shake-study-warns-high/5299324>

*Michael Brissenden: "Landmark research" published in the journal *Cell Metabolism* "shows that the best diet for a long life [for mice and thus humans!] is low protein and high carbohydrate".*

Sarah Dingle: Professor Le Couteur and his team put their mice on 25 different diets, altering the proportions of protein, carbohydrates and fat. ...

David Le Couteur: The healthiest diets were the ones that had the lowest protein, 5 to 10 to 15 per cent protein, the highest amount of carbohydrate, so 60, 70, 75 per cent carbohydrate...[So, the mouse diets with the lowest P:C ratios outperformed?]

EXAMPLE D: ABC TV's Catalyst (science show) <https://www.abc.net.au/catalyst/staying-younger-for-longer-body/11287578>

Ian Henderson VO: Professor Steve Simpson and Dr Sam Solon-Biet from the University of Sydney ... to help us live longer. ...

Steve Simpson: We've found that the ratio of protein to carbohydrates [P:C] in the diet can either accelerate or decelerate the process of aging. ...

Sam Solon-Biet: A major finding for my work is that mice fed a low protein, high carbohydrate [low P:C] diet actually had increased lifespan. ...

Again, those self-serving stories are falsified by the *actual* results of the 30-diet experiment. In short, the authors deleted the five worst diets for median lifespan and then unethically ignored five of the seven best diets for median lifespan. Notably, one high P:C (42% protein, 29% carbohydrate) diet produced a median lifespan of 139 weeks, some 10% longer - a full decade in human years! - than the second-best of 30 diets, also a HPLC diet (please see the table and chart on p. 9). How dodgy is it that five killer diets and the ~150 mice dying of malnutrition on those five low P:C (0.07, 0.1 and 0.25) diets were simply deleted from the main text of the much-cited paper! **So, low P:C diets outperformed?**

In fact, the *actual* results of "Principal investigator" Simpson's 30-diet experiment clearly failed to support his widely promoted hypothesis – lifespan is greatest on *low* P:C diets – featured in his much-cited 2012 book, *The Nature of Nutrition* (see key extracts on pp. 23-27, below). It turns out that mice are *not* just like insects, and humans are *not* just like mice, when it comes to the metabolic responses to carbohydrate and dietary fat (p. 28).

For the record, the *outperformance* of *high* P:C diets in the 30-diet mouse experiment has never been publicly acknowledged by any of the 18 co-authors. Perhaps it's time for ABC journalists to start asking serious questions about this study? So, were the enthusiastic misrepresentations to the ABC's respected journalists above merely inadvertent?

Are those various Charles Perkins science careerists above mostly just incompetent? I could perhaps believe that, if Professor Simpson in January had not responded to the clearly valid and important concerns in my *Expression of Concern* with his dishonest blanket denial: "**...Rory's concerns are in every respect unfounded**" (p. 21 in Document 3, below).

That was a profoundly revealing response. If I didn't know for sure beforehand, I knew then: the "Principal investigator" is determined to pretend that all is fine despite knowing that his influential high-profile claim - "Median lifespan was greatest" on low P:C diets - is false. Alas, that falsehood is still widely promoted by the University of Sydney, including in ABC and other reports online, and even via a large poster featured at the main entry to Simpson's palatial Charles Perkins Centre.

Five months after the NHMRC requested a formal inquiry into the research fraud I have documented, nothing has been conceded or corrected. All I have seen since May is further dishonesty overseen by Professor Stephen Simpson, Deputy Vice-Chancellor (Research) Duncan Ivison and Vice-Chancellor Michael Spence (see Document 1 in the next section).

(iv) Reports in *Honi Soit* and *The Australian*, plus five 2019 documents trying to reduce type 2 diabetes, misery and early death in Indigenous Australia (Let's "Close the Gap")

The University of Sydney's formal misconduct investigation and its LPHC research misconduct both remain ongoing and under-reported. Some of the misconduct outlined above has been reported in the University of Sydney's *Honi Soit* - <http://honisoit.com/2019/06/peak-medical-research-body-asks-usyd-to-investigate-concerns-2/> - and in *The Australian* newspaper (pp. 10-11), but nowhere else.

Five documents I have written in 2019 are set out below. I am hoping that the ABC will use some of its excellent journalistic resources to investigate these matters and - after my detailed claims are confirmed as factual - report on the harmful research misconduct. Taxpayers and the wider community should know that the highest levels of Group of Eight science in Australia simply cannot be trusted, because there is no competent, honest quality control when it matters.

Document 1. My September 2019 piece - <https://www.australianparadox.com/pdf/Letter-USyd-AcBd-Sep19.pdf> - highlights the damaging influence of unethical and unfettered universities on the public debate. Hard-hitting journalist Adam Creighton reported in *The Australian* newspaper on 8 August the simple matter of fact that the NHMRC has requested a research-misconduct investigation into the serious concerns I've highlighted since January. Then, extraordinarily, within a fortnight, University of Sydney management - was it Professor Simpson, Deputy Vice-Chancellor Duncan Ivison (who published a letter in the paper the next day pretending that there is no real problem) and/or Vice-Chancellor Michael Spence? - had **forced *The Australian* to publish online, attached to the original article, the Charles Perkins Centre's latest dishonest false "rebuttal", including the straight-faced lie that "The conclusions derive, as they must, from analysis of the entire dataset".** Hello! Simpson *et al* deleted over 15% (5/30) of the lifespan dataset because Simpson didn't like it that five of his preferred low P:C insect diets were killing mice way faster than the high P:C diets, the opposite of what he predicted and *needed*. The article and the shonky "rebuttal" are reproduced on pp. 10-11 above. Why was this nonsense-based "rebuttal" allowed to be published uncorrected as factual? **Did University of Sydney management effectively blackmail *The Australian*, by implicitly or explicitly threatening to reduce its substantial advertising spend with the paper, if Simpson's "rebuttal" was not published online?** Along the same lines, has the *Sydney Morning Herald* not reported on the latest harmful misconduct in part because the paper doesn't want to jeopardise its "rivers of gold" advertising revenues from the University of Sydney (p. 4)? **#righttoknow**

Document 2. My July Supplementary Submission provides the WHY? - <https://www.australianparadox.com/pdf/SupplementarySubmissionUSydInquiry2019.pdf> - as in, why would the Academic Director of the University of Sydney's Charles Perkins Centre blatantly and dishonestly misrepresent the *actual* results of any high-profile experiment? **Alas, the answer appears to be "the usual": prestige, power and research funding, assisted by the fact that no-one influential tried to stop him.** (Again, there is no effective quality control when it matters.) It seems clear that the disputed 2014 paper was carefully designed to (falsely) "confirm" Professor Simpson's **pet hypotheses** that mice (and thus humans!) are just like insects, with lifespan maximised on diets with low P:C ratios. **Importantly, as noted earlier, in the years before his career-expanding 30-diet mouse experiment was underway/completed, Simpson promoted widely his pet hypotheses - his predicted/preferred results - in a 2009 paper and in his much-cited 2012 book: *The Nature of Nutrition*; Princeton University Press (key extracts on pp. 27-31).** After the first ~150 mice dying of malnutrition turned out to be perishing on his preferred low P:C insect diets, Simpson simply "disappeared" those five low P:C (0.07, 0.1 and 0.25) diets and their ~150 dead young low P:C mice. So too, he **simply ignores the profound fact that five of the seven best diets for median lifespan have high P:C ratios** (p. 9). Instead of accepting his career-expanding experiment's unwelcome results, it appears that Simpson somewhere along the way decided to "fake it to make it". (Karl Popper long ago explained that scientists are supposed to try to find ingenious ways to *disprove* their theories - <https://en.wikipedia.org/wiki/Falsifiability> - not to invent clever but dishonest ways to pretend that they were right all along.) **Again, Simpson's career-defining 30-diet mouse experiment failed to support his pet hypothesis that low P:C insect diets maximise lifespan in mice (and thus humans), revealing that his two decades of effort investigating insect diet-and-health are not really relevant to the big issues of fixing human obesity, type 2 diabetes, cardiovascular disease and cancers.** Even today,

however, Simpson does not want to acknowledge that medical science has known for ~100 years that excessive intake of carbohydrate (including sugar/sucrose) is what causes type 2 diabetes (pp. 33-34). **The main victims of the Charles Perkins Centre's ongoing dishonest promotion of low-protein, high-carbohydrate diets - like the ones killing Indigenous Australians in droves - as lifespan maximising are the millions of Australians with or at risk of type 2 diabetes, particularly in Indigenous communities, and the elderly in aged-care homes kept captive on sugary LPHC diets** (p. 13 and pp. 35-39).

Document 3. My June 2019 Submission to the current University of Sydney research-misconduct investigation - <https://www.australianparadox.com/pdf/USyd-Misconduct-June19.pdf> - recaps the misrepresentation of the median-lifespan data and highlights the role of the Charles Perkins Centre's pro-sugar, pro-carbohydrate research misconduct in suppressing medical science's cure for type 2 diabetes, a cheap, simple and effective cure known at the highest levels of medical science for ~100 years (pp. 7-8 and 36-42).

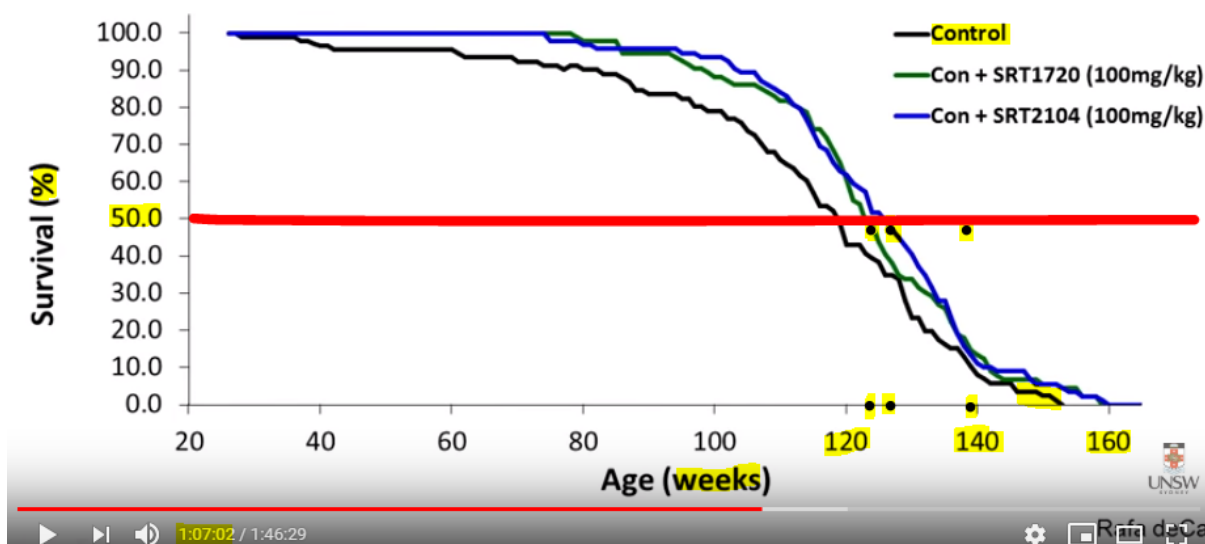
Document 4. February 2019: Disturbingly, "Principal investigator" Simpson responded to my formal *Expression of Concern* to his journal *Cell Nutrients* with the dishonest false claim that **"...Rory's concerns are in every respect unfounded"** p. 21 <https://www.australianparadox.com/pdf/Letters-USyd-Cell-Metabolism.pdf>

Document 5. My January 2019 Expression of Concern to the Editorial Board of journal Cell Metabolism <https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf>

(v) Further discussion of newsworthy facts

- Stephen Simpson and his Charles Perkins Centre are in a research-marketing partnership with Qantas, in part to advise Qantas what human passengers should eat on long-haul flights. Beyond duping ABC journalists, the Charles Perkins Centre appears to have **duped Qantas CEO Alan Joyce into thinking sugary low-protein, high-carbohydrate diets are healthful**, falsely validating the "carbage" - sugary processed carbohydrates - typically served for breakfast and snacks on Qantas flights. CEO Alan Joyce in 2017 observed: **"The centre's research has already influenced what meals and beverages we'll be serving onboard"** (p. 14, above). Just last month, a high-profile test flight between New York and Sydney was completed, with Simpson part of the marketing team: https://www.huffingtonpost.com.au/entry/qantas-new-york-sydney-flight-au_5dacfac8e4b0f34e3a77f58c But if we can't trust the dishonest Simpson and Charles Perkins with facts about dead mice, why risk live humans? Notably, CEO Alan Joyce earlier this year saw Qantas sever ties with a high-profile rugby-union player; so far, despite Mr Joyce being advised on 5 August of the detail of the Charles Perkins Centre's sugary pro-carbohydrate research misconduct, Qantas has chosen to remain fully on-board its high-profile partnership with Australia's world leader in diet-and-health research fraud.
- Beyond long-haul Qantas flights, the mouse median-lifespan fraud has high-profile US involvement: one of the co-authors is **Professor David Sinclair, a Harvard professor who was once on TIME magazine's list of "100 most influential people in the world"**, promoted as a world leader in the science of prolonging lifespan: <https://genetics.med.harvard.edu/sinclair/people/sinclair.php> ; <https://www.themonthly.com.au/issue/2018/september/1535724000/ceridwen-dovey/can-david-sinclair-cure-old-age> ; <https://khn.org/news/a-fountain-of-youth-pill-sure-if-youre-a-mouse/>
- Curiously, how did Simpson and Harvard's "ageing science" superstar Sinclair appear together on stage for over an hour at a **grand scientific lecture at UNSW** - <https://www.youtube.com/watch?v=x0-Jt7az-54> - without either noting that they both are co-authors of their high-profile 30-diet mouse paper that Simpson presented on the day? Did neither Simpson nor Sinclair remember that Sinclair is a co-author? What exactly did Sinclair do to earn that joint authorship, beyond lend his prestige and research-dollar-pulling power?
- On stage at that **2014 UNSW Medicine Dean's lecture on "The science of ageing"**, Simpson and Sinclair both claim to be making great strides in unlocking the mysteries of lifespan in mice. These claims seem false and rather silly when we note that the longest median lifespan in their 30-diet experiment - the HPLC cohort fed that 42% protein, 29% carbohydrate diet highlighted earlier - is **a big 139 weeks**. That median lifespan not only is ~10% longer than for any of the 29 other diets; importantly, it's also ~10% longer than Sinclair's **drug-boosted medians in the 120s** (see his chart overleaf or at 1:07:09 in the video link above; the median mouse of course lives at the 50th percentile). Disturbingly, co-authors Simpson and Sinclair *et al* hid that 139-week HPLC median from readers of their disputed 2014 paper, just as they as co-presenters hid that 139-week HPLC median from their credulous UNSW audience. Given Simpson and Sinclair's need to hide the **poor** performance of their low P:C diets and of Sinclair's special (supposedly lifespan-boosting) SRT drugs, one is left with the strong sense that - despite heaps of funding and impressive careers being made - nothing particularly useful or impressive is happening here. **Actually, it's impressive that they've done so well telling dodgy "extends lifespan" stories.** Are you noticing, in the chart overleaf, that Sinclair's drug-boosted mice die notably faster between 100 and 140 weeks than his controls? So much for healthy aging! p. 14 <https://www.australianparadox.com/pdf/SupplementarySubmissionUSydInquiry2019.pdf>

Mice live longer on epigenetic modifiers



<https://www.youtube.com/watch?v=x0-Jt7az-54> ; <https://newsroom.unsw.edu.au/news/health/making-age-reversal-real>

- And what about this self-serving false claim from Professor Simpson to the distinguished UNSW audience? **"Now, what we found [via "900 mice" on "30 experimental diets"]...was that longevity in the mice was also, just like the fly, greatest on low-protein, high-carbohydrate diets"**. So, again, there are 30 diets, not 25. And "900 mice", not "858" or ~1000? Which is it? And did low P:C (0.07, 0.1 and 0.25) diets that caused ~150 young mice to perish quickly (before being hidden from readers) maximise **median lifespan** or did they maximise **early death**? (minute 28:20 <https://www.youtube.com/watch?v=x0-Jt7az-54>)
- In my opinion, the median-lifespan misrepresentation promoted by Simpson and Sinclair in their disputed 2014 paper has become a serious scientific fraud. Luckily for them (so far), the University of Sydney's reputation-focused management is unreasonably tolerant of serious scientific fraud. Recall that Professor Stephen Simpson as boss of the Charles Perkins "Faculty" was directly responsible in 2017 for allowing **Professor Jennie Brand-Miller's infamous Australian Paradox fraud to be expanded into the American Journal of Clinical Nutrition**: pp. 5-6 in my June Submission (Document 3) and p. 78 <https://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>
- In my opinion, the University of Sydney and the Group of Eight appear to be **"Defrauding the Commonwealth" on a massive scale**. As noted earlier, Simpson's career-defining 30-diet mouse experiment was funded in part by a ~\$1m grant from taxpayers via the NHMRC. The blatantly misrepresented lifespan results from that experiment helped to convince the NHMRC to provide a further \$13m of taxpayers' money over 2019-2023. "Principal investigator" Simpson's dishonest 2019 defence of his 30-diet experiment's lifespan "findings" probably in part is an attempt to ensure that the current \$13m of taxpayer funding is not withdrawn (p. 12). **All up, the University of Sydney is gifted ~\$700m each year by taxpayers, while Group of Eight (Go8) universities receive "two-thirds of all research funding to Australian Universities"**. Those outsized amounts exist because Go8 universities have promised taxpayers, politicians and hundreds of thousands of fee-paying students that the Group of Eight is uniquely devoted to "excellence". Given the Group of Eight's wilful lack of proper quality control when it matters, we have a classic "bait and switch" involving the deception of millions of taxpayers and fee-paying students (see my *Submission to ACCC's Scamwatch*, p. 15 above).
- Beyond the defrauding of taxpayers and students on a massive scale, the University of Sydney's highly influential research frauds matter because they **work to suppress medical science's well-documented cure for type 2 diabetes, thus leaving over one million Australians - especially in Indigenous communities and aged-care homes - living in misery before dying prematurely**. Again, the tragic irony is that the Charles Perkins Centre is promoting misery and early death in Indigenous Australians, the very Australians that Charlie when he was alive worked indefatigably to help (pp. 7-8 in Document 3, above).
- The documented misconduct of Simpson, Brand-Miller and others has exposed **a crisis in Australian science**. The problem is that we - the community - cannot automatically trust anything our taxpayer-funded scientists tell us, because there is no reliable quality control when it matters. Moreover, leaders in science typically run a mile if you ask them to help to stop misconduct by colleagues in their space. Notably, after the **Executive Committee of the Australian Academy of Science** - <https://www.science.org.au/about-us/governance/executive-committee> - was advised on 14 August of the detail of serious scientific misconduct by two of its Fellows - Simpson and Brand-Miller - each of the committee members contacted failed to respond or chose not to engage. Later, when I asked **Australia's Chief Scientist Dr Alan Finkel** on 23

September if he would independently investigate the high-profile scientific misconduct I have documented, his office's response was that Dr Finkel is not formally required to try to stop any specific scientific fraud brought to his attention. (Nor am I, but it's the ethical thing to do.) Dr Finkel appears happy to travel offshore to give speeches on "**Actions to advance research integrity**" - <https://www.chiefscientist.gov.au/wp-content/uploads/World-Conference-on-Research-Integrity-FINAL.pdf> - but he's apparently not inclined to investigate or help stop real-life scientific fraud working to boost misery and early death in Australia. Yes, it's probably unfair to highlight the inaction of particular leaders in science, but where does one go? I've informed hundreds of "leaders" in the field of nutrition about the misconduct of their colleagues, but most of them have zero interest, not even bothering to respond. I note that **Dr Rosemary Stanton and Professor Clare Collins** are longstanding go-to ABC commentators for information on "fad diets" and public health; perhaps the ABC might seek their comments on the detail and consequences of the ("plant based") LPHC mouse-diet fraud perpetrated by their well-known colleagues at the University of Sydney? I suspect that they both will run a mile; if not, their thoughtful, influential comments will be worth reporting. Regular ABC contributors **Karl Kruszelnicki and Adam Spencer** may also have strong views on the science and maths behind the University of Sydney's latest high-profile fraud, but as University of Sydney science and mathematics "Ambassadors" they may not be inclined to respond with the truth; that was the case when asked about the University's infamous *Australian Paradox* fraud.

All up, my experience since 2012 is that, when informed about a specific scientific fraud and related harm to public health, many if not almost all of our "leaders" in Australian science choose to say and do little or absolutely nothing to fix the problems. It appears that turning a blind eye to scientific misbehaviour is, alas, the price they are content to pay to continue their relaxed - and mostly taxpayer-funded - existence as distinguished science careerists (often after having spent two or more decades overseeing the rise and rise of obesity and type 2 diabetes in Australia). The lesson I've learned is that the community's best hope to help expose and stop scientific fraud and other harmful false information is the media, so I am now writing directly to serious journalists, a group I've always admired and trusted.

(vi) ABC still suppressing its evidence on Charles Perkins Centre's Australia Paradox sugar-and-obesity fraud

Alas, the ABC itself continues to hide from the community its own hard evidence confirming the detail of the ongoing *Australian Paradox* sugar-and-obesity fraud, overseen by Professor Jennie Brand-Miller and her Charles Perkins Centre boss Professor Stephen Simpson: <http://www.australianparadox.com/pdf/ABC-management-suppressing-proof-USyd-sci-fraud.pdf>

That is, the ABC continues to suppress 14 of the 15 pages of its important **Audience and Consumer Affairs' secret Investigation Report, dated 13 April 2016**: <https://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf>

Recall that Professor Robert Clark AO's research-misconduct **Initial Inquiry Report on 26 June 2014 recommended** that Professor Brand-Miller and Dr Alan Barclay should, under "Faculty" supervision, **write a new paper that "specifically addresses and clarifies the key factual issues"** I had documented in the *Australian Paradox* fraud:

I have, however, identified a number of 'lessons learnt' from this case and I recommend that these be considered by the University and discussed with Professor Brand-Miller and Dr Barclay at Faculty level. In particular, I recommend that the University consider requiring Professor Brand-Miller and Dr Barclay to prepare a paper for publication, in consultation with the Faculty, that specifically addresses and clarifies the key factual issues examined in this Inquiry. This new paper should be written in a constructive manner that respects issues relating to the data in the Australian Paradox paper raised by the Complainant.

p. 4 <https://ses.library.usyd.edu.au/bitstream/handle/2123/15705/australian-paradox-report-redacted.pdf?sequence=2&isAllowed=y>

Alas, they did not do that. Instead of specifically addressing and clarifying the key factual issues, **Professor Jennie Brand-Miller and her Charles Perkins Faculty boss Stephen Simpson** again pretended there is no problem, then in 2017 dishonestly expanded the infamous *Australian Paradox* sugar-and-obesity fraud into the *American Journal of Clinical Nutrition* (AJCN): pp. 64-80 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

Brand-Miller and her boss Simpson's main collaborators assisting with the Faculty's dishonest response to the 2014 Initial Inquiry Report's key recommendation that a "clarification" paper – not an update - be produced were Dr Alan Barclay and nutritionist Bill Shrapnel (p. 24), the latter a canny sugar-industry servant close to Brand-Miller's *Australian Paradox* fraud since 2011 (p. 56). Indeed, Bill Shrapnel - against Australian Bureau of Statistics (ABS) advice - contrived a shonky sugar series for Brand-Miller to use in her dishonest AJCN paper (see p.37 in my *Big-5-year-update* link above). **Curiously, nowhere have I seen it reported that a Federal Court judge in 2018 assessed both Barclay and Shrapnel as untrustworthy witnesses, treating their evidence on added sugar as highly unreliable** (p. 25).

Separately, I'll never forget first reading that *Australian Paradox* fraudster Professor Brand-Miller had "jumped the shark", by claiming ridiculously that I had bribed her Vice-Chancellor Michael Spence with a \$10,000 gift (p. 50, below). Later, I discovered that her slippery misinforming of a young Australian National University (ANU) researcher had **led to me being decried as an unethical "Research Silencer"** (for supposedly pursuing Jennie Brand-Miller and Alan Barclay for years "for what amounted to a couple of misprints" in their *Australian Paradox* research) in a PhD dissertation that the ANU accepted, and rewarded with an ANU doctorate, despite a reckless lack of proper fact checking. I am not making this up: pp. 1-6 <http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf>

A further example of the University of Sydney's troubling lack of integrity involves Brand-Miller's conflict-of-interest statement for her 2017 *AJCN* paper. Again, that paper is a dishonest "update", not the respectful "clarification" paper recommended by research-misconduct investigator Robert Clark AO in his 2014 *Initial Inquiry Report*. **Brand-Miller (JCB-M) dishonestly "reported no conflicts of interest related to the study"** (see snippet overleaf), despite the study being her *AJCN* paper designed to falsely exonerate modern doses of added sugar as an important driver of today's elevated rates of obesity and type 2 diabetes. (Again, the 2017 paper features a recently contrived and notably unreliable sugar series sneakily produced by the sugar-industry's trusted servant Bill Shrapnel (p. 25), who quietly ignored explicit ABS advice that its 70-year-old and long-ago-abandoned counting process had become unreliable.)

In reporting "no conflicts of interest" Brand-Miller was **blatantly dishonest**, as she is well aware that her low-GI career's credibility and some of her cashflow requires added sugar in modern doses to be considered harmless. After all, she's the famous author selling millions of pop-sci Low-GI diet books that feature the reckless pro-sugar false claim: "There is absolute consensus that [added] sugar in food does not cause [type 2] diabetes". Further, Brand-Miller operates the University of Sydney's (50% owned) business entity that exists to generate revenue from food and beverage companies, in part by putting low-GI "healthy" stamps on products that are up to 99.4% sugar, products including: **Milo (lowGI~39; 46.4% sugars); Sustagen Hospital Formula (lowGI~49; 50% sugars); and LoGI Sugar (lowGI~50; 99.4% sugar).**

A fuller range of sugary low-GI products can be seen at pages 53-56, below. Professor Brand-Miller and the University of Sydney's dollar-driven promotion of sugary Low-GI products as beneficial – the unethical business of putting healthy stamps on unhealthy products - involves a chronic refusal to address the **"fructose loophole"**. **This fatal flaw is that fructose - the "sweet poison" half of added sugar - is super-low GI~19.** That's a problem because low-GI fructose is **supposed to be harmless, but in modern doses it causes non-alcoholic fatty liver disease (NAFLD) and type 2 diabetes.** Brand-Miller avoids this critical fact so she can carry on pretending that added fructose and added sugar both are tasty and healthful. What a disgrace: pp. 3 and 21 in <https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf>

Notably, Jennie Brand-Miller and her sugar-industry friend Bill Shrapnel campaigned against the NHMRC's 2013 toughening of official dietary advice against sugar (p. 56). Years later, Alan Barclay and Bill Shrapnel (two key academic collaborators with Charles Perkins Faculty boss Stephen Simpson and Brand-Miller in his Faculty's dishonest response to the Robert Clark AO's 2014 *Initial Inquiry Report*) being found by Justice White in Federal Court in 2018 to be untrustworthy and their pro-sugar evidence unreliable (p. 25) fits the research-misconduct story I've told since 2012.

(vi) Endpiece

I have documented two top-shelf scientific frauds at the Charles Perkins Centre. I hope that the ABC will assign investigators to assess my carefully documented claims and report their findings to the Australian community. The point of my persistent campaign for the University of Sydney's pro-sugar, pro-carbohydrate falsehoods to be retracted is to try to reduce widespread misery and premature death from type 2 diabetes - particularly in our Indigenous communities and aged-care homes - by ending the scandalous suppression of medical science's long-known cure for type 2 diabetes.

Thanks for your time and sorry I tend to be long-winded. Please get in touch if further information might be useful. I can be contacted most days on my email address - strathburnstation@gmail.com - or my mobile 0414 703 471. Also, I'm happy to meet in person with reporters in Sydney and be interviewed on request. Finally, please forward this document to any friends, colleagues, public-health entities or government officials you think may be interested in - and may want to fix! - some of these recent developments in Australian "science".

Regards,
Rory

Please note: In this and other documents, I have detailed influential incompetence and 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 more than one 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.

In nearly eight years, I have not needed to make any material corrections. That is why I have not been sued for defamation. I have been careful to document what most people can see are simple – if disturbing – matters of fact.

Appendix: Further information on Charles Perkins Centre's research misconduct and harm to public health

Simpson oversaw dishonest 2017 update, avoiding "clarification" paper recommended by Initial Inquiry Report

Federal Court (overleaf) assessed Brand-Miller and Simpson's collaborators Barclay and Shrapnel as untrustworthy

Declining consumption of added sugars and sugar-sweetened beverages in Australia: a challenge for obesity prevention^{1,2}

Jennie C Brand-Miller^{3*} and Alan W Barclay⁴

³Charles Perkins Center and School of Life and Environmental Sciences, University of Sydney, Sydney, Australia; and ⁴Accredited Practising Dietitian, Sydney, Australia

DECLINING CONSUMPTION

We thank Gina Levy and Bill Shrapnel for making the raw data from their earlier study available (27). We thank Alistair Senior, who gave statistical advice, and Anna Rangan, Jimmy Louie, Stephen Simpson, and Stewart Truswell, who gave constructive comments on the draft manuscript.

The authors' responsibilities were as follows—JCB-M: had primary responsibility for the final content of the manuscript; and both authors: designed and conducted the research, analyzed the data, performed the statistical analysis, wrote the manuscript, and read and approved the final manuscript. JCB-M is President of the Glycemic Index Foundation and manages a food-testing service at the University of Sydney. JCB-M and AWB are co-authors of books about the glycemic index of foods. AWB is a consultant to the Glycemic Index Foundation and Merisant (Australasia) and is a member of the Scientific Advisory Boards of Roche and Nestle (Australasia). AWB received an honorarium from Coca-Cola Ltd. for a presentation in 2011. JCB-M reported no conflicts of interest related to the study.

<https://academic.oup.com/ajcn/article/105/4/854/4633970>

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THE NATION

University of Sydney threatens to ban Rory Robertson over sugar dispute



Economist Rory Robertson at Sydney University, which has threatened to ban him from campus. Picture: Britta Camplon

The Australian | 12:00AM March 6, 2017

ADAM CREIGHTON
Economics Correspondent | Sydney | @Adam_Creighton

The University of Sydney has threatened to ban a high-profile financial markets economist and anti-sugar campaigner from its campus, accusing him of intimidating one of its top academics as they feud over the role of sugar in fuelling obesity.

Rory Robertson, a former Reserve and Macquarie Bank economist, has angrily denied the accusation in a series of emails with university officials, including vice-chancellor Michael Spence.

"Rather than threatening to ban me from campus, Dr Spence should simply fix (the issues)," he said, referring to a 2011 research paper, "The Australian Paradox", written by the university's top nutritionist, Jennie Brand-Miller, which finds a negative relationship between Australian obesity and sugar consumption.

Professor Brand-Miller's books have sold millions of copies worldwide and claim there is an "absolute consensus" that sugar in food does not cause diabetes.

Last year Mr Robertson attended two nutrition conferences hosted by the university, at which he says he voiced concerns about Professor Brand-Miller's controversial research, which appears to have drawn the wrong conclusion from sugar consumption data — a view corroborated separately by the ABC's *Lateline* program and author Peter Fitz Simons.

At the second conference, in November, security officials asked Mr Robertson to leave after he tried to question Professor Brand-Miller.

Deputy vice-chancellor Stephen Garton wrote to Mr Robertson in January saying the economist, who has worked in senior finance positions in New York and Sydney, had behaved in an "aggressive and intimidating manner".

"This letter is a warning that if you (repeat this behaviour) the university will revoke its consent for you to enter University of Sydney lands," Professor Garton said.

In his response, Mr Robertson called the accusation "reckless misrepresentations" and demanded the university release a video of the earlier March conference, that showed him asking questions during the Q&A session. "I'm not going to be intimidated by false claims," he wrote on January 30.

Dr Spence confirmed the threat in his February reply, writing, "so far as I have been able to gather, there is no video".

"The university reserves the right ... to secure and maintain an environment in which there is appropriate and respectful discourse," he wrote.

Excerpts of the video, which show Mr Robertson asking questions in a reasonable fashion, are on the ABC's website.

The Australian does not suggest Professor Brand-Miller has acted inappropriately.

Mr Robertson has waged a five-year campaign against the university to retract the paper.

The university has cleared Professor Brand-Miller of any "research misconduct".

"There are respectable proposals for a sugar tax to help to reduce the misery of obesity and diabetes. But shonky (university) science is poisoning the important public debate with false information: the sugar and sugary drinks industries are brandishing the Charles Perkins Centre's Australian Paradox fraud as an intellectual spearhead in an effort to kill any such tax," Mr Robertson said.

Professor Brand-Miller did not respond to a request for comment.

<http://www.theaustralian.com.au/news/nation/university-of-sydney-threatens-to-ban-rory-robertson-over-sugar-dispute/news-story/002115ba9b77f2e2e96e86f37ca7fd>

FEDERAL COURT OF AUSTRALIA

Australian Competition and Consumer Commission v H.J. Heinz Company Australia Limited [2018] FCA 360

File number: SAD 181 of 2016

Judge: WHITE J

Date of judgment: 19 March 2018

120 I will refer shortly to assumptions which **Dr Barclay** made concerning the extent of free sugars in the Products which I consider to be unsound and which seem to have resulted in an underestimation by him of these amounts. Another matter giving rise to my reservations about his evidence appears in the opinion which he expressed concerning the relationship between the intake of free sugars and body weight:

Finally, it is worth noting that the WHO determined that the evidence about the relationship between free sugars intake and body weight is based on "low and moderate quality evidence" (9) and that the systematic review and meta-analysis that underpinned the 2015 Guideline "Sugars intake for adults and children" determined that "Trials in children, which involved recommendations to reduce intake of sugar sweetened foods and beverages, had low participant compliance to dietary advice; these trials showed no overall change in body weight." (25). *In other words, despite popular perception, there is little evidence to support a link between free sugars consumption and body weight in children.*

(Emphasis added)

121 The reference (25) given by Dr Barclay in this passage is to Morenga, Mallard and Mann (2013) "Dietary sugars and body weight: Systematic review and meta-analyses of randomised controlled trials and cohort studies" *BMJ* 346:e7492.

122 The passage from that article quoted by Dr Barclay is incomplete. When read in full, a different conclusion emerges. Immediately after the passage quoted by Dr Barclay, the article continued:

...Despite significant heterogeneity in one meta-analysis and potential bias in some trials, sensitivity analyses showed that *the trends were consistent and associations remained after these studies were excluded.*

(Emphasis added)

123 In the very next paragraph of the article, the authors expressed the following conclusion:

Among free living people involving ad libitum diets, *intake of free sugars or sugars sweetened beverages is a determinant of body weight.*

(Emphasis added)

124 Later, the authors said, at 7:

... However, when considering the rapid weight gain that occurs after an increased intake of sugars, *it seems reasonable to conclude that advice relating to sugars intake is a relevant component of a strategy to reduce the high risk of overweight and obesity in most countries.*

(Emphasis added)

125 Given these conclusions in the very same article to which Dr Barclay had referred, his statement that "there is little evidence to support a link between free sugars consumption and body weight in children" does not seem appropriate. Dr Barclay's selective quotation from the article in question was one of the matters which undermined my confidence in his opinions generally.

126 ... It emerged during Mr Shrapnel's cross-examination that he has a continuing association with the sugar industry in Australia. **Mr Shrapnel** is a consultant nutritionist providing assistance to the Sugar Research Advisory Service (SRAS) which is funded by Sugar Australia. One of the functions of the SRAS is promoting the dissemination of information about sugars to health professionals, including dietitians. Sugar Australia is an industry body with Australia's leading sugar refineries as its members. I think it fair to infer that Sugar Australia has an interest in the promotion of sugar consumption or at least avoidance of a decline in consumption. Mr Shrapnel did not disclose these involvements in his written report.

127 These matters gave rise to concerns as to the extent to which **Mr Shrapnel** was truly independent.

...

130 Mr Shrapnel's general view is that sugar of itself has not been shown to be harmful: it is only when it is taken in excess that it may be so.

131 ... I consider that caution is appropriate before acting on **Mr Shrapnel's** opinions. He is to an extent a participant in the activities of the sugar industry, which it can be inferred is concerned with the promotion, or at least the defence, of the consumption of sugar. ...

ABC'S SECRET INVESTIGATION INTO AUSTRALIAN PARADOX MATTERS CONFIRMS SERIOUS SCIENTIFIC FRAUD

Below is an ABC-authorised *Extract* from the ABC's secret *Investigation Report*, dated 13 April 2016. The 15-page report confirms a serious scientific fraud (featuring the dishonest use of fake data), but it remains suppressed at the insistence of the University of Sydney's Professor Jennie Brand-Miller and the Dietitians Association of Australia's Dr Alan Barclay.

I have spoken with the ABC's General Counsel. The full *Investigation Report* may be available in any legal action(s) I bring against the University of Sydney and/or Australian National University (page 7, below). (I am yet to seek access via FOI.) My initial letter to the ABC's legal team, before it authorised public access to the *Extract*, is reproduced from page 3.

Background: The infamous *Australian Paradox* paper (2011) claims "a consistent and substantial decline" in consumption of added sugar (sucrose) over the 1980 to 2010 timeframe. Awkwardly, several of the authors' own published data series trend up not down, contradicting their sugar-down-obesity-up "paradox" story. The paper thus relies on an unacceptable series that was discontinued as unreliable after 1999, and then faked for 2000-2003 (see charts overleaf and on page 5).

Rory Robertson
8 July 2018

Extract from ABC Audience and Consumer Affairs Investigation Report: *Lateline* story *Analysing The Australian Paradox: experts speak out about the role of sugar in our diets* and the ABC News online report *Australian Paradox under fire: Health experts hit out at Sydney Uni sugar study*.

2.1.1.1 RR statements

We are satisfied that Rory Robertson represented a principal relevant perspective on the issues examined in the broadcast. We note that he is a senior economist with one of the country's leading banks who is a highly credible and respected data analytics expert. It is our view that his extensive research on this issue and critical assessment of the Australian Paradox, particularly the data relied upon by its authors, is based on and substantiated by demonstrable evidence and is compelling.

Audience and Consumer Affairs has confirmed that *Lateline* met the editorial requirement for accuracy by making reasonable efforts to examine and critically assess the research that underpinned Mr Robertson's claims, prior to broadcasting them. That research included his email correspondence with the FAO, where he sought to specifically verify the sources of information upon which the FAO relied for its sugar series for Australia.

Mr Robertson established that the FAO's sugar series for Australia relied to a significant degree on ABS data for several decades until 1998-99, when the ABS discontinued its data collection on the grounds that it was unreliable. The responsible FAO researcher confirmed in writing to Mr Robertson that the FAO had used the last available figure of 35.7kg from its 1998-99 sugar series for Australia and continued to use it for subsequent years. That is, when the ABS stopped counting sugar after 1998-99, the FAO chose to continue publishing data, reproducing its 1999 figure again for 2000, and then continued publishing new data showing a figure of approximately 36kg per year. Audience and Consumer Affairs note that this absence of relevant, reliable data post 1999 appears to be confirmed in Figure 2 (A) of the Australian Paradox, in the form of the conspicuously flat line leading to 2003, where the series ends, despite the study spanning to 2010.

Despite the complainant's claim that Professor Clark's investigation "presents a comprehensive rebuttal of these allegations", we note his acknowledgement that the ABS ceased collecting data beyond 1999 because of its unreliability and his concern about the Australian Paradox authors' uncritical assessment "about the detailed methodology underpinning the FAO data in Figure 2, and had 'assumed' that it accounted for total sugar intake from their earlier research leading up to publication. I indicated that we both needed to check the facts."

We note the complainant's reference to Professor Clark's view that "On balance I believe it was reasonable for the authors to have included the FAO data for these years in Figure 2."

Audience and Consumer Affairs cannot agree that this statement by Professor Clark confirms the data is accurate, or that it contradicts the written advice from the FAO to Mr Robertson. We are satisfied the FAO's advice to Mr Robertson that it used a simple algorithm for 1999-2003 that was based on 1999 data, not on genuine fresh observations of Australian apparent consumption, supports Mr Robertson's statements.

We are satisfied that *Lateline* made reasonable efforts to critically assess Mr Robertson's statements, which were clearly attributed to him in the report. The presentation of Mr Robertson's statements is in keeping with the Corporation's editorial standards for accuracy.

<http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf>

The Nature of Nutrition

A Unifying Framework from Animal Adaptation to
Human Obesity



Stephen J. Simpson AND David Raubenheimer

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62 | CHAPTER FOUR

eight for locusts. Omission of only one of these eight amino acids from an otherwise complete supplementary mix rendered a diet “low protein” so far as the animal was concerned. Signaling elevated protein status, whether to induce protein satiety in locusts or to trigger pathways involved in **shortening life span in flies**, therefore requires a specific mixture of amino acids.

Taken together, **the results from insects** provide overwhelming evidence that caloric restriction is not responsible **for life span extension**. Instead, **the ratio of protein to carbohydrate in the diet is crucial**, with the protein component of the response mediated by a mixture of key amino acids, which includes, but is not exclusively, methionine. An important message from the insect results is that experiments in which single amino acids are manipulated in the diet without taking account of interactions with other amino acids (or with other macronutrients, notably carbohydrate) are at risk of being misinterpreted—a message that applies to studies on other animals too.

What about mammals? Although it is widely held that caloric restriction, not specific nutrient effects, is responsible for life span extension in mammals (Weindruch and Walford 1988; Masoro 2005; Everitt et al. 2010), no experiment to date has contained sufficient dietary treatments to disentangle calories from specific nutrients (Simpson and Raubenheimer 2007). There have been numerous reports, stemming back to early work by Ross (1961), that **protein restriction**, and restriction of methionine in particular, **extends life span in rodents** (Orentreich et al. 1993; Zimmerman et al. 2003; Miller et al. 2005; Ayala et al. 2007; Sun et al. 2009), so it is at least plausible that **the response of mammals—including humans—is similar to that of insects**.

Spurred on by the need for a geometric analysis of aging in mammals, **we have embarked upon just such a study in mice with David Le Couteur at the ANZAC Research Institute in the University of Sydney**. A full design for rodents has required expanding from two to three macronutrient dimensions with the inclusion of dietary lipid in addition to protein and carbohydrate. **At the time of writing, the 30-diet experiment is still under-way**, but the data are already proving to be instructive.

4.1 HOW DOES MACRONUTRIENT BALANCE AFFECT LIFE SPAN?

We have seen that eating excess protein relative to nonprotein energy shortens life span, at least in insects and perhaps also in mammals. The mechanisms causing this effect are not yet understood, but there are some tantalizing candidates. These include altered production of radical oxygen species (“free radicals”) with associated damage to DNA and cellular pro-

teins (Sanz et al. 2004; Ayala et al. 2007); toxic effects of nitrogenous breakdown products arising when protein is used instead of carbohydrate or fat as an energy source; changes in immune function and alteration in the capacity to deal with other dietary toxins (as we discuss in chapter 5); and perhaps even changes in the entrainment of circadian rhythms (Hirao et al. 2009). However, it is becoming increasingly apparent that the central coordinators of **the effect of macronutrient balance on life span** are the nutrient-signaling pathways that we introduced in chapter 3. These pathways are shared by a diversity of organisms from yeasts to humans and include the insulin/insulin-like growth factor (IGF), TOR, and AMPK pathways (Kapahi et al. 2010; Kenyon 2010; Katewa and Kapahi 2011; Mair et al. 2011). It is not only aging that is affected by these pathways; they are emerging at the heart of multiple life-threatening disease processes, including eating disorders such as anorexia and cachexia (a wasting condition common in cancer patients), obesity, cancer, type 2 diabetes, cardiovascular disease, and other metabolic disorders (fig. 4.1). What is needed next are biochemical and molecular genetic studies in which gene expression patterns and metabolic responses are mapped as surfaces onto nutrient intake arrays, as has been done for major life history variables such as life span and fecundity (plate 3). Such studies will help unite nutrition, aging, and their affiliated diseases within a single explanatory framework, spanning genes to behavior.

Increasing the ratio of protein to nonprotein energy in the diet decreases life span, but if this ratio falls too far there is an increased risk of an early death associated with obesity. We will address this issue in detail in chapter 10, but it warrants some discussion here. The reason why the risk of obesity increases as the dietary ratio of protein to nonprotein energy falls below the intake target ratio is that many animals, especially herbivores and omnivores (including humans, as we shall see in chapter 10), regulate their intake of protein more strongly than that of carbohydrate and fat. Consequently, when confined to diets that are high in the proportion of fat and/or carbohydrate relative to protein, animals overeat to gain the target protein intake. Unless these excess calories from fat and carbohydrate are voided by increased activity levels or the up-regulation of thermogenic (heat-generating) mechanisms (see chapter 3), the animal becomes obese and prone to various metabolic disorders. As we discuss in chapter 6, the propensity to store excess calories as body fat, rather than burn them off, varies among species, populations, individuals, and sexes, and can be shown to shift across generations in response to a change in the nutritional environment (e.g., Warbrick-Smith et al. 2006). An example of how individuals of the same species differ can be seen in the comparison of male and female field crickets shown in plate 3C and D; other examples are provided in chapter 6.

usually formulated is not correct, nor is the variant hypothesis that there are direct costs of reproduction that shorten life span (see also Flatt 2011; Tatar 2011).

4.3 CONCLUSIONS

Dietary restriction without malnutrition is considered to be a universal mechanism for prolonging life span. It is generally believed that the benefits of dietary restriction arise from eating fewer calories. However, GF experiments on insects in which the effects of macronutrients have been separated indicate that, rather than calories, a key determinant of the relationship between diet and longevity is the balance of protein to non-protein (fat and/or carbohydrate) energy in the diet. Whether the same is true for mammals remains to be seen, but existing data indicate that it may well be.

As we shall see in following chapters, the ratio between protein and nonprotein energy intake affects not only life span but also total energy intake, metabolism, immunity, and the likelihood of developing obesity and associated metabolic disorders. Among various possible mechanisms linking macronutrient balance to life span, the interaction between the TOR and AMPK signaling pathways is emerging as a central coordinator. The nutrient signals that activate these pathways remain to be elucidated, but it is likely that a mixture of amino acids must be elevated in the circulation to produce protein satiety and to activate parallel metabolic pathways that are implicated in aging.

Finally, the presumption in much of life history theory that life span and reproduction trade off against each other for limiting resources (usually considered to be energy) is shown to be too simplistic. These two life-history variables certainly have differing nutritional optima, but they can be dissociated and do not inevitably trade off. Reproductive senescence and aging may proceed at different rates in males and females, as predicted by sexual selection theory.

In the next chapter we show that it is not only aging and reproduction that have differently shaped response surfaces when mapped onto nutrient intake arrays, but so too do the physiological systems that respond to toxins and disease.

Bad animal model: C57BL/6 mice profoundly unlike humans with respect to metabolism of carbs and fat

The Charles Perkins Centre's mouse-diet studies use C57BL/6 mice. That's fine, as their use is pretty standard in mouse studies in laboratories across the western world: <https://en.wikipedia.org/wiki/C57BL/6>

Importantly, when you buy these C57BL/6 mice for laboratory use, **you are told** that "fed a high-fat [low-carbohydrate] diet", they "develop obesity, mild to moderate hyperglycemia, and hyperinsulinemia": <https://www.jax.org/strain/000664>

While it's widely known that standard lab mice get fat and sick on low-carb diets, Professor Stephen Simpson – Academic Director of the Charles Perkins Centre at the University of Sydney – saw mere confirmation of that as important:

Steve Simpson: This was quite interesting. The cause of death in the high protein, low carb fed animals, so far as you can tell...the thing is, when a mouse dies, unless you are there to collect it right at the moment of death, you can't do any particularly useful physiological analysis. But the markers of health—cardio-metabolic health—showed that they were **insulin resistant**, they had **high levels of circulating blood sugars**, and they had poor cardiac function. **So these mice on the high protein, low carb diet were in bad shape.**

<https://www.abc.net.au/radionational/programs/healthreport/high-protein2c-low-carbohydrate-diet/5309616#transcript>

But that was not an important finding, unless all 18 researchers failed to read the instructions on their new box of lab mice. More important is the readily available 2012 paper (below) that explains to **insect specialists** unfamiliar with mice that the C57BL/6 mouse is a **bad animal model** for humans when the critical issues for discussion include obesity, type 2 diabetes, cardiovascular disease (CVD) and longevity. Again, these lab mice are problematic when the issues for investigation include diet and health, insulin resistance (aka Metabolic Syndrome) and longevity in humans. That's because the metabolic responses of standard lab mice and humans are profoundly different; in particular, C57BL/6 mice put on low-carb, high-fat diets typically become fat and sick - via insulin resistance - whereas humans tend to thrive.



Nutr Metab (Lond). 2012; 9: 69.

Published online 2012 Jul 28. doi: [10.1186/1743-7075-9-69](https://doi.org/10.1186/1743-7075-9-69)

PMCID: PMC3488544

PMID: [22838969](https://pubmed.ncbi.nlm.nih.gov/22838969/)

Response of C57BL/6 mice to a carbohydrate-free diet

Saihan Borghjia^{1,2} and Richard David Feinman²

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Abstract

Go to:

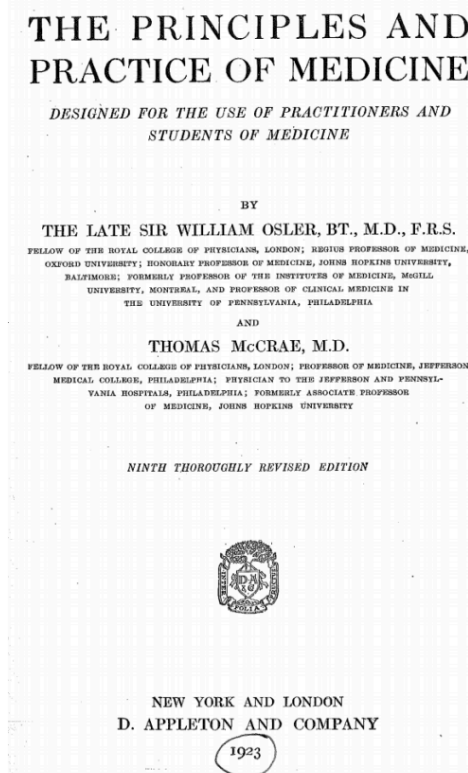
High fat feeding in rodents generally leads to obesity and insulin resistance **whereas in humans** this is only seen if dietary carbohydrate is also high, the result of the anabolic effect of poor regulation of glucose and insulin. A previous study of C57BL/6 mice (Kennedy AR, et al.: *Am J Physiol Endocrinol Metab* (2007) **262** E1724-1739) appeared to show the kind of beneficial effects of calorie restriction that is seen in humans but that diet was unusually low in protein (5%). In the current study, we tested a zero-carbohydrate diet that had a higher protein content (20%). Mice on the zero-carbohydrate diet, despite similar caloric intake, consistently gained more weight than animals consuming standard chow, attaining a dramatic difference by week 16 (46.1 ± 1.38 g vs. 30.4 ± 1.00 g for the chow group). Consistent with the obese phenotype, experimental mice had fatty livers and hearts as well as large fat deposits in the abdomino-pelvic cavity, and showed impaired glucose clearance after intraperitoneal injection. In sum, the response of mice to a carbohydrate-free diet was greater weight gain and metabolic disruptions **in distinction to the response in humans** where low carbohydrate diets cause greater weight loss than isocaloric controls. The results suggest that **rodent models of obesity may be most valuable in the understanding of how metabolic mechanisms can work in ways different from the effect in humans.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488544/> ; <https://www.ncbi.nlm.nih.gov/pubmed/16288655>

Professor Simpson and his co-authors should have known that mouse and human responses to low-carbohydrate (high-fat) diets tend to be profoundly different; they should be aware that sugary low-protein, high-carb mouse diets tend to harm humans. Tragically, many Australians are dying early via type 2 diabetes and CVD as a result of eating exactly the sort of sugary low-protein, high-carb mouse diets promoted by the Charles Perkins Centre as excellent for human longevity. Compare and contrast the sugary mouse diet on page 7 with the sugary diet harming humans on p. 37.

The following pages tell a tragic story of Group of Eight university science gone wrong.

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 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>

All sorted a century ago!

Pre-eminent medical text in 1923 advised no-sugar, low-carb treatment to cure "lipogenic" (type 2) diabetes

DIABETES MELLITUS

433

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

Food	Quantity Grams	Calories per Gram	Total Calories
Carbohydrate.....	10 x	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

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

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.)

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

Society increasingly aware that modern doses of added sugar cause obesity, type 2 diabetes and heart disease

Indigenous Affairs Minister Nigel Scullion says sugary soft drinks 'killing the population' in remote communities

By political reporter Anna Henderson
Posted 12 Feb 2016, 2:07pm

In the wake of this week's progress report on Closing the Gap, the Indigenous Affairs Minister Nigel Scullion has declared sugary soft drinks are "killing the population" in remote Indigenous communities.

According to evidence provided to Senate estimates today, at least 1.1 million litres of so-called "full sugar" soft drink was sold in remote community stores last financial year.

"I think particularly in remote communities and very remote communities sugar is just killing the population," Senator Scullion said.

"[It's] putting them into that very high risk area before they get to an age where those chronic diseases are evident."

Today's figures were provided by Outback Stores, which runs 36 small supermarkets in remote Aboriginal communities.

The company's chief executive Steven Moore told the committee the figures for soft drink sales are "astounding".

"I think we can all agree that poor diet in communities with consumption of fat, salt and sugar has a large impact on life expectancy in communities," he said.

"Full sugar soft drinks are a major contributor."

The Closing the Gap report from the Federal Government earlier this week found little progress towards bridging the life expectancy gap between Indigenous and non-Indigenous Australians.

It said the worst health outcomes, in terms of diabetes, heart disease and other chronic illnesses were found in remote communities.



PHOTO: The Closing the Gap report said the worst health outcomes, in terms of diabetes, heart disease and other chronic illnesses were found in remote communities. (News Video)

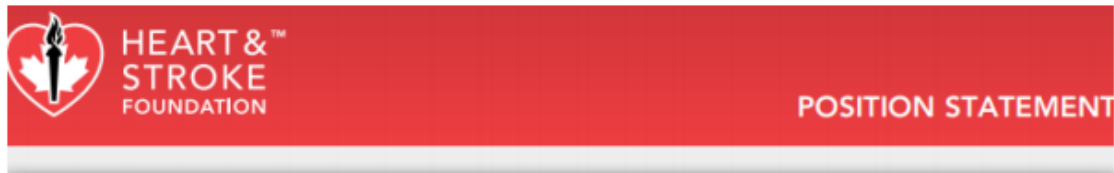
RELATED STORY: Indigenous leaders respond to Closing the Gap

RELATED STORY: Indigenous life expectancy has not improved, Closing the Gap report shows

Key points:

- Closing the Gap report found worst health outcomes found in remote communities
- One remote community store drawing half of total profits from soft drink sales, Senator Scullion says
- Senator Scullion says he thinks attitudes to soft drink are changing

<http://www.abc.net.au/news/2016-02-12/scullion-says-sugar-is-killing-remote-communities/7162974>



SUGAR, HEART DISEASE AND STROKE

FACTS

- Heart disease and stroke are leading causes of death in Canada, responsible for 27.3% of all deaths.¹ Over 1.3 million Canadians are living with heart disease² and 315,000 Canadians are living with the effects of stroke.³
- More than 60% of Canadian adults⁴ and 31% of children and youth aged 5 to 17 years are overweight or obese.⁵ Children who are obese are at increased risk of remaining overweight or obese as adults.⁶
- Up to 80% of early heart disease and stroke can be prevented through adopting healthy behaviours including eating a healthy diet.
- Sugar is a carbohydrate that provides energy to the body. Other than providing energy, sugar has no other nutritional benefits.
- Sugar can occur naturally in milk, fruit, vegetables, starches, grains and most plant based foods. Sugars can also be added to foods and drinks for flavour, as a sweetener, as a



- Excess sugar consumption is associated with adverse health effects including heart disease,¹⁰⁻¹² stroke,¹⁰ obesity,¹³⁻¹⁷ diabetes,¹⁸⁻²² high blood cholesterol,²³⁻²⁴ cancer²⁵ and dental caries (cavities).²⁶
- Individuals who consume greater than or equal to 10% but less than 25% of total energy (calories) from added sugar have a 30% higher risk of death from heart disease or stroke when compared to those who consume less than 10%. For those who consume 25% or more of calories from added sugar, the risk is nearly tripled.¹⁰

<https://www.heartandstroke.ca/-/media/pdf-files/canada/2017-position-statements/sugar-ps-eng.ashx>

<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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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^{6,7} 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

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.

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 system¹⁰ 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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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

10 September 2014

MEDIA RELEASE

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 Jeffs 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 Jeffs.

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 Jeffs.

"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](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>

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MJA 100 YEARS The Medical Journal of Australia · 1914-2014

Research **13.**

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

Julie K Brimblecombe, Megan M Ferguson, Selma C Liberato and Kerin O'Dea

Med J Aust 2013; 198 (7): 380-384. doi: 10.5694/mja12.11407

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. *~2600 people*

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. *Mean: 61% carbs, including ~24% refined sugar!*

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

< > 2 Estimated energy availability and macronutrient profile, overall and by community

Energy intake	Community A	Community B	Community C	All communities
Macronutrient distribution as a proportion of dietary energy (% [SD])				
Protein	12.5% (0.3)	14.1% (0.8)	13.4% (0.6)	12.7% (0.3)
Fat	24.5% (0.6)	31.6% (1.5)	33.5% (1.1)	25.7% (0.6)
Saturated fat	9.4% (0.3)	11.6% (0.6)	12.1% (0.3)	9.7% (0.3)
Carbohydrate	62.1% (0.8)	53.3% (1.8)	52.1% (1.1)	60.7% (0.8)
Sugars	34.3% (0.8)	28.9% (2.2)	25.7% (1.8)	33.4% (0.7)

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

10/20/2015 4727.0.55.003 - Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012-13



Australian Bureau of Statistics

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
MEDIA RELEASE

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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.

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"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."

Other results released today suggest that many Aboriginal and Torres Strait Islander adults may not be aware they have high cholesterol, with one in four having high cholesterol levels, yet only one in ten being aware they had it.

Further information is available in Australian Aboriginal and Torres Strait Islander Health

[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) 1/2

After a lifetime eating heaps of meat (beef, mutton, pork, chicken & offal), Dad was not a fan of the low-meat, low-fat, low-protein, high-carbohydrate (LPHC) aged-care food that turned out was fuelling his type 2 diabetes

*** NURSING HOME MENU - 2015 *** ①

Name: _____ NURSING HOME WEEK3 THURSDAY Diet: _____

BREAKFAST	LUNCH	TEA
Meal <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Meal <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Meal <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
Cereals <input type="checkbox"/> Sultana Bran <input type="checkbox"/> All Bran <input type="checkbox"/> Cornflakes <input type="checkbox"/> Weet-Bix <input type="checkbox"/> Rolled Oats <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Hot Milk <input type="checkbox"/> Cold Milk Bread <input type="checkbox"/> White <input type="checkbox"/> Wholemeal <input type="checkbox"/> Toasted Spreads <input type="checkbox"/> Margarine <input type="checkbox"/> Butter <input type="checkbox"/> Marmalade <input type="checkbox"/> Plum Jam <input type="checkbox"/> Strawberry <input type="checkbox"/> Apricot Jam <input type="checkbox"/> Vegemite <input type="checkbox"/> Honey Fruit <input type="checkbox"/> Compote of fruit <input type="checkbox"/> Prunes Hot Breakfast <input type="checkbox"/> Spaghetti Hot Drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal Cold Drinks <input type="checkbox"/> Juice <input type="checkbox"/> Milk <input type="checkbox"/> Cordial <input type="checkbox"/> Cold Milo Morning tea served with Cake or Biscuit <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Cold Milo <input type="checkbox"/> Milk <input type="checkbox"/> Lemonade <input type="checkbox"/> Juice	Main Meal <input type="checkbox"/> Beef Sausages & Gravy <input type="checkbox"/> Mashed Potato <input type="checkbox"/> Mashed Pumpkin <input type="checkbox"/> Zucchini Cauliflower <input type="checkbox"/> Plain Sandwiches Dessert <input type="checkbox"/> Bread & Butter Custard <input type="checkbox"/> Fruit <input type="checkbox"/> Ice-cream <input type="checkbox"/> Custard Hot Drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal Cold Drinks <input type="checkbox"/> Juice <input type="checkbox"/> Milk <input type="checkbox"/> Cordial <input type="checkbox"/> Cold Milo Afternoon tea with Cake or Biscuit <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Cold Milo <input type="checkbox"/> Milk <input type="checkbox"/> Lemonade <input type="checkbox"/> Juice	Soup <input type="checkbox"/> Minestrone Meal <input type="checkbox"/> Meatballs & Gravy <input type="checkbox"/> & Mix Vegetables <input type="checkbox"/> Cold Meat <input type="checkbox"/> Salad Bread <input type="checkbox"/> White <input type="checkbox"/> Wholemeal Spreads <input type="checkbox"/> Margarine <input type="checkbox"/> Butter <input type="checkbox"/> Marmalade <input type="checkbox"/> Plum Jam <input type="checkbox"/> Vegemite <input type="checkbox"/> Apricot Jam <input type="checkbox"/> Strawberry <input type="checkbox"/> Honey Hot Drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal Cold Drinks <input type="checkbox"/> Juice <input type="checkbox"/> Milk <input type="checkbox"/> Cordial <input type="checkbox"/> Cold Milo <input type="checkbox"/> Fresh Fruit Supper with Cake or Biscuit <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Cold Milo <input type="checkbox"/> Milk <input type="checkbox"/> Lemonade <input type="checkbox"/> Juice

*** NURSING HOME MENU - 2015 *** ②

Name: _____ NURSING HOME WEEK2 THURSDAY Diet: _____

BREAKFAST	LUNCH	TEA
Meal <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Meal <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Meal <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
Cereals <input type="checkbox"/> Sultana Bran <input type="checkbox"/> All Bran <input type="checkbox"/> Cornflakes <input type="checkbox"/> Weet-Bix <input type="checkbox"/> Rolled Oats <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Hot Milk <input type="checkbox"/> Cold Milk Bread <input type="checkbox"/> White <input type="checkbox"/> Wholemeal <input type="checkbox"/> Toasted Spreads <input type="checkbox"/> Margarine <input type="checkbox"/> Butter <input type="checkbox"/> Marmalade <input type="checkbox"/> Plum Jam <input type="checkbox"/> Strawberry <input type="checkbox"/> Apricot Jam <input type="checkbox"/> Vegemite <input type="checkbox"/> Honey Fruit <input type="checkbox"/> Compote of fruit <input type="checkbox"/> Prunes Hot Breakfast <input type="checkbox"/> Spaghetti Scrambled Egg Hot Drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal Cold Drinks <input type="checkbox"/> Juice <input type="checkbox"/> Milk <input type="checkbox"/> Cordial <input type="checkbox"/> Cold Milo Morning tea served with Cake or Biscuit <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Cold Milo <input type="checkbox"/> Milk <input type="checkbox"/> Lemonade <input type="checkbox"/> Juice	Main Meal <input type="checkbox"/> Roast Pork & Gravy <input type="checkbox"/> Mashed Potato <input type="checkbox"/> Mashed Pumpkin <input type="checkbox"/> Peas <input type="checkbox"/> Plain Sandwiches Dessert <input type="checkbox"/> Caramel self sauce pudding <input type="checkbox"/> Fruit <input type="checkbox"/> Ice-cream <input type="checkbox"/> Custard Hot Drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal Cold Drinks <input type="checkbox"/> Juice <input type="checkbox"/> Milk <input type="checkbox"/> Cordial <input type="checkbox"/> Cold Milo Afternoon tea with Cake or Biscuit <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Cold Milo <input type="checkbox"/> Milk <input type="checkbox"/> Lemonade <input type="checkbox"/> Juice	Soup <input type="checkbox"/> Pea & Ham Meal <input type="checkbox"/> Chicken Fricassee <input type="checkbox"/> & Mixed Vegetables <input type="checkbox"/> Cold Meat <input type="checkbox"/> Salad Bread <input type="checkbox"/> White <input type="checkbox"/> Wholemeal Spreads <input type="checkbox"/> Margarine <input type="checkbox"/> Butter <input type="checkbox"/> Marmalade <input type="checkbox"/> Plum Jam <input type="checkbox"/> Vegemite <input type="checkbox"/> Apricot Jam <input type="checkbox"/> Strawberry <input type="checkbox"/> Honey Hot Drinks <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal Cold Drinks <input type="checkbox"/> Juice <input type="checkbox"/> Milk <input type="checkbox"/> Cordial <input type="checkbox"/> Cold Milo <input type="checkbox"/> Fresh Fruit Supper with Cake or Biscuit <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Milo <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Equal <input type="checkbox"/> Cold Milo <input type="checkbox"/> Milk <input type="checkbox"/> Lemonade <input type="checkbox"/> Juice

Charles Perkins Centre's mouse-diet "science" expanded into Dementia in 2018, with 2014 longevity results still misrepresented and fact that human and C57BL/6 mouse metabolisms are profoundly different still ignored



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News

Low-protein high-carb diet shows promise for healthy brain ageing

21 November 2018

Brain benefits of low-protein high-carb comparable to low calorie diet

Low-protein high-carbohydrate diets may be the key to longevity, and healthy brain ageing in particular, according to a new mice study from the University of Sydney.

Published today in *Cell Reports*, the research from the University's Charles Perkins Centre shows improvements in overall health and brain health, as well as learning and memory in mice that were fed an unrestricted low protein high carbohydrate diet.

Read the paper

Published in *Cell Reports*



<https://sydney.edu.au/news-opinion/news/2018/11/21/low-protein-high-carb-diet-shows-promise-for-healthy-brain-agein.html>

are being explored. Recently, we utilized the geometric framework (Simpson and Raubenheimer, 2012) to evaluate the effects of *ad libitum*-fed diets varying in macronutrients and energy content on aging. Mice consuming a low-protein, high-carbohydrate, low-fat diet (LPHC, protein:carbohydrate ~1:10) lived longest and were healthier in old age, even when compared

p. 2 [https://www.cell.com/cell-reports/pdf/S2211-1247\(18\)31674-7.pdf](https://www.cell.com/cell-reports/pdf/S2211-1247(18)31674-7.pdf)

Making utter nonsense of the Charles Perkins Centre's bogus high-carbohydrate mouse-diet advice for human longevity, competent scientists, doctors and dietitians in the US are using a well-known low-carbohydrate, high-fat diet to reverse (cure) type 2 diabetes in ~60% of human patients, while overseeing dramatic reductions in both weight and the use of costly ineffective drugs.



Diabetes Therapy
April 2018, Volume 9, Issue 2, pp 583-612 | [Cite as](#)

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

How does the Virta Treatment compare to Usual Care?

	Virta	Usual Care
HbA1c	▼ -1.3%	▲ +0.2%
Diabetes Medication Usage Rate (except metformin)	▼ -48%	▲ +9%
Body Weight	▼ -30 lbs	→ +0 lbs
Triglycerides	▼ -48 mg/dL	▲ +28 mg/dL
HDL-c	▲ +8 mg/dL	▲ -1 mg/dL
Inflammation (hsCRP)	▼ -39%	▲ +15%

Hallberg SL, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. *Diabetes Ther*. 2018. DOI: 10.1007/s13300-018-0373-9

Groundbreaking Clinical Outcomes

Virta's landmark clinical trial demonstrated rapid type 2 diabetes reversal in as little as 10 weeks, with sustained and improved results at 1 year—all published in peer-reviewed scientific journals.



60% OF PATIENTS REVERSED THEIR TYPE 2 DIABETES



94% OF PATIENTS REDUCED OR ELIMINATED INSULIN



1.3% AVERAGE HBA1C REDUCTION AT ONE YEAR



30 lbs AVG WEIGHT LOSS AT ONE YEAR (12%)



83% CLINICAL TRIAL RETENTION AT ONE YEAR

Hallberg SL, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. *Diabetes Ther*. 2018. DOI: 10.1007/s13300-018-0373-9

<https://www.virtahealth.com/research> ; <https://link.springer.com/content/pdf/10.1007%2Fs13300-018-0373-9.pdf>



Nutrition

Volume 31, Issue 1, January 2015, Pages 1-13



Critical review

Dietary carbohydrate restriction as the first approach in diabetes management: Critical review and evidence base

Richard D. Feinman Ph.D. ^a ✉, Wendy K. Pogozielski Ph.D. ^b, Arne Astrup M.D. ^c, Richard K. Bernstein M.D. ^d, Eugene J. Fine M.S., M.D. ^e, Eric C. Westman M.D., M.H.S. ^f, Anthony Accurso M.D. ^g, Lynda Frassetto M.D. ^h, Barbara A. Gower Ph.D. ⁱ, Samy I. McFarlane M.D. ^j, Jørgen Vesti Nielsen M.D. ^k, Thure Krarup M.D. ^l, Laura Saslow Ph.D. ^m, Karl S. Roth M.D. ⁿ, Mary C. Vernon M.D. ^o, Jeff S. Volek R.D., Ph.D. ^p, Gilbert B. Wilshire M.D. ^q, Annika Dahlqvist M.D. ^r ... Nicolai Worm Ph.D. ^z

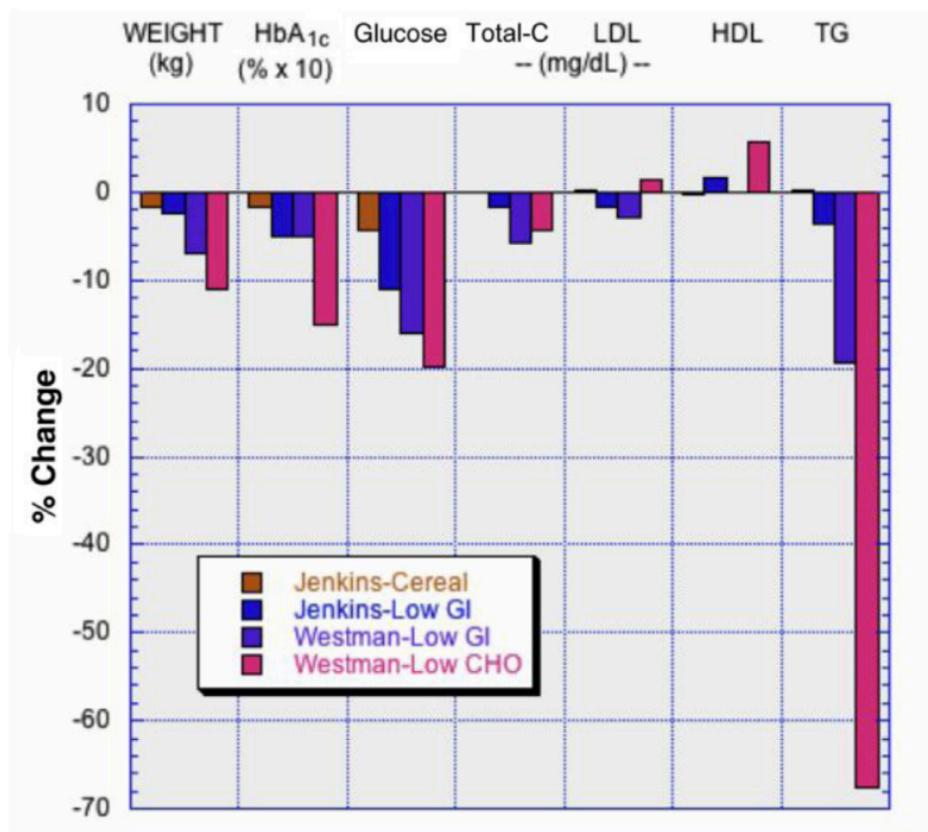


Fig. 9. Comparison of low-glycemic index diet with high-cereal diet, and of low-glycemic index diet with low-carbohydrate diet. Data from [6,70]. Redrawn from [75]. CHO, carbohydrate; GI, glycemic index; HDL, high-density lipoprotein; LDL, low-density lipoprotein; TG, triglyceride; Total-C, total cholesterol.

Four-page extract from my *Submission to ACCC's Scamwatch* (pp. 4-7)

Mistreatment of consumers with type 2 diabetes & unethical over-servicing via bogus Group of Eight “science”

As you may know, type 2 diabetes is defined in terms of consumers' excessive blood-glucose levels, deemed to be Hemoglobin A1c readings of 6.5% and above. Any competent treatment of type 2 diabetes thus actively targets the needed reduction of consumers' average blood-glucose readings, seeking to reduce HbA1c towards a healthy ~5%.

Importantly, it was known a century ago at the highest levels of medical science that the main cause of (type 2) diabetes is the excessive consumption of refined sugar and other carbohydrate. Accordingly, the pre-eminent medical text in the western world way back in 1923 - the 9th Edition of *The Principles and Practice of Medicine*, by Professor Sir William Osler and Thomas McCrae MD – sensibly advised that the best way to fix (type 2) diabetes is to minimise patients' consumption of carbohydrate (including sugar), replacing carbohydrate as needed with dietary fat (pp. 30-35).

Today, this simple, still-effective cure is denied to Australian consumers with type 2 diabetes. Instead, they are misled about what works and what doesn't. The Low-GI approach to nutrition has been an important part of this deception. For example, to clear the way for her misguided high-carbohydrate “Low-GI” approach, Professor Brand-Miller and her American Diabetes Association (ADA) co-authors in 2004 distributed a reckless formal public **Statement** (see snippets) that featured the profoundly harmful false claim that (highly effective) carbohydrate restriction simply does not work:

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 polydipsia, 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. Addi-

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).

<http://care.diabetesjournals.org/content/diacare/27/9/2266.full.pdf>

As you can see, Professor Brand-Miller and her ADA co-authors correctly explained that carbohydrate consumption is the main driver of elevated blood sugar (and type 2 diabetes is defined by elevated blood sugar). But then, out of the blue, they declared with great certainty that carbohydrate restriction cannot fix the problem. But it does! The ADA's claim that **“avoiding carbohydrate entirely will not return blood glucose levels to the normal range” is false**, based on nothing but the ignorance and arrogance of “experts” making declarations without real evidence or knowledge. It is not a lie if the various authors back then actually believed it to be true, but it's always been a reckless, unforgivable falsehood.

In fact, what worked for doctors to fix type 2 diabetes a century ago still works today. Critically, back in 2008, two carefully conducted randomised-controlled trials (RCTs) overseen by widely respected North American scientists confirmed that carbohydrate restriction dramatically outperforms high-carbohydrate diets, including Brand-Miller's widely promoted low-GI high-carb diets (pp. 34-35). The Low-GI crew to this day recklessly ignores this hard RCT evidence.

Further, as noted earlier, a 2018 study overseen by Virta Health's scientists, doctors and dietitians formally documents that carbohydrate restriction **allows 60% of customers with type 2 diabetes to be cured within a year**, and ~90% reduce their use of costly, ineffective drugs: <https://link.springer.com/content/pdf/10.1007%2F978-93-325-1330-0-18-0373-9.pdf> ; <https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/>

Other doctors in North America claim up to a 90% success rate in curing type 2 diabetes: "It is not a matter of funding. It is a matter of knowledge". Dr Jason Fung's world-best-practice carbohydrate restriction delivers massive increases in consumers' quality of life, while collapsing future expenses for customers and taxpayers, by minimising the need for future medical advice, hospitalisations and drugs: (33:00) <https://www.youtube.com/watch?v=FcLoaVNQ3rc>

Tragically, the ADA's faulty high-carbohydrate dietary advice for type 2 diabetes colonised the western world, including Australia, boosting misery and harm among the multitudes who have lived and died with type 2 diabetes. The tragedy is that barely anyone has ever been cured using ADA/Diabetes Australia's usual care. One profoundly important analysis (which also fails to mention the word “carbohydrate”) concludes that any sort of remission via usual care is “very rare”:

...To provide context, 1.7% of the cohort died, while only 0.8% experienced any level of remission... the chances of dying were higher than the chances of any remission.

<http://care.diabetesjournals.org/content/early/2014/09/12/dc14-0874.full-text.pdf>

This brings us to the **fundamental mistake** dominating the Charles Perkins Centre's Low-GI approach to nutrition. That is, Brand-Miller and her influential Low-GI crew recklessly ignore, suppress and/or dismiss as unimportant the relevance of their one profoundly important glycemic-research result: **dietary protein and especially dietary fat** boost consumers' blood-glucose and blood-insulin levels by much less on average than do their "low GI" carbohydrate staples (pp. 33-39).

Professor Jennie Brand-Miller's LowGI Diet Shopper's Guide (2016) features this highly misleading statement:

Be aware! Only carbohydrate-containing foods have GI values. The diet we eat contains three main nutrients: protein, carbohydrate and fat. Some foods, such as meat, are high in protein, while bread is high in carbohydrate and butter is high in fat. We need to consume a variety of foods (in varying proportions) to provide all three nutrients, but the GI applies only to carbohydrate-rich foods. It is impossible for us to measure a GI value for foods like meat which contain negligible carbohydrate. The same applies to cheese, egg, avocado, butter.... It is incorrect to refer to these foods as high or low GI (p. 9).

In fact, the GI of those foods is effectively zero. Critically, traditional Australian wholefoods such as fatty meats, eggs, cheese and butter contain negligible carbohydrate (ditto avocados and olives) and so promote only minor increases in blood-glucose levels. When the problem is fixing type 2 diabetes, nutritious low-carbohydrate foods – those listed above and others – are the answer. In the jargon, those excellent low-carbohydrate foods have a negligible glycemic load (GL).

Again, for type 2 diabetics, what matters is that their blood-sugar/insulin responses to old-style low-GL meals featuring fatty meats, eggs or full-fat dairy and green vegetables are lower than their responses to the supposedly healthy meals involving high-carbohydrate "low-GI" staples including pasta, noodles, rice, breakfast cereals, bread, UP&GO and/or fruits such as bananas, grapes, oranges and apples (p.39). (*Continuous glucose monitoring* can confirm that claim.)

Another profoundly important fact suppressed by mainstream nutrition "scientists" is that low-carbohydrate diets greatly **reduce the risk of cardiovascular disease (CVD)**: <https://cardiab.biomedcentral.com/track/pdf/10.1186/s12933-018-0698-8> ; <https://blog.virtahealth.com/improving-cardiovascular-disease-risk-factors-virta-treatment/>

Consumers are being recklessly misled. Professor Brand-Miller and her Charles Perkins Centre colleagues continue to promote the deception that their high-carbohydrate, low-GI diets outperform carbohydrate restriction as a fix for type 2 diabetes (while minimising CVD risks). Of course, that's utter nonsense – false, misleading and harmful nonsense. Further, I think it's outrageous – a national scandal – that Diabetes Australia (heavily funded by taxpayers and the pharmaceutical industry) advises those who come to it seeking help that **"Meals that are recommended for people with diabetes are the same as for those without diabetes"**: <https://www.diabetesaustralia.com.au/eating-well> ; <https://www.diabetesaustralia.com.au/corporate-partners>

Instead of our one million-plus type 2 diabetics being properly advised on how to cure their type 2 diabetes – by simply restricting their consumption of sugar and other carbohydrate – these vulnerable consumers are told to eat diets of up to 65% carbohydrate and to take diabetes drugs. Again, this "usual care" means that barely 1% of patients have their type 2 diabetes "reversed", "put into remission" or "cured" before their untimely, early deaths. To mask this medical misconduct, doctors and dietitians get comfortable parroting the deceptive false claim that type 2 diabetes is a "progressive chronic disease". This scandalous mistreatment involves decades of patient "management" and overservicing – great for HCPs, drug companies and hospitals, but a disaster for our million-plus hapless consumers kept captive with type 2 diabetes.

Clearly, what needs to change is the "standard of care" for type 2 diabetes advised by HCPs, especially the dietitians overseen by the Dietitians Association of Australia (DAA), and the GPs and specialists overseen by the Royal Australian College of General Practitioners (RACGP), the Australian Medical Association and the Australian Health Practitioners Regulatory Authority. They all need re-education: <https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/>

In its 187-page type 2 diabetes treatment guidelines, the RACGP fails to mention the word "carbohydrate" (p. 37, below). The RACGP, AMA and AHPRA (falsely) promote their doctors as highly qualified and with sufficient skill to properly treat our million-plus consumers with type 2 diabetes, yet in their six or more years at university, Australian doctors typically receive/d almost no training in nutrition matters: <https://twitter.com/DikemanDave/status/1036727669054816256>

That is, very few Australian doctors have any awareness of – let alone practical expertise in – curing consumers' type 2 diabetes by overseeing basic carbohydrate restriction. The same is true of the vast majority of taxpayer-funded dietitians overseen by the Dietitians Association of Australia. Instead, doctors and dietitians blunder along, failing to fix easily fixed type 2 diabetes, typically ensuring decades of repeat business and thus misspent billions of dollars per annum flowing from consumers and taxpayers, to armies of inept HCPs, to hospitals and to companies selling costly, ineffective drugs.

Beyond that unreasonable financial gouge, the ACCC should be concerned that consumers with easily fixed type 2 diabetes are being robbed of what otherwise would be the strong prospect of a return to full or near-full health, and so easier, happier and longer lives. We are talking about unnecessary misery and harm spoiling the lives of more than a million Australian families, each typically for decades, as ageing consumers struggle along and then die prematurely.

How did today's harmful high-carbohydrate treatment of type 2 diabetes become standard in Australia?

It is a national scandal that Australian scientists, doctors and dietitians today know less about curing type 2 diabetes than was widely known by GPs across the world a century ago. It's as if the hard scientific facts behind the effective diet cure widely used a century ago have been deliberately erased from our knowledge base, hidden when we need them most.

How did this happen and why is it allowed to continue? I do not know exactly. But I have some observations. Scientific incompetence and fraud - alongside financial conflicts of interest, often funded by the food and pharmaceutical industries - appear to be key forces sustaining today's harmful high-carbohydrate diabetes advice (pp. 16, 19, 24-25 and 40-42).

Again, the University of Sydney's misguided focus on the Glycemic Index (GI) - rather than on total dietary carbohydrate or even the Glycemic Load (GL) - is one of a series of profound errors that led us down the wrong path, to harm. As noted above, Professor Brand-Miller - the lead author of the *Australian Paradox* fraud and the world's most-enthusiastic promoter of the Glycemic Index - in 2004 was one of the authors of the American Diabetes Association's reckless false-but-influential declaration that carbohydrate restriction does not - and so cannot - fix type 2 diabetes (pp. 32-33).

So too, her *Australian Paradox* fraud co-author, Dr Barclay, consistently rubbished the idea that low-carbohydrate diets are beneficial during the decade or so he was employed as the consumer-focused Head of Research at the Australian Diabetes Council, and as a prominent conduit between the DAA's misinformation and ordinary people in the street:

Have you met Alan Barclay, one of our incredible DAA Spokespeople? Alan is the Chief Scientific Officer at the Glycemic Index Foundation, which licenses its Certified Low GI logo for use on healthy, low GI foods. Alan also works for Australian Diabetes Council as the Head of Research and sits on the Editorial Board of their [sic] and Diabetes Australia's consumer magazines Diabetes Connect and Conquest and their health professional magazine Diabetes Management Journal. <https://www.facebook.com/dietitiansassociation/posts/have-you-met-alan-barclay/916302678400135/>

Typical of the profound ineptitude of the DAA and Diabetes Australia has been the demonisation over the past 40 years of low-carb diets (simple carbohydrate restriction) as a "fad diet". The ignorance of many taxpayer-funded HCPs is breathtaking, and would be funny if consumers were not living in misery then dying young: the cheap, effective approach widely used to cure type 2 diabetes a century ago – featured in the pre-eminent medical text of the day – is a "fad diet"?

Recall also that Low-GI Professor Stephen Colagiuri appears to be the main scientific author of the *Australian National Diabetes Strategy 2016-2020*. Again, that document fails, unforgivably, to mention the word "carbohydrate": https://www.nhmrc.gov.au/files/nhmrc/file/research/research_translation_faculty/rtf_cfa_diabetes_nhmrc_150320.pdf; [http://www.health.gov.au/internet/main/publishing.nsf/content/3AF935DA210DA043CA257EFB000D0C03/\\$File/Australia%20National%20Diabetes%20Strategy%202016-2020.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/3AF935DA210DA043CA257EFB000D0C03/$File/Australia%20National%20Diabetes%20Strategy%202016-2020.pdf)

As noted above, diabetes careerist Professor Colagiuri insists there's "absolute consensus" that added sugar (100% carbohydrate) does not cause type 2 diabetes (p. 16). Further, in 2016, he insisted to me in a face-to-face conversation that there is no good evidence that carbohydrate restriction is beneficial for consumers with type 2 diabetes. These statements are nonsense, misleading all in his path about the main cause of type 2 diabetes and the effective cure.

I do not know whether Professor Colagiuri for decades has remained unaware of the key facts with respect to type 2 diabetes, was simply "captured" early on by the diabetes-drug industry, or both. What is well documented is that he is a paid agent of several pharmaceutical companies (p. 42) that benefit enormously from influential misinformation about the dietary cause of type 2 diabetes (excessive consumption of sugar and other carbohydrate), and from the multi-decade suppression of the best-available treatment (eliminating that excess consumption).

Disturbingly, it appears to be common for diabetes careerists and organisations to be captured by the pharmaceutical industry. For example, Melbourne's Baker Heart and Diabetes Institute has searched for a cure for type 2 diabetes for nearly a century, but failed to discover it hiding in plain sight in what was once the pre-eminent medical text in the western world (pp. 30-31). In 2002, with funding from drug company Novo Nordisk, Baker & Co. produced "*Diabetes: the silent pandemic and its impact on Australia*". That document not only conspicuously failed to mention the words "carbohydrate" and "sugar" (the foodstuff), but it also promoted the false and misleading claim: "**As there is currently no cure for [type 2] diabetes, the condition requires lifelong management**": p. 3 <https://www.baker.edu.au/-/media/Documents/impact/diabetes-the-silent-pandemic.ashx?la=en>

Even more disturbingly, Baker & Co. in 2000 - funded by a range of drug companies that benefit from the suppression of the effective diet cure for type 2 diabetes - produced our only widely used risk-assessment tool: "The Australian Type 2 Diabetes Risk Assessment Tool 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" (pp. 40-41).

Again, unforgivably, neither "carbohydrate" nor "sugar" (the foodstuff) rated a mention. Suppressing as it does any mention of the dominant factor driving type 2 diabetes (modern doses of sugar and other carbohydrate), **The Australian Type 2 Diabetes Risk Assessment Tool** is worse than useless, in that it steers diligent consumers away from the obvious, effective diet cure. In fact, the *AUSDRISK* quiz might as well have been written by its drug-company sponsors - <https://www.baker.edu.au/impact/ausdiab/sponsors> - to try to maximise, not minimise, our national diabetes crisis, thus promoting the extensive and expensive use of diabetes and other drugs.

Notably, Professor Paul Zimmet - now Professor of Diabetes at Monash University - was a co-author of *AUSDRISK*, alongside Stephen Colagiuri *et al.* As a hard-working diabetes careerist at Baker & Co for decades and an "international leader in diabetes for 40 years", he has published "over 900 papers" and impressively is "listed in both the 2015 and 2016 Thomson Reuter's *Worlds-Most-Influential-Scientific-Minds*". Unfortunately, he too failed to discover the main cause of type 2 diabetes and the effective diet cure, despite both sitting quietly in that once pre-eminent medical text. In recent times, Professor Zimmet co-Chaired the Australian Government's National Diabetes Strategy Advisory Committee for the development of the (hopeless) 2016–2020 Strategy: <https://www.baker.edu.au/health-hub/clinics/staff/paul-zimmet>

To be fair, these individuals and entities are not unique in their unhelpfulness, incompetence and/or conflicts of interest. The problem of harmful diet misinformation began over half a century ago, in the 1950s and 1960s, when the fledgling post-WW2 nutrition space was hijacked by influential US "experts" including Ancel Keys and Fred Stare, who built careers on false claims demonising dietary fat while promoting modern doses of refined carbohydrates as healthful. By the 1970s, such misinformation had come to dominate modern diet "science", wrecking official dietary advice when it was first launched late that decade in the US, Australia and elsewhere:
https://www.australianparadox.com/pdf/keys_1971.pdf; pp. 81-106 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

In Australia, the principal conduit between faulty US dietary advice in the late 1970s and today's faulty high-carbohydrate (45-65%) *Australian Dietary Guidelines* has been **eminent Professor Stewart Truswell**, the University of Sydney's first "Chair of Human Nutrition". Originally from South Africa, Truswell arrived in Australia via the UK in 1978, with an early edition of the faulty *Dietary Goals for the USA* (1977) in his luggage, ready to go. He used that faulty high-carbohydrate (55+%) diet advice as a template, and tells of writing the first edition of our *Dietary goals for Australia* in 1979, based in "small rooms in the Commonwealth Department of Health". Truswell notes: "There was no background [independent] review of the scientific literature at the time...". Moreover, the National Health and Medical Research Council (NHMRC) "adopted the goals unmodified": <http://apjcn.nhri.org.tw/server/apjcn/ProcNutSoc/1990-1999/1995/1995%20p1-10.pdf>

That was just for starters. For more than three decades, Professor Truswell has remained the main scientific author of our deeply flawed high-carbohydrate *Australian Dietary Guidelines*, the key features of which are taught in our schools and are force-fed to consumers largely captive in our aged-care homes, boarding schools, hospitals and prisons: pp. 94-101 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

Shamefully, Professor Truswell helped his friend Jennie Brand-Miller to **expand her Australian Paradox fraud** into *American Journal of Clinical Nutrition*, after I'd personally explained to him that her key 2000-2003 data (after the ABS had stopped counting from 1999 and discontinued its data as unreliable) are conspicuously flat, dead-ending and fake, and thus unreliable: pp. 54-55 and p. 6 <http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf>

That was a four-page extract from my *Submission to ACCCs Scamwatch*
 pp. 4-7 <https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf>

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 <ul style="list-style-type: none"> Steering Group member Author 	Board membership <ul style="list-style-type: none"> Astra Zenica/BMS National Advisory Board; MSD National Advisory Board; 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 <ul style="list-style-type: none"> Speaker engagements - honoraria, travel expenses, accommodation and meals received from: Astra Zenica/BMS; MSD; Novo Nordisk; Sanofi; Servier; Takeda. Grants <ul style="list-style-type: none"> Chief Investigator, NHMRC Program Grant 2013-2017 Chief Investigator, NHMRC Project grant Chief Investigator, NHMRC EU FP7 Health project.
Prof Stephen Twigg <ul style="list-style-type: none"> Steering Group member Contributor 	Consultancy fees/honorarium <p>I am on/have been on the following Advisory Boards:</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Steering Group member 	Board Membership <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Steering Group member 	Consultancy fees/honorarium <p>Speaker fees</p> <ul style="list-style-type: none"> Abbott; Eli Lilly <p>Speaker fees and advisory board membership</p> <ul style="list-style-type: none"> Astra Zeneca; Boehringer Ingelheim; Bristol Meyer Squibb; GlaxoSmithKline; Merck Sharp and Dohme; Novartis; NovoNordisk; Sanofi Aventis <p>Advisory board membership</p> <ul style="list-style-type: none"> Janssen <p>Grants</p> <ul style="list-style-type: none"> 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. <p>Support for travel/accommodation; meals/beverages</p> <ul style="list-style-type: none"> 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

Rory Robertson
12 July 2017

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

[RR: Highlighting and reproductions of key documents cited have been added to the original letter]

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 [see pp. 5-6, below].

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 are 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 overleaf] 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. [see overleaf] 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) [see pages 3 and 4, overleaf]; p. 82 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>).

<http://www.australianparadox.com/pdf/Expanded-Letter-HealthDept-type2diabetes.pdf>

Australian Paradox's own charts contradict finding of "consistent and substantial decline" over 1980-2010

Chart 1: Australian sugary drink sales (litres per person per year)

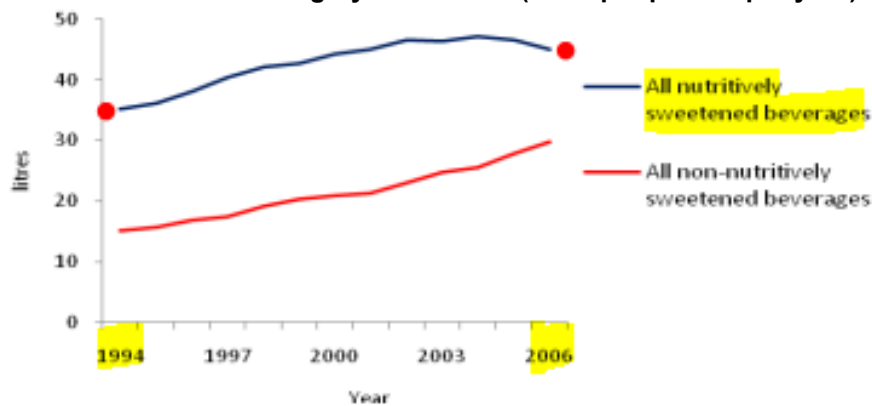
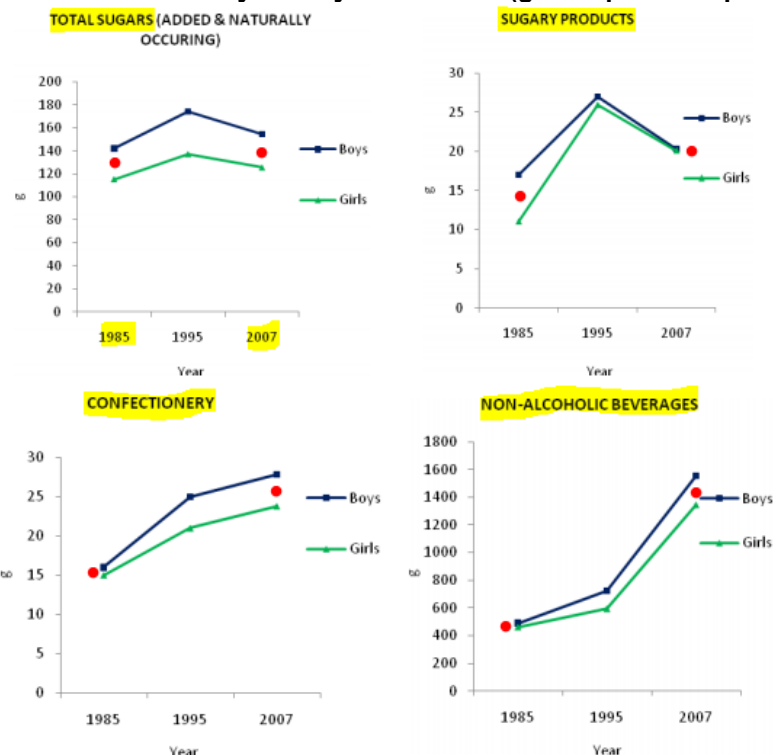
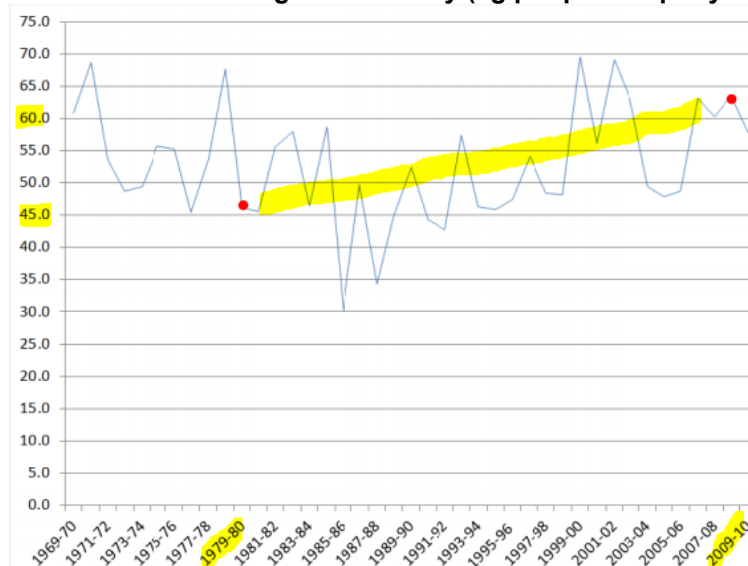


Chart 2: National Dietary Surveys – Children (grams per child per day)



Source: <http://www.australianparadox.com/pdf/OriginalAustralianParadoxPaper.pdf>

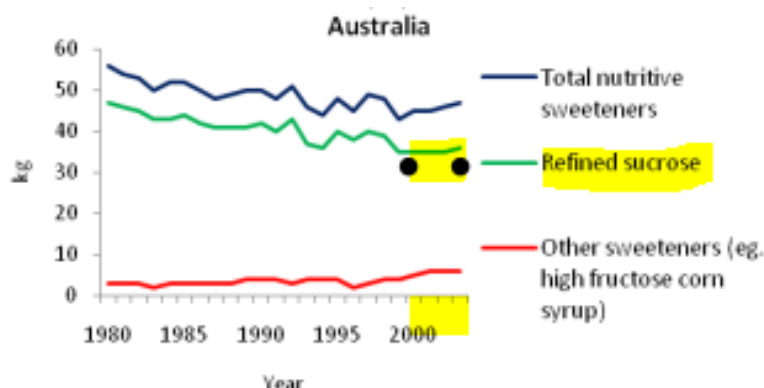
Chart 3: Australian sugar availability (kg per person per year)



Source: <http://www.australianparadox.com/pdf/nutrients-03-00491-s003.pdf>

Professor Brand-Miller and Dr Barclay dishonestly insist unreliable 2000-2003 data “robust and meaningful”

Chart 4: FAO data faked, flat-lining and dead-ending 2000-2003, after ABS discontinued as unreliable



Source: Figure 2 in <http://www.australianparadox.com/pdf/OriginalAustralianParadoxPaper.pdf>

Readers, after 1999, after the ABS discontinued its data series as unreliable (and stopped counting), the FAO's data for 2000-2003 are conspicuously flat and dead-ending, stopping seven years before the end of the 1980-2010 timeframe. That the 2000-2003 data are made-up/unreliable is self-evident to most, but the FAO also provided written confirmation:

FW: quick question on basic australian sugar data

Inbox x

Print

MorenoGarcia, Gladys (ESS) <Gladys.MorenoGarcia@fao.org> 2/13/12 ☆

to me, Kari

Dear Rory

The "apparent consumption" or better 'food availability' can be found under Faostat Food Supply or Food Balance Sheet domains up to year 2007.

Food supply

<http://faostat.fao.org/site/345/default.aspx>

Food balance sheet

<http://faostat.fao.org/site/354/default.aspx>

In the case of Australia I have looked at the time series and there is some food of Sugar & syrups nes and Sugar confectionary the biggest amounts are under Refined Sugar where data is with symbol * but it is calculated with following note:

'calc. on 37 kg. per cap. as per last available off. year level (1999)'

The figure for 1999 and for earlier years come from: ABS - APP. CONS. OF FOODSTUFFS.

Regards

Gladys C. Moreno G.

Statistician

C-428

Statistics Division

Food and Agriculture Organization of the United Nations

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Phone: 00 39 06 57052548

Fax: 00 39 06 57055615

<http://www.fao.org/economic/statistics>

<http://www.australianparadox.com/pdf/FAOraisifiedsugar.pdf>

In 2014, I provided the FAO's written 2012 confirmation that its 2000-2003 data are made-up/faked to research-integrity investigator Professor Robert Clark AO: p. 4 <http://www.australianparadox.com/pdf/RRsubmission2inquiry.pdf>

Meanwhile, Brand-Miller and Barclay misled Professor Clark, describing their faked 2000-2003 FAO data as “robust and meaningful”: p. 58 of 86 <https://ses.library.usyd.edu.au/bitstream/2123/15705/2/australian-paradox-report-redacted.pdf>

Professor Clark correctly assessed that “the Australian Paradox authors weren't sure about the detailed methodology underpinning the FAO data in Figure 2”, conceding that “we both needed to check the facts” (p. 8). Instead, Deputy Vice-Chancellor (Research) Jill Trehwella and her hand-picked independent Investigator hid the truth, by dishonestly “disappearing” key evidence (p. 21):

Statements made by the Complainant alleging that the United Nations FAO has falsified data are serious, and do not appear to be based on detailed evidence or inquiry (see analysis of

Only thus has the University of Sydney been able to keep pretending that faked/unreliable data are valid and reliable, helped by the sugar industry: p. 37 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf> ; <http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf>

Rory Robertson

August 2017

University of Sydney misconduct in ANU PhD on “research silencing” and “academic freedom”

Hello readers. My name is Rory Robertson. I am referred to as a “primary detractor” in various events recounted in the July 2017 PhD thesis that is reproduced in part in this document (pp.3&11 below). I was not interviewed to put my side of the story before the Australian National University’s @JacquiHoepner had her PhD launched on Twitter:



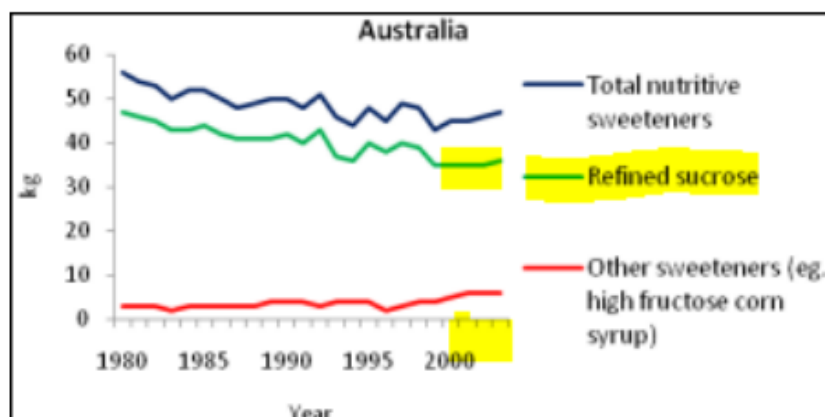
I'm responding here because this ANU PhD falsely suggests I've been mean and unreasonable - **even corrupt** - in disputing the **Charles Perkins Centre's infamous Australian Paradox "finding"**. Unsurprisingly, I'm keen to provide a reliable account of this matter: <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

For starters, this July 2017 PhD thesis **contains the defamatory suggestion that I bribed University of Sydney Vice-Chancellor Dr Michael Spence**, to secure a meeting with him, in the process of ensuring the 2014 research-integrity Inquiry went ahead (pp. 58, 94 and 96). **In fact, I did not bribe, and have not yet met, Dr Spence** (pp.3-4&10below).

money would go towards contradicting their study. Jennie Brand-Miller and Alan Barclay were given to believe the ongoing research misconduct inquiry might have been a result of their primary detractor giving a substantial donation to the Vice Chancellor of the University of Sydney.

What I was told was that [critic] made a donation to the university, for research that would question the Australian Paradox... And apparently [he] scored a meeting with the Vice Chancellor when he handed over his cheque. And the Vice

Critically, the PhD's **exclusive focus** was supposed be on academics whose work has been disputed "on moral grounds" alone: it was supposed to reject academics involved in "demonstrable cases of misconduct" and those promoting "research that is invalid or deficient in some demonstrable way" (pp. 2, 19, 99 & 116). Clearly, research spanning 1980-2010 that relies on an annual series **discontinued as unreliable** after 1998-99, then extended as a **conspicuously flat faked line - notably dead-ending in 2003 not 2010 - has no valid place** in any such thesis (chart).



Page 28 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

<http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf>

Latest misconduct issues flowing from University of Sydney's 2014 research-integrity Inquiry

- (i) Readers, recall the conspicuously flat, dead-ending, faked data in the chart on page 1. Why did Professor Brand-Miller and Dr Barclay in 2014 recklessly misinform research-integrity Investigator **Professor Robert Clark AO**, insisting the clearly unreliable series is, in fact, "robust and meaningful"?
- (ii) The first snippet below shows **the main recommendation** from the University of Sydney's 2014 research-integrity Inquiry: **a new Paradox paper should be written to "specifically address" the "key factual issues"**. (One key factual issue is the flat, dead-ending, faked data at the centre of this fraud.)
- (iii) Given that clear recommendation, why did Professor Brand-Miller suggest to Ms Hoepner (pp. 56-57) that she was required to produce **"an update"**, rather than just properly clarify key factual matters?
- (iv) So too, is it reasonable for Brand-Miller (pp. 56-57) to be **critical of ABC journalists** Wendy Carlisle (*Background Briefing*) and Emma Alberici (*Lateline*) for **inquiring about the status of the long overdue clarification paper**? They were just doing their jobs. It was Brand-Miller who chose to pretend for years that some new far-off ABS data were required for her to proceed: again, Brand-Miller and Barclay were advised to discuss the flat faked dead-ending data at the centre of their story, not to invent a new story.
- (v) In March 2017, **the Charles Perkins Centre's Faculty** published its new paper in the *American Journal of Clinical Nutrition* (AJCN). **This new paper dishonestly swept the profound problem of fake data under the carpet. It was able to do that because the University of Sydney in November 2016 used a security guard to shut down legitimate public scrutiny of a draft of the dishonest AJCN paper.** Many in our community will be shocked to learn that **eminent Professors Stephen Simpson (the Academic Head of the Charles Perkins Centre) and Stewart Truswell (the main scientific author of our Australian Dietary Guidelines)** have been so stupid as to allow their names on the epic *Australian Paradox* fraud (below).


In July 2014, research-integrity investigator Professor Robert Clark AO advised:

I have, however, identified a number of 'lessons learnt' from this case and I recommend that these be considered by the University and discussed with Professor Brand-Miller and Dr Barclay at Faculty level. In particular, I recommend that the University consider requiring Professor Brand-Miller and Dr Barclay to prepare a paper for publication, in consultation with the Faculty, that specifically addresses and clarifies the key factual issues examined in this inquiry. **This new paper should be written in a constructive manner that respects issues relating to the data in the Australian Paradox paper raised by the Complainant.**

p. 4 <http://www.australianparadox.com/pdf/australian-paradox-report-redacted.pdf>

In March 2017, the authors published a different paper, again featuring fake data:

AJCN. First published ahead of print **March 8, 2017** as doi: 10.3945/ajcn.116.145318.



Declining consumption of added sugars and sugar-sweetened beverages in Australia: a challenge for obesity prevention^{1,2}

Jennie C Brand-Miller^{1*} and Alan W Barclay²

¹Charles Perkins Centre and School of Life and Environmental Sciences, University of Sydney, Sydney, Australia; and ²Accredited Practising Dietitian, Sydney, Australia

10 of 10

BRAND-MILLER

We thank Gina Levy and Bill Shrapnel for making the raw data from their earlier study available (27). We thank Alistair Senior, who gave statistical advice, and Anna Rangan, Jimmy Louie, **Stephen Simpson, and Stewart Truswell**, who gave constructive comments on the draft manuscript.

The authors' responsibilities were as follows—JCB-M: had primary responsibility for the final content of the manuscript; and both authors: designed and conducted the research, analyzed the data, performed the statistical analysis, wrote the manuscript, and read and approved the final manuscript. JCB-M is President of the Glycemic Index Foundation and manages a food-testing service at the University of Sydney. JCB-M and AWB are co-authors of books about the glycemic index of foods. AWB is a consultant to the Glycemic Index Foundation and Merisant (Australasia) and is a member of the Scientific Advisory Boards of Roche and Nestle (Australasia). AWB received an honorarium from Coca-Cola Ltd. for a presentation in 2011. JCB-M reported no conflicts of interest related to the study.

<http://www.australianparadox.com/pdf/USyd-March-2017.pdf>

Discussion and snippets above: pp. 18, 28 & 64 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

<http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf>

Full ANU PhD here <https://openresearch-repository.anu.edu.au/bitstream/1885/121823/1/Hoepner%20Thesis%202017.pdf>

University of Sydney refuses to oversee retraction of deceptive false claims re sugar and obesity

Rory Robertson
20 April 2016

Request for formal retraction of infamous *Australian Paradox* paper

Dear members of the Senior Executive Group of the University of Sydney, and outside observers,

I'm sorry to have to write to many of you again about the Charles Perkins Centre's *Australian Paradox* scandal. I will try to be brief, providing the relevant history and a four-point argument for the formal retraction of the infamous paper: <http://sydney.academia.edu/AlanBarclay> ; <http://www.australianparadox.com/pdf/OriginalAustralianParadoxPaper.pdf>

For starters, note that an **ABC Lateline report** last week confirmed my assessment that the paper is extraordinarily faulty, has false conclusions and works to damage public health: <http://www.abc.net.au/lateline/content/2015/s4442720.htm> As I explained in 2014 to the Academic Board - which did not reply - Deputy Vice-Chancellor (Research) Professor Jill Trehwella's "Initial Inquiry" into this matter was an epic fail, with the **Initial Inquiry Report wrong on five of its seven "Preliminary Findings of Fact"**: <http://www.australianparadox.com/pdf/Letter-Academic-Board-Inquiry-Report.pdf>

Disturbingly, Professor Trehwella and her hand-picked independent investigator Professor Robert Clark AO combined to **blatantly "bury"** the fact that the *Australian Paradox* paper features a **faked, falsified, made-up flat line**. Call it whatever you like, but please check out **Figure 6** (p.5 below). The suppression of the fake-data issue is "**PROBLEM 1**" in my response to the mistake-riddled *Initial Inquiry Report*: <http://www.australianparadox.com/pdf/RR-response-to-inquiry-report.pdf>

Further, Professor Trehwella and Professor Clark combined "**not to notice**" that the authors' own published charts of valid indicators - reproduced on the next three pages - **spectacularly contradict** the author's mistaken claim of "**a significant and substantial decline**" in the consumption of added sugar over their chosen 1980-2010 timeframe.

Notably, the University of Sydney refused to forward my detailed response to Professor Clark, inappropriately declaring case-closed. But facts remain facts despite being suppressed. Thus **Emma Alberic's Lateline investigation shredded the credibility of the Australian Paradox paper**, reinforcing similar assessments since 2012 by other experienced journalists: **Wendy Carlisle** <http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418> ; **Michael Pascoe** <http://www.smh.com.au/business/pesky-economist-wont-let-big-sugar-lie-20120725-22pru.html> ; and **Mark Metherell** <http://www.smh.com.au/national/health/research-causes-stir-over-sugars-role-in-obesity-20120330-1w3e5.html>

Shockingly, the Charles Perkins Centre's Professor Brand-Miller reportedly told *Lateline* that her *Australian Paradox* findings are "**more valid than ever**". I think this is scientific fraud, and so does a former Deputy Governor of the Reserve Bank of Australia: p. 35 <http://www.australianparadox.com/pdf/22Slideshowaustraliangoestoparadoxcanberrafinal.pdf>

Unreasonably, since 2012, the University of Sydney's scientists and management have falsely claimed everything is fine:

"Dear Mr Robertson

I have received your e-mail of 24 May [2012].

On the advice available to me the report of Professor Brand-Miller's research which appears in *Nutrients* was independently and objectively peer-reviewed prior to its publication in that reputable journal.

In that circumstance there is no further action which the University can or should take in relation to your concerns.

Yours sincerely

Michael Spence

DR MICHAEL SPENCE | Vice-Chancellor and Principal UNIVERSITY OF SYDNEY"

<http://www.australianparadox.com/pdf/SydneyUniVC%20LETTER070612.pdf>

In fact, any "peer review" of the *Australian Paradox* paper was a catastrophic failure. Indeed, as was made clear by my **Charles Perkins Centre Quick quiz on research integrity**: <http://www.australianparadox.com/pdf/quickquizresearch.pdf>, no-one competent read the paper before it was (self) published by Professor Brand Miller, **operating as lead author as well as the Guest Editor** of the publishing journal: http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates

The next four pages reproduce the authors' own *Australian Paradox* charts, followed by my four-point case for retraction.

<http://www.australianparadox.com/pdf/Harmful-misconduct-Charles-Perkins-Centre.pdf>

Charles Perkins Centre's 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.

www.glycemicindex.com

Australia's original worldwide bestseller
– based on 30 years' research

PROFESSOR JENNIE BRAND-MILLER'S
LOWGI DIET
Diabetes Handbook

Your Definitive Guide to Using the Glycemic Index to Manage Pre-diabetes, Type 1 and Type 2 Diabetes and Gestational Diabetes

- Reduce your risk of developing type 2 diabetes – what you need to eat and do
- How to choose the healthiest low GI options
- How to keep your blood glucose levels, blood pressure and blood fats under control
- Comprehensive GI tables

Prof Jennie Brand-Miller • Kaye Foster-Powell • Prof Stephen Colagiuri • Dr Alan Barclay
THE WORLD'S FOREMOST AUTHORITIES ON THE GLYCEMIC INDEX

www.glycemicindex.com

Australia's original worldwide bestseller
– based on 25 years' research

PROFESSOR JENNIE BRAND-MILLER'S
LOWGI DIET
Handbook

Your Definitive Guide to Using the Glycemic Index to Achieve Scientifically Proven Long-term Health Benefits

- How to switch to a low GI diet in 10 simple steps and 10 days
- Comprehensive, up-to-date glycemic index values for 1000 foods
- An at-a-glance guide to the top 100 low GI foods to include in your diet
- 300 delicious and easy-to-prepare recipe ideas

Prof Jennie Brand-Miller • Kaye Foster-Powell • Prof Stephen Colagiuri
THE WORLD'S FOREMOST AUTHORITIES ON THE GLYCEMIC INDEX

fifth edition

<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>

Disturbing that University of Sydney's (50% owned) entity 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/>

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



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/>

APPENDIX

A showbag of Low-GI books and sugary branded products, including Hospital Sustagen

Hi Rod,

As I promised yesterday, here's a Low-GI "showbag" full of "healthy choices", my shopping informed by the official low-GI list in *Professor Jennie Brand-Miller's Low GI Diet Diabetes Handbook* (see yellow bookmarks in enclosed copy).

Milo (lowGI~39; 64.5% carbohydrate; 46.4% sugars)

Sustagen Hospital Formula (lowGI=49; 65% carbohydrate; 50% sugars)

Sustagen Diabetic (see enclosed product and discussion overleaf)

LoGI Sugar (lowGI=50; 99.4% sugar). Both old & new packaging, the latter followed Marion Nestle (*Submission*, p.14).

Nutella (lowGI=19; 57.5% carbs; 56.3% sugars)

Coca Cola (lowGI=53; 10.6% sugar)

Milo Activ-Go drink (lowGI=34; 10.4% carbs; 8.9% sugars)

Sarah Lee full-fat Ultra Chocolate ice cream (lowGI=37; 21.6% carbs; 21.2% sugars)

Frosties breakfast cereal (lowGI=55; 87.7% carbs; 41.3% sugars)

Snickers bar (lowGI=41; 56.5% carbs; 50.6% sugars)

Twix bar (lowGI=44; 66.6% carbs; 49% sugars)

Milky Bar (lowGI=44; 54.9% carbs; 54.9% sugars)

How lucky that those yummy sweets, drinks and ice cream are LowGI <55, so "healthy choices". (Maybe eat the chocolate bars and keep the wrappers! Sorry, but I thought it best to empty the frozen ice cream from its carton.)

So too, notice that not only is Milo a "healthy choice" for kids, but there's a similar product for sick or injured adults in hospital. Check it out:

- Milo (lowGI~39; 64.5% carbohydrate; 46.4% sugars)
- Sustagen Chocolate Hospital Formula (lowGI=49; 65% carbohydrate; 50% sugars)

Those products even come in similarly sized tins (in your showbag). Yes, the University of Sydney's (50% owned) Glycemic Index Foundation is all about "Making healthy choices easy": <https://www.gisymbol.com/products/>

I've also included some potential holiday reading in the showbag. Beyond *Professor Jennie Brand-Miller's Low GI Diet Diabetes Handbook* and *Professor Jennie Brand-Miller's LowGI Diet Shopper's Guide*, there are excellent books that have influenced my thinking on how society might help the growing millions of consumers who are finding themselves fat and sick:

- *The Big Fat Surprise* (2014), by Nina Teicholz
- *The Diabetes Code* (2018), by Jason Fung
- *The World Turned Upside Down* (2014), by Richard David Feinman
- *Good Calories, Bad Calories* (2008), by Gary Taubes
- *Why We Get Fat* (2011), by Gary Taubes
- *The Case Against Sugar* (2016), by Gary Taubes

Rod, I doubt you have an interest in reading them all; perhaps the books might be swapped around ACCC researchers?

Separately, please see my brief discussion overleaf about Sustagen **Diabetic** and Sustagen **Hospital Formula**.

Extract from my Submission to ACCCs Scamwatch
p. 77 <https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf>


THE AUSTRALIAN
FOR THE INFORMED AUSTRALIAN

NEWS OPINION BUSINESS REVIEW NATIONAL AFFAIRS SPORT LIFE TECH ARTS TRAVEL HIGHER

HEALTH AND SCIENCE

A spoonful of sugar is not so bad

“Combating regional security”



The University of Sydney's Jennie Brand-Miller and Bill Shrapnel with a variety of foods, some more nutritious than others, that all contain sugar. Picture: Jane Dempster

LEIGH DAYTON, SCIENCE WRITER
The Australian | 12:00AM July 9, 2011

BILL Shrapnel was not amused. He'd logged on to the **National Health and Medical Research Council's** website a few weeks ago and read the draft dietary guideline recommendations.

"My reaction was that the NHMRC is supposed to be the bastion of evidence-based nutrition," recalls Shrapnel, consultant dietitian and deputy chairman of the **University of Sydney Nutrition Research Foundation**. "But their dietary work is still laced with the dogma that diminishes our profession."

What raised Shrapnel's ire was the word sugars in recommendation No 3: "Limit intake of foods and drinks containing saturated and trans fats; added salt; added sugars; and alcohol". **Limit sugars? "Show us the evidence," he says. "There isn't any."**

...
According to Brand-Miller, far too much discussion about diet is out of date, in part as the NHMRC guidelines are out of date. She argues there's growing evidence that - unlike saturated and trans fats, salt and alcohol - **eating added sugar is not inherently dangerous**.

"It doesn't actually do any direct harm to the human body. It doesn't raise blood cholesterol or raise blood pressure or cause cancer," says Brand-Miller, known for her book *The Low GI Diet*. The GI stands for glycemic index, a measure of the effects of carbohydrates on blood sugar levels.

...
According to Brand-Miller, these findings sit neatly with data from the UN Food and Agriculture Organisation, national dietary surveys and industry. **"Australians have been eating less and less sugar, and rates of obesity have been increasing,"** she says.

...
In other words, a healthy diet includes plenty of nutrient-rich foods, few nutrient-poor foods and a pinch of sugar to help it all go down. **Sugar isn't the "white death" of lore.** It's a dietary element that's packaged in foods, healthy and unhealthy alike.

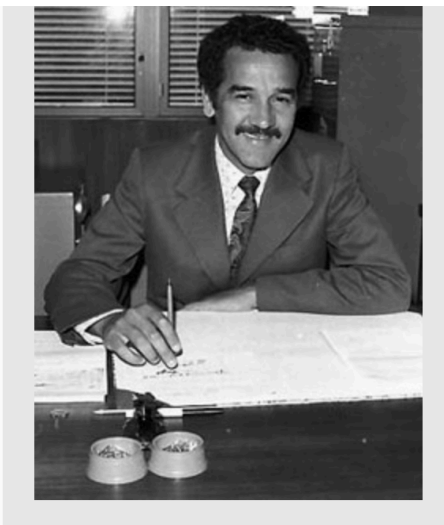
That's a message most experts don't buy, including the NHMRC review panel and **Robert Lustig**, a pediatric endocrinologist with the **University of California at San Francisco**. "Saying sugar is not a problem would be laughable, if it weren't so dangerous," he claims.

According to Lustig, sugar is the driving force behind metabolic syndrome, a cluster of risk factors including, hypertension, cholesterol abnormalities, an increased risk for clotting and resistance to insulin, a hormone that regulates blood sugar, fats and proteins.

Brand-Miller rejects this. "Robert's views are based on studies that used extremely large amounts of fructose, not realistic amounts," she says.

Shrapnel goes further: "This guy is saying sugar causes metabolic syndrome. It doesn't. However, excess dietary carbohydrate, sugar or starch, can exacerbate some of the characteristics of the metabolic syndrome. That's very different."

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

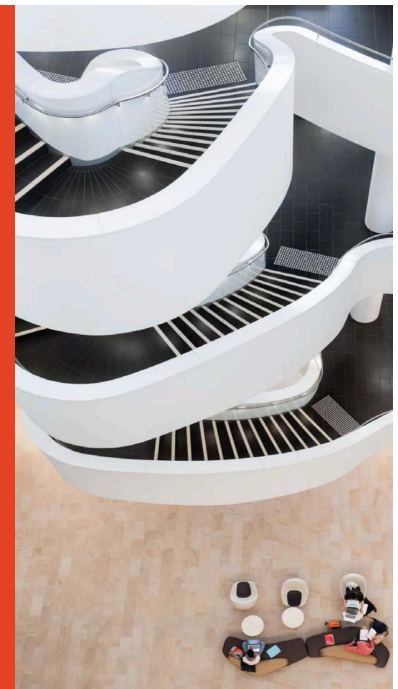
- Freedom Ride, 1965

Key Organisations

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

The Charles Perkins Centre: a new model for tackling chronic disease

Stephen J. Simpson



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

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 body of work exposing the Charles Perkins Centre's *Australian Paradox* sugar-and-obesity fraud and its low-protein, high-carbohydrate lifespan fraud to my mother, **Elaine Lucas**, who nursed Aboriginal and other Australians in remote places - including Katherine, Alice Springs, Balcanoona, Woorabinda and Baralaba - from the early 1960s to the late 1980s. And to my (late) father, **Alexander "Sandy" Robertson**, who grew up in Scotland and in the Scots Guards, shifted briefly to Melbourne then 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 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 more than one 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.

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 the latest on that epic Australian Paradox sugar-and-obesity fraud: <http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf>

Here's Vice-Chancellor Spence's threat to ban me from campus: p. 64 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

During National Diabetes Week 2016, I wrote to the Department of Health about "The scandalous mistreatment of Australians with type 2 diabetes (T2D)": <http://www.australianparadox.com/pdf/Expanded-Letter-HealthDept-type2diabetes.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/>

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>