RORY ROBERTSON

Submission to ACCC's Scamwatch

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

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
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strathburnstation@gmail.com

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Dear Chairman Sims and other senior Australian Consumer & Competition Commission officials,

I hope you are well. Mr Sims, we spoke briefly at a conference late last year. You encouraged me to write to the ACCC. I said I would but then didn't. Sorry for the delay. In part, life just kept getting in the way. In the end, I have, like Mark Twain, written you a long letter, because I did not have the time to write you a short one. I hope you find it informative.

I am writing to request, please, that the ACCC investigate my evidence of: (a) false and misleading claims to consumers about the healthiness of sugar and sugary products; (b) Group of Eight universities' false and deceptive advertising of a special devotion to academic "excellence"; and (c) health-care professionals' (HCPs') scandalous mistreatment and overservicing of consumers with type 2 diabetes. Why do fee-paying customers have their type 2 diabetes "managed" for decades instead of it simply being reversed/cured within a year, collapsing their health problems and health-care costs?

I'm hopeful the ACCC can start to address these various deceptions, to reduce harm to consumers and taxpayers. I'm hopeful because I was impressed by the ACCC's Federal Court victory in 2018 over food-company Heinz, stopping it making "false or misleading representations" about its sugary Little Kids Shredz products being beneficial for children: https://www.accc.gov.au/media-release/court-finds-heinz-made-a-misleading-health-claim

Further, in 2016, the ACCC stopped online food retailer Easy Meals' false or misleading representations about its meals being suitable for diabetics: https://www.accc.gov.au/media-release/easymeals-admits-misleading-consumers

Importantly, an estimated **one million** Australian adults (5%) had type 2 diabetes in 2014-15, according to the Australian Institute of Health and Welfare (AIHW). Indeed, the AIHW says that figure "is likely to [seriously] underestimate the prevalence of type 2 diabetes as many cases remain unreported...": https://www.aihw.gov.au/reports/diabetes/diabetes-snapshot/contents/how-many-australians-have-diabetes/type-2-diabetes

The remainder of my *Submission to ACCC's Scamwatch* is organised into five sections. In the fifth section, I outline various ACCC actions that may be appropriate to minimise harm to consumers, especially children and vulnerable type 2 diabetics. Many of the documents I highlight as evidence are reproduced in an informative Appendix that starts on p.13.

1. Specific deceptions on health effects of sugar and sugary products, and scandalous mistreatment of type 2 diabetics

I note that various pro-sugar deceptions involve a cosy interaction between Group of Eight "science" and food-industry or drug-industry cash seeking to sell unhealthy, ineffective and/or unnecessary products as beneficial to consumers. Six inter-related deceptions are outlined below.

(i) The infamous *Australian Paradox* sugar-and-obesity fraud. The "Australian Paradox" is based on the 2011 claim - in a formal "peer reviewed" scientific journal - that Australians in 2010 were eating less added sugar (per capita) than in 1980. (Don't believe your own lying eyes!) The nonsense-based story of a "consistent and substantial decline" in sugar consumption over those 30 years, as national rates of obesity swelled, was invented by University of Sydney "Low GI" (Glycemic Index) advocates Professor Jennie Brand-Miller and her offsider Dr Alan Barclay, to exonerate modern doses of added sugar as a key driver of Australia's obesity and type 2 diabetes crises. Unfortunately, Brand-Miller and Barclay blatantly misrepresent the available sugar data. The 2011 "paradox" was solved merely by noting: (a) the authors' inept misreading of down versus up in their own published charts (p. 46); and (b) their misguided use of conspicuously flat, faked 2000 to 2003 data that dead-end seven years short of the study's 2010 end-point (p. 47). Since 2012, the *Australian Paradox* scandal has morphed into a case of serious scientific fraud, with the University of Sydney's staff and senior management expanding the deception, including by insisting that clearly made-up/fake/unreliable data are scientifically valid, even "robust and meaningful". Various competent, honest investigations have confirmed my observations on this matter: http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf ; http://www.abc.net.au/lateline/health-experts-continue-to-dispute-sydney-uni/7324520 ; http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418 ; https://www.smh.com.au/business/pesky-economist-wont-let-big-sugar-lie-20120725-22pru.html

(ii) Millions of consumers have been misled by three of the University of Sydney's highly influential Charles Perkins Centre scientists recklessly promoting an authoritative-sounding but blatantly false statement: "There is absolute consensus that sugar in food does not cause [type 2] diabetes". The deception has been facilitated by the sale of several million (yes, million) copies of pseudo-scientific Low-GI diet books, including the *Low GI Diet Diabetes Handbook* for diabetics (see p.16, below), with the University of Sydney mentioned twice on its back cover.

(iii) The University of Sydney's (50% owned) Glycemic Index Foundation (GIF) gets paid by industry to put "healthy" choice Low-GI stamps on products that are up to 99.4% refined sugar (yes, it's sugar!) and to promote Milo (containing ~40% added sugar) as beneficial for children (pp. 14-19). The main drivers of the GIF are Brand-Miller and Barclay, the same GI advocates who are driving the pro-sugar research fraud in (i) and the influential pro-sugar false claim in (ii).

(iv) The GIF in (iii) also recklessly promotes 99.4% sugar and other high-sugar, high-carbohydrate products as beneficial for consumers with type 2 diabetes. Critically, the GIF provides no credible evidence that its "healthy" Low-GI products are beneficial for vulnerable diabetics. Indeed, the GIF specifically excludes unhealthy people - including people with type 2 diabetes - from its GI measurement process: "The GI value of a food is determined by feeding 10 or more healthy people a portion of the food…" (p. 20, below). Disturbingly, the GIF also promotes "SUSTAGEN Diabetic" (37% sugars, and 65% carbohydrate in total and Hospital Sustagen, p77) as beneficial specifically for diabetics (insisting it's lowGI=34) despite diabetic consumers having been excluded from all GI calculations. I think that's reckless because consumers with type 2 diabetes, by definition, have **problematic non-normal blood sugars**; moreover, it is excessive consumption of sugar and other carbohydrate that caused - and sustains - consumers' type 2 diabetes in the first place (pp. 30-35).

(v) Misrepresented mouse-study results. The Charles Perkins Centre promotes low-protein, high carbohydrate diets as the best way to maximise longevity and minimise dementia, based on misrepresented mouse-diet results, and reckless extrapolation from mice to humans. Professor Stephen Simpson – a key supporter of the *Australian Paradox* fraud – shamelessly exaggerates the relevance of his sugary high-carb mouse diets, by telling consumers that "mice are not that different to humans" (p. 64). In fact, humans have sharply different metabolic responses to diets dominated by refined sugar and grains (p. 65). Tragically, Aboriginal Australians are dying young on exactly the sort of low-protein, sugar-and-carb mouse diets advised by Charles Perkins (p. 72). Appendix 2 documents concerns about a particularly high-profile study. The fact that the best diet for median-mouse longevity is *high* in protein (42%) and *low* in carbohydrate (29%) was obscured in "Supplemental" material. Why? That standout diet's median lived for 139 weeks, ~10% longer than the next-best diet. Also obscured is the fact that four of the best eight diets are *high*-protein diets. Earlier, five killer low-protein diets had been abandoned. Then we were told on ABC radio: "the healthiest diets were the ones that had the lowest protein…" Should the paper be retracted, then re-written to properly convey the ***actual*** results of the experiment? (p.69).

(vi) More broadly, the Charles Perkins Centre's influential scientists - and the dietitians and doctors they have "educated" - have for many years misled consumers on both the main cause of type 2 diabetes (excessive consumption of sugar and other carbohydrate) and the hard science on the best-available treatment. In the US, highly competent scientists, doctors and dietitians at firm Virta Health are fixing type 2 diabetes in 60% of their customers, using a treatment based on authoritative medical advice from 1923. By advising and overseeing a diet that is less than 30 grams of carbohydrate per day (refined sugar is 100% carbohydrate), not only is type 2 diabetes being "reversed" or put into "remission" - I say "cured" – within 12 months but ~90% of patients also reduce their use of costly, ineffective drugs (pp. 30-35). Meanwhile, in Australia, "usual care" for type 2 diabetes features harmful diet advice (45-65% of energy as carbohydrate) and a lifetime on diabetes and other drugs. This standard care results in the long-term cure of fewer than ~1% of customers: usual care is more likely to end in a customer's premature death than in the remission or cure of her/his type 2 diabetes (p. 5). Instead of being cured within a year, almost all HCPs' customers have their type 2 diabetes "managed" for decades, ensuring massive overservicing. That is, not only are these consumers being robbed of healthier, happier and longer lives, but HCPs' usual care typically involves captive-repeat customers (and long-suffering taxpayers) forced to fund decades of sub-optimal advice from multiple HCPs, ineffective drugs and elevated hospitalisation rates. Chairman Sims, this harmful mistreatment of Australia's million-plus vulnerable consumers is a national scandal (Section 3).

2. Discussion of University of Sydney's pro-sugar deceptions and the harming of consumers' health

Modern doses of added sugar are now widely understood to be a major driver of obesity, type 2 diabetes and cardiovascular disease (CVD; p. 15). Unfortunately, the harmfulness of sugar was hidden from public view for decades by misinformation promoted at the highest levels of nutrition "science". In particular, from the 1950s to the 1980s, Harvard University's highly influential nutrition department was perhaps the world's leading defender of modern doses of added sugar as harmless: https://www.nytimes.com/2016/09/13/well/eat/how-the-sugar-industry-shifted-blame-to-fat.html ; https://www.australianparadox.com/pdf/Howdevious.pdf

Over recent decades, the University of Sydney's Low-GI school - now housed in the palatial Charles Perkins Centre - has taken over from Harvard, seeking to convince the world that sugar is *not* a menace to public health. For consumers, the problem is that the particular Charles Perkins Centre scientists falsely exonerating modern doses of sugar as harmless - in the process of suppressing the best-available treatment to fix type 2 diabetes - are highly influential:

- Professor Brand-Miller – the lead author of the *Australian Paradox* fraud - in 2018 was voted a fellow of the Australian Academy of Science. Beyond her academic work at the University of Sydney, she is the founder of the GIF, a member of the Scientific Advisory Council of Obesity Australia (now run by Charles Perkins Centre) and the lead author of millions of pop-sci *Low GI Diet* books: https://www.science.org.au/fellowship/fellows/professor-jennie-brand-miller ; http://www.obesityaustralia.org/scientific-advisory-council/ ; https://sydney.edu.au/science/people/jennie.brandmiller.php

- Dr Alan Barclay – a co-author of the *Australian Paradox* fraud - is a long-time spokesperson for the Dietitians Association of Australia (DAA) and the Chief Scientific Officer of the GIF. Moreover, for a decade or so, he was the consumer-focused Head of Research at the Australian Diabetes Council, the NSW arm of Diabetes Australia: https://www.facebook.com/dietitiansassociation/posts/have-you-met-alan-barclay/916302678400135/ ; https://daa.asn.au/voice-of-daa/daa-spokespeople/

- Their Low-GI colleague Professor Stephen Colagiuri is a co-author of *The Australian Type 2 Diabetes Risk Assessment Tool* and apparently the main scientific author of the *Australian National Diabetes Strategy 2016-2020*. Disturbingly, he and many of his colleagues appear to be paid agents of pharmaceutical companies that benefit enormously from misinformation about the dietary cause of type 2 diabetes (excessive consumption of sugar and other carbohydrate) and the cheap, effective diet cure (eliminating that excess consumption): pp. 16 and 40-42 below, and pp. 83-84 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

Outsiders can only wonder if more than just incompetence is behind career scientists/GI advocates recklessly promoting the serious pro-sugar scientific fraud in (i) and/or the blatantly false defence of sugar in (ii). What we know for sure is:

- Brand-Miller and Barclay have strong links to the processed-food and beverage industries via their GI enterprise, while Colagiuri has strong financial links to various pharmaceutical companies that benefit from influential pro-sugar deceptions (pp. 16, 19 and 42) and the ongoing suppression of the effective diet cure for type 2 diabetes.

- The now-notorious *Australian Paradox* paper initially came to national prominence in 2011 only because Professor Brand-Miller and some of her sugar-industry friends - https://www.srasanz.org/sras/sras-advisors/ - used it to assist industry to combat the formal proposal by the National Health and Medical Research Council (NHMRC) for tougher official dietary advice against added sugar (pp. 24-28).

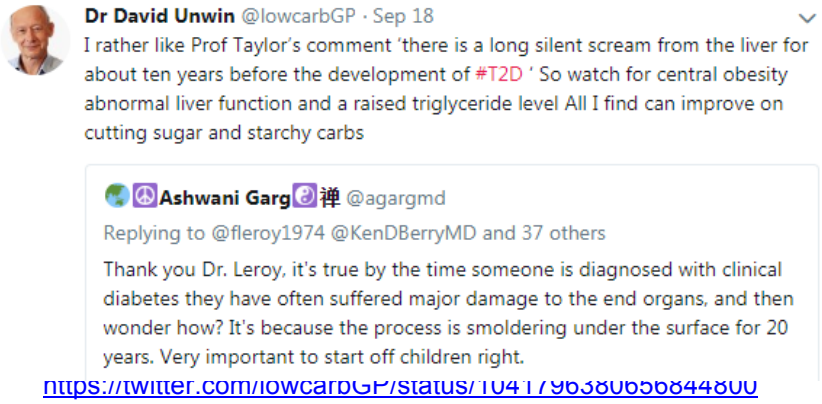
- The formal ***Conclusion*** of Brand-Miller and Barclay's extraordinarily faulty *Australian Paradox* paper was specifically designed to (falsely) discredit proposals for "sugar taxes" in Australia and elsewhere: **"…The findings challenge the implicit assumption that taxes and other measures to reduce intake of soft drinks will be an effective strategy in global efforts to reduce obesity**" (p. 45). In 2018, Brand-Miller is using her *Australian Paradox* fraud to campaign at home and abroad against sugar taxes: p. 50 and https://www.youtube.com/watch?v=acXICYKEzy4&feature=youtu.be&t=4827

I suspect Brand-Miller and Barclay allowed their dispute with me over the validity of their 2011 *Australian Paradox* claims to escalate into a serious scientific fraud - via **their persistent and then dishonest misrepresentation of the available data**, including the promotion of conspicuously flat, faked, dead-ending 2000-2003 data as reliable, indeed "robust and meaningful" - because they ***need*** to exonerate sugar as a key driver of today's obesity and type 2 diabetes crises.

Why do they *need* to exonerate sugar? Well, Professor Brand-Miller and Dr Barclay's scientific credibility and careers depend on their particular Glycemic Index (GI) approach to nutrition and, in turn, the credibility of their GI approach depends on modern doses of sugar being widely perceived as harmless not harmful. As you may know, the controversial GI approach to nutrition seeks to classify foods and drinks as healthy or not via GI scores based on simple blood-glucose (a.k.a. "blood sugar") calculations: "Low GI" products with GI scores of 55 or lower are claimed to be healthier than other, higher GI products (see GI story on pp. 19-20 and 38-39).

The first glaring problem - **a fatal flaw** - is the Low-GI crew's misrepresentation of the relevance of GI scores for sugar and sugary products. As a result, the marketed GI scores for sugar and sugary products work to deceive consumers about the healthiness of such items. The background here is that refined sugar (a.k.a. "sucrose", which is 100% carbohydrate) is one half "fructose" and one half "glucose". And fructose (the "sweet poison" half of added sugar) is lowGI=19, one of the lowest-GI carbohydrates, almost right down there with healthy green vegetables.

Critically, consumers' glycemic (blood glucose) response to lowGI=19 fructose is minimal because, unlike other carbohydrates, fructose (50% of added sugar) is **metabolised in the liver and *turned into fat, not blood glucose***. In that process, modern doses of fructose promote non-alcoholic fatty-liver disease (NAFLD) and insulin resistance, "a precursor to diabetes". In my Appendix, Harvard explains that the main health consequence flowing from consuming modern doses of fructose is not the minimal GI responses elicited, but the metabolic disaster that unfolds quietly in consumers' livers (pp. 21-22). British experts - with an expertise in curing type 2 diabetes – are saying similar things:



https://twitter.com/lowcarbGP/status/1041796380656844800
https://www.youtube.com/watch?v=QIxPAIlElu8
https://www.youtube.com/watch?v=KxbWw5jwzHs

Alas, this fatal flaw tends to make the University of Sydney's Low-GI approach worse than useless: the claim is that fructose is *really* healthful because it's lowGI=19 but it turns out that fructose in modern doses is a key driver of obesity, NAFLD and type 2 diabetes. Thus, putting healthy low-GI stamps on products laden with sugar/sucrose/fructose exposes the Charles Perkins Centre's Low-GI approach to nutrition as **seriously inept and in fact somewhat dangerous**.

Consumers are being misled. The deceptive "**fructose loophole**" - a term coined I think by public-health campaigner David Gillespie (pp. 21-23) - tends to drag down the calculated GI of sugary processed foods. Another widely distributed book - ***Professor Jennie Brand-Miller's LowGI Diet Shopper's Guide*** (2016) - confirms that the low-GI approach recklessly misrepresents the healthiness of sugary products: Coca Cola is healthy lowGI=53, a Snicker's bar is healthy lowGI=41 and a range of other branded sugary snacks are healthy lowGI<55 (pp. 108 and 167-177).

So, Professor Brand-Miller and Dr Barclay between them have spent over half a century advocating their Low-GI approach as the best way of identifying "healthy choices" and healthful diets. Their GI methodology deems a range of sugary products to be healthful, but Blind Freddie now knows that's false and misleading. What to do? Well, Brand-Miller and Barclay decided to try harder to exonerate sugar in the public debate.

To rescue their credibility and careers, and to discredit those who claim that modern doses of added sugar are a menace to public health, they invented their *Australian Paradox* nonsense and went to work. An early example: "Brand-Miller also argues that Australia's consumption of sugar has actually decreased by about 23 per cent over the past 30 years. 'That to me blows David Gillespie's hypothesis out of the window,' she says. If obesity is increasing while our sugar intake is decreasing, it would seem sugar is not the primary culprit causing obesity…" (pp. 22-28).

Unreasonably resistant to correcting misinformation that supports their GI enterprise, Brand-Miller and Barclay have failed to properly address the "fructose loophole" in their GI methodology, just as they have dishonestly failed to address the issue of conspicuously flat dead-ending fake 2000-2003 data in their *Australian Paradox* fraud. The result is that they flounder in full view, stuck in the clownish position of pretending clearly faked/made-up data are valid and reliable, putting Low-GI healthy stamps on 99.4% sugar, and promoting Milo (~40% added sugar) as a health food for kids.

As noted above, it gets worse. The Charles Perkins Centre's *Australian Paradox* fraudsters operate an entity that gets paid to promote "SUSTAGEN Diabetic" (37% sugars, with carbohydrate totalling 65%) as a lowGI=34 health food that is beneficial for diabetic consumers (p. 19). But there is no credible evidence that type 2 diabetics are helped rather than harmed. Again, the GI measurement process excluded every single one of our million-plus type 2 diabetics; moreover, consumption of added sugar and other carbohydrate tends to *cause* rather than fix type 2 diabetes (see next section).

3. Mistreatment of consumers with type 2 diabetes, and unethical overservicing 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 Principals 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 polydypsia, polyuria, and polyphagia (1). The long-term complications (retinopathy, nephropathy, and neuropathy) associated with diabetes are also believed to result from chronically elevated blood glucose levels (2–6). In addition, hyperglycemia may contribute to the development of macrovascular disease, which is associated with the development of coronary artery disease, the leading cause of death in individuals with diabetes (7–9). Thus, a primary goal in the management of diabetes is the regulation of blood glucose to achieve near-normal blood glucose.

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

Blood glucose is increased in individuals with diabetes in both the fed and fasted state. This abnormal metabolic response is due to insufficient insulin secretion, insulin resistance, or a combination of both. Although dietary carbohydrate increases postprandial glucose levels, avoiding carbohydrate entirely will not return blood glucose levels to the normal range. 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%2Fs13300-018-0373-9.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 Collage 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/Australian%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

4. Group of Eight (Go8) harming public health, while deceiving customers and taxpayers with lucrative "bait and switch"

As detailed above, the suppression of facts on the main cause of type 2 diabetes and the promotion of harmful high-carbohydrate advice have become *de rigueur* among research and public-health entities, diabetes careerists and HCPs.

Unsurprisingly, it turns out that most of the influential careerists driving the harmful deception of Australian consumers with type 2 diabetes are employed in our most-prestigious universities. The main reason that their false, misleading and harmful information persists is the fact that there is no honest, effective quality control in University of Sydney or Group of Eight "science" when it matters. Professors of nutrition are left to do whatever they please, no matter how inept, dishonest or harmful to public health. That much is crystal clear from my important *Australian Paradox* case study.

I have documented that the **infamous *Australian Paradox* research** is an academic disgrace, a scientific fraud and a menace to public health. In brief, the University of Sydney's senior management has, time and time again, for over six years, wilfully ignored or simply dismissed the need to correct the scientific record and retract false information from important public debates. Again, highly influential Go8 professors of science have been allowed to deceive consumers and taxpayers by blatantly misrepresenting the available data, in the process of falsely exonerating added sugar as a key driver of obesity and type 2 diabetes: http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf

The key players responsible for expanding, assisting and/or failing to stop the infamous *Australian Paradox* fraud include Professor Jennie Brand-Miller, Dr Alan Barclay, Professor Stephen Simpson (Academic Director of the Charles Perkins Centre), Vice-Chancellor Michael Spence, Professor Jill Trewhella (a recent Deputy Vice-Chancellor (Research)), Professor Robert Clark AO (Professor Trewhella's hand-picked independent research-integrity investigator, from the University of NSW), Professor Duncan Ivison (the current Deputy Vice-Chancellor (Research)), the University of Newcastle's Professor Peter Howe (for years as Editor-in-Chief of the shonky MDPI *Nutrients* journal, he refused to correct the scientific record), Professor Stewart Truswell (p. 7, above, the main scientific author of our *Australian Dietary Guidelines*) and, sadly, a young ANU academic spectacularly duped by Brand-Miller and Barclay: pp. 23-28, 43-60 and http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf ; http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

Importantly, I have advised the University of Sydney's Michael Spence, his quality-control boss Duncan Ivison and other management of the Group of Eight multiple times that it is standard scientific practice for extraordinarily faulty papers - especially those risking harm to public health - to be retracted from the scientific record. I note that **Retraction Watch** documents more than 1,000 formal retractions in 2017 alone: https://www.the-scientist.com/research-round-up/top-10-retractions-of-2017-29834 ; https://www.australianparadox.com/pdf/19March2018-letter-confirm-fake-data.pdf

Spence, Ivison and other Group of Eight management have chosen to do nothing to correct the false information. Thus what we have is a **classic "bait and switch"** involving the deception of millions of taxpayers and fee-paying students:

(a) Group of Eight (Go8) universities each year solicit billions of dollars from fee-paying customers, hapless taxpayers and politicians, by promoting themselves as better than the rest, claiming a special devotion to academic "excellence", particularly in research. Notably, the University of Sydney receives roughly $700m p.a. from taxpayers, while the Go8 receives "two-thirds of all research funding to Australian Universities" https://go8.edu.au/sites/default/files/docs/page/commitment-to-excellence_web.pdf ; then

(b) After pocketing billions of dollars of other people's money, the Go8 provides no honest, effective quality control when it matters. The *Australian Paradox* case study reveals that the Go8's claimed special devotion to academic "excellence" is a sham, working to enrich our sandstone universities while deceiving customers and hard-bitten taxpayers (pp. 42-76).

Chairman Sims, on (a), please consider the false and misleading advertising in this official Go8 marketing document:

*…Research intensive universities promote excellence in research...integrity is the requirement, excellence the standard...**the application of rigorous standards of academic excellence**...placing a higher **reliance on evidence** than on authority...the excellence, breadth and volume of their research...help position the standards and benchmarks for research quality...research intensive universities are crucial national assets...[they have] the right and responsibility to publish their results and participate in national debates...provide information that supports **community well-being**...they are **citadels of ability and excellence**... Excellence attracts excellence...The reputation of these universities **reflects substance, not public relations**...the research intensive universities are critical. The way in which they operate ensures the **highest possible standards** of performance across a broad range of disciplines and helps set national standards of excellence:* https://go8.edu.au/sites/default/files/docs/role-importanceofresearchunis.pdf

You get the picture. The word "excellence" is used 14 times! That's "the bait". Now, here's some hard evidence on (b), "the switch". In 2016, while he was Chair of the Go8, Vice-Chancellor Michael Spence wrote to me to explain that excellence actually is *not* a priority. Embracing **academic freedom**, Dr Spence instead chose to protect the harmful false information his high-profile-but-misbehaving staff had plonked on the scientific record and in important public debates:

"*... For a university to require the retraction of a piece of research simply on the basis that someone believes it to be wrong,* ***even patently wrong****, would be a fundamental blow to the tradition of free enquiry that has made universities such powerful engines of innovation and of social development over many centuries. I repeat, we will not censor or require the retraction of the the [sic] academic work of our staff on any grounds save independently verified research misconduct or unlawfulness. ....*" (p. 60).

Instead of standing up for "excellence" and "community well-being", Vice-Chancellor Michael Spence prioritised academic freedom. Despite receiving clear evidence that Professor Brand-Miller's pro-sugar "findings" rely on shonky data that are conspicuously flat, dead-ending and fake - and thus unreliable - Dr Spence chose to allow her to roam the world using her *Australian Paradox* deception to falsely exonerate added sugar as a dietary evil. Again, the Chair of the Go8 allowed Brand-Miller and Australian Beverage Council to use fake data to campaign against legitimate "sugar tax" proposals: pp. 50-51 and https://www.youtube.com/watch?v=acXICYKEzy4&feature=youtu.be&t=4827 ; https://greens.org.au/sites/greens.org.au/files/160622_Sugar%20Sweetened%20Beverages%20Tax.pdf :

As noted earlier, Retraction Watch in 2017 alone documented more than 1,000 formal retractions. Further, in 2018, in the US, the retraction of faulty nutrition "science" papers with bogus results proceeds apace, simply because "**we cannot assure you that the results of the studies are valid"**: https://media.jamanetwork.com/news-item/jama-network-retracts-6-articles-that-included-dr-brian-wansink-as-author/

Meanwhile, in Australia, the University of Sydney takes the anti-science approach of protecting an extraordinarily faulty paper from formal retraction. In a disingenuous attempt to justify doing nothing to fix the serious scientific fraud under his nose, Dr Spence invented extra rules - "unlawfulness"! - to avoid the needed retraction from the scientific record. Earlier, his research-misconduct Inquiry "disappeared" key evidence before delivering an unconvincing whitewash (pp. 46-49).

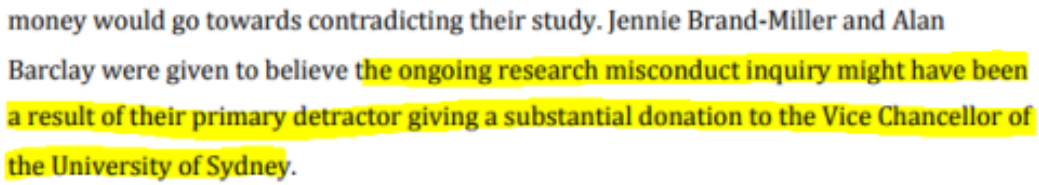
Instead of overseeing the retraction of the *Australian Paradox* paper, Spence and his quality-control boss Duncan Ivison pretend there is no problem, as they solicit further billions of dollars from taxpayers. While their influential Low-GI crew falsely exonerates sugar, Spence and Ivison insist - in their 2018 *Submission to the Australian Parliament's current Inquiry into Funding Australia's Research* - that their aim is to "improve the lives of our local and global communities": (#87) https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/FundingResearch/Submissions

Sure, unless it conflicts with the University's desire to do nothing to stop a serious scientific fraud involving its taxpayer-funded scientists (pp. 54-55). My sense is that the University of Sydney and its Go8 partners' priority is not "excellence" but *pretending* excellence, to squeeze billions of dollars from fee-paying customers and taxpayers. High-profile marketing of a special Go8 devotion to excellence, especially in research, encourages many students to take on sizeable debts to fund Go8 post-graduate degrees. But what if it becomes widely known that their Go8 university's reputation is artificially inflated by management tolerating scientific fraud and pretending it does not exist, rather than just stopping it? If that unethical deception comes into full public gaze, will some degrees bought for big dollars be significantly devalued?

Australian Paradox **fraud expanded from Sydney to Australian National University (ANU) in Canberra**

Dr Sims, here's an example close to home. Like you, I have a Master of Economics degree from the ANU. Last year, I discovered that the ANU is devaluing our degrees by starting to hand out fresh post-graduate degrees without proper quality control. In particular, the ANU last year awarded a Doctor of Philosophy (PhD) degree without anyone competent bothering to verify critical information driving the candidate's published conclusions.

What am I talking about? I'm talking about a seriously faulty 2017 ANU PhD dissertation on **"research silencing"**. Given that I've never met Professor Brand-Miller's high-profile Vice-Chancellor (Michael Spence) and never bribed him, why did the ANU allow Brand-Miller's false allegations to be formally published in Jacqui Heopner's PhD dissertation?

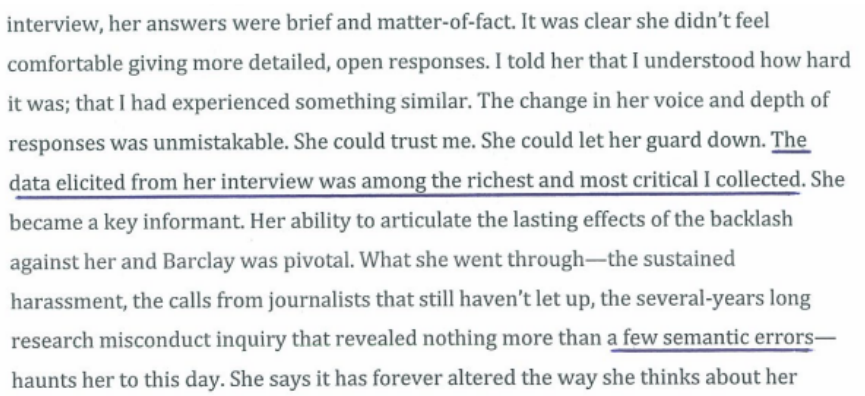

money would go towards contradicting their study. Jennie Brand-Miller and Alan Barclay were given to believe the ongoing research misconduct inquiry might have been a result of their primary detractor giving a substantial donation to the Vice Chancellor of the University of Sydney.

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

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

And why did an ANU PhD candidate, her supervisor(s) and her examiners all fail to check whether or not Brand-Miller is dishonestly pretending that her conspicuously flat, fake, dead-ending 2000-2003 FAO data are valid, even "robust and meaningful" (she is) before assuming she is not? Further, her pet conclusion of a "consistent and substantial decline" is falsified by her own charts (p. 46; and http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf)

Alas, the credibility of Heopner's PhD thesis was shredded by her published assessment that the (unreliable) information gathered from scientific fraudster Professor Brand-Miller's interview "was among the richest and most critical I collected":



interview, her answers were brief and matter-of-fact. It was clear she didn't feel comfortable giving more detailed, open responses. I told her that I understood how hard it was; that I had experienced something similar. The change in her voice and depth of responses was unmistakable. She could trust me. She could let her guard down. The data elicited from her interview was among the richest and most critical I collected. She became a key informant. Her ability to articulate the lasting effects of the backlash against her and Barclay was pivotal. What she went through—the sustained harassment, the calls from journalists that still haven't let up, the several-years long research misconduct inquiry that revealed nothing more than a few semantic errors—haunts her to this day. She says it has forever altered the way she thinks about her

p. 12 https://www.australianparadox.com/pdf/2017-ANU-PhD-on-Research-Silencing.pdf

Chairman Sims, it turns out that Brand-Miller duped the ANU with a series of bogus claims, continuing her multi-year charade pretending that the conspicuously flat fake data that dead-end in her extraordinarily faulty *Australian Paradox* paper are valid and reliable: pp. 1 and 6 http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf

Again, Go8 quality control in research was basically non-existent when it mattered: an ANU PhD candidate had her thesis published and then distributed on Twitter - and she was allowed to graduate as a Doctor of Philosophy - without anyone competent bothering to check critical, well-documented facts. In the process, Dr Heopner defamed a diligent, fact-driven "whistleblower" as a reckless, unethical "research silencer", the ANU thus assisting the *Australian Paradox* sugar-and-obesity fraud to continue misinforming nutrition "science" and public policy across the world.

How is this ongoing research misconduct consistent with our elite sandstone universities having some sort of special devotion to "excellence"? Again, the Group of Eight's false and misleading advertising of this (non-existent) devotion is defrauding fee-paying customers, long-suffering taxpayers and our political representatives on a massive scale.

5. What action should the ACCC take?

The epic *Australian Paradox* deception is perhaps the best-documented case of serious scientific fraud in the history of Australian Group of Eight universities, going back to the University of Sydney's initial operation in 1852. Some will recognise the shameful irony in highly influential Charles Perkins Centre scientists using the *Australian Paradox* fraud and other misrepresentations to falsely exonerate modern doses of sugar as harmless, while Indigenous Australians - the tragically disadvantaged Australians Charlie Perkins worked so hard to help - die early in droves via type 2 diabetes and cardiovascular disease, fuelled by elevated levels of sugar consumption. So much for "Closing the Gap" (pp. 15-35).

All up, the epic *Australian Paradox* fraud has become a deception of national significance, providing unambiguous evidence that Group of Eight universities have no honest, effective quality control when it matters. When push comes to shove, harmful false information is supported not corrected. Awkwardly, the evidence is strong that Australian taxpayers simply cannot trust our elite universities to provide reliable information on critical matters, including diet, health and medicine. It is not only Reserve Bank of Australia Governor Phil Lowe who has noticed that "**trust in our institutions and organisations has been severely tarnished".**

I think the facts I have documented above amount to a major national scandal. At the end of the day, my main concern is that the University of Sydney's *Australian Paradox* deception and its putting of Low-GI healthy stamps on 99.4% sugar are merely the tip of a huge iceberg of incompetence, scientific fraud and financial conflicts of interest that have made our million-plus vulnerable type 2 diabetics the unwitting consumers of harmful dietary advice, medical mistreatment, chronic HCP overservicing, hospitalisations and ineffective drugs, all subsidised by long-suffering taxpayers (pp. 29-42).

What should be done? Importantly, what *can* be done?

First and foremost, I hope that the ACCC will investigate the detailed claims I have made in this document. Of course, I'm uncertain about the extent to which the ACCC can use consumer law to stop the harm to consumers highlighted above. From relevant legislation, I understand that "the ACCC gives enforcement priority" to matters that include:

- *conduct of significant public interest or concern*
- *conduct resulting in a substantial consumer...detriment*
- *unconscionable conduct...*
- *conduct demonstrating a blatant disregard for the law*
- *conduct involving issues of national or international significance*
- *conduct detrimentally affecting disadvantaged or vulnerable consumer groups*
- *where ACCC action is likely to have a worthwhile educative or deterrent effect*

All up, the ACCC's "first priority is always to achieve the best possible outcome for the community": https://www.accc.gov.au/system/files/Guide%20to%20Section%2087B.pdf

Given that legislative framework, I have a range of suggestions on how the ACCC can help consumers, especially our vulnerable young people and people with type 2 diabetes, including tragically short-lived Indigenous Australians:

(1) The ACCC might write to the management of the University of Sydney about its (50% owned) GIF and to the particular firms using the GIF's deceptive GI scores to sell 99.4% sugar as somehow healthier than standard sugar, to sell Milo (46% sugars) as beneficial for children, and to sell a product that is 37% sugars and 65% carbohydrate in total as beneficial for consumers with type 2 diabetes (see Appendix 3, p. 77) The ACCC could explain that the Low-GI approach is fatally flawed when added sugar is involved, and that consumers are being deceived. It might also observe that putting low-GI healthy stamps on these particular sugary products is unconscionable, because they are not "healthy choices" for children or adults, let alone consumers with type 2 diabetes. So please stop. Now.

(2) The ACCC might also write to management and key staff at the University of Sydney and its GIF to request hard evidence on the specific GI scores claimed for branded products promoted as beneficial to consumers with type 2 diabetes (that's all branded Low-GI products), when type 2 diabetics are excluded from the GI measurement process. Wouldn't such GI scores be invalid for type 2 diabetics, by definition, given their **problematic non-normal** blood-sugars?

(3) Further, the ACCC might warn management and key staff at the University of Sydney that it is unacceptable for the GIF to wilfully ignore the deceptive "fructose loophole", given that it invalidates all GI health claims involving refined sugar (50% fructose) in particular and sugary products in general (pp. 20-21). The ACCC might require the GIF to explicitly highlight the "fructose loophole" on its various websites, to advertise the problem in major newspapers and to write to all its followers - including a range of diabetes entities and professional nutrition/dietetic organisations across the globe, as well as all private firms using Low-GI branding - to explicitly disavow the GIF's misguided promotion of sugary foods as "healthy choices". (Should the ACCC also order the recall of the millions of *Low-GI Diet* books misinforming consumers?)

(4) The ACCC might write to the Charles Perkins Centre to ask it to justify its high-profile claims about high-carbohydrate mouse diets, longevity and dementia. Given that these claims are based on studies involving standard C57BL/6 lab mice, the ACCC might ask Charles Perkins why it recklessly ignores the well-documented fact that such mice and humans have sharply different metabolic responses, especially to diets dominated by refined sugar and grains. It might observe that, tragically, Indigenous Australians are dying young in droves on exactly the sort of misguided low-protein, sugar-and-carb mouse diet advised by Charles Perkins. With regard to one high-profile mouse study, the ACCC might ask how it is reasonable for Charles Perkins to claim "Median lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate..." when the study's published survival results - buried in "Supplemental" material - show that, in fact, median-mouse longevity was maximised on a diet *high* in protein (42%) and *low* in carbohydrate (29%). That best diet's median mouse lived for 139 weeks, ~10% longer than the next-best diet. The ACCC might suggest the paper be formally retracted, then re-written to properly convey the ***actual*** results of the 30-diet, 1,000 mouse experiment (p. 69).

(5) To stop the University of Sydney and its Group of Eight partners continuing to deceive consumers and taxpayers with their classic **"bait and switch**" – (a) falsely advertising a special devotion to academic "excellence" while (b) tolerating, even supporting, serious scientific fraud and other harmful false information - the ACCC might write to the eight Vice-Chancellors of Go8 universities to remind them that they are receiving many billions of dollars each year from hundreds of thousands of fee-paying consumers and millions of taxpayers. Accordingly, they have a moral and operational responsibility to put in place effective quality controls and to retract - from the formal scientific record and from the public debate - information that is false or misleading and may harm public health. The ACCC might argue that the threshold for automatic retraction should capture any influential "peer reviewed" paper promoting false conclusions reliant on clearly unreliable data or misrepresented actual data. Any highly flawed paper that misleads consumers or policymakers should be retracted. Full stop: 3:06 http://www.abc.net.au/lateline/health-experts-continue-to-dispute-sydney-uni/7324520

(6) To end decades of shameful, harmful mistreatment of Australians with type 2 diabetes - and to end the unethical overservicing of well in excess of one million vulnerable consumers - the ACCC might write to Diabetes Australia, the Dietitians Association of Australia, RACGP, AMA, NHMRC and AHPRA, as well as the various Departments of Health overseen by our national, state and territory governments, to advise their leaders of the critical matter of fact that type 2 diabetes is readily reversible/curable in 2018, as it was a century ago in 1923, simply by removing the excess refined sugar and other carbohydrate from diabetic consumers' diets. The ACCC could educate all those groups by explaining to their leaders that competent scientists and HCPs are achieving type 2 diabetes cure/remission rates of 60%, alongside ~90% reductions in drug usage (Section 3 and https://link.springer.com/content/pdf/10.1007%2Fs13300-018-0373-9.pdf ; https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/

My large, informative **Appendix 1** follows on p. 13, while **Appendix 2** begins on p. 63, and **Appendix 3** on p. 77.

In summary, Chairman Sims, I think these matters are profoundly important and that the ACCC has the power, the opportunity and the responsibility to encourage quality control at our Group of Eight universities, and to start fixing our type 2 diabetes crisis. Given the extraordinary errors and deceptions that have persisted for decades, the ACCC can take some straightforward steps to correct influential misinformation, to ensure that consumers and policymakers are

properly informed – not regularly deceived - in the process opening the door to the largest improvement in Australian public health in our lifetimes.

Of course, it is up to you not me to decide what the ACCC can and should do. When my facts are confirmed, please do whatever the ACCC can. After that, if you see further serious concerns - problems that the ACCC cannot address with consumer law as it stands - please convey those concerns to other parts of Federal and State governments for action.

Thanks for your time. I look forward to your response. I am available to brief you and your colleagues in person on any or all of these important matters of fact, if you think that would be helpful. Finally, I hope you do not mind that at some point I will publish this document, continuing my policy of being as transparent as possible in these matters.

Best wishes,
Rory

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rory robertson

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

APPENDIX 1

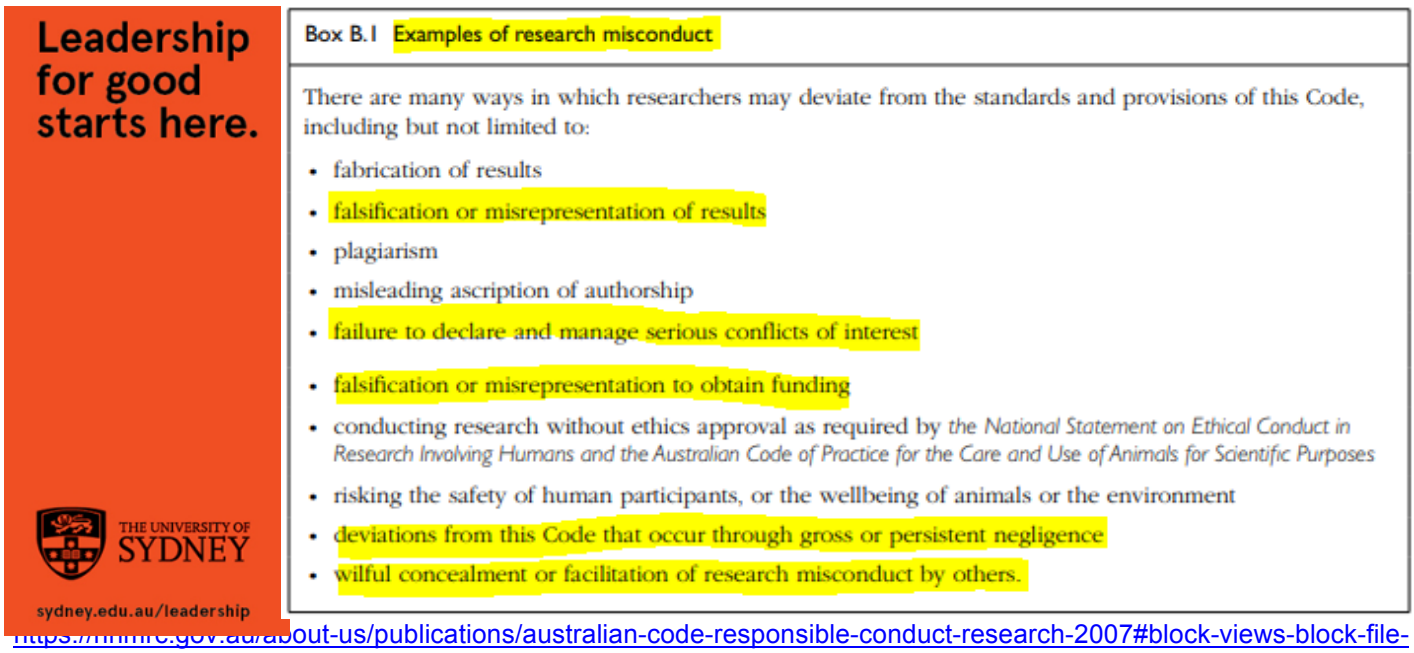
False, deceptive and harmful claims on sugary products, type 2 diabetes treatments and academic "excellence"

This Appendix provides further detailed evidence that influential incompetence, scientific fraud and financial conflicts of interest in nutrition and health science are wreaking havoc in public health.

Whatever happened to simple competence and basic integrity – let alone "excellence" - in Group of Eight science?

The current harmful mistreatment and chronic overservicing of our million-plus Australian consumers with type 2 diabetes is a national scandal. Who is going to show real leadership, and start to fix this unfolding disaster? Who is going to take the first courageous steps to open the door to the largest improvement in Australian public health in over half a century?

Please also see **Appendix 2**, starting on p. 63.



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

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

FOOD POLITICS

by Marion Nestle

MAR 7 2016

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

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

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

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

CSR™ LOGICANE™ SUGAR

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

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

NUTRITIONAL INFORMATION

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

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

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

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."

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

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.

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

HEART & STROKE™ FOUNDATION

POSITION STATEMENT

SUGAR, HEART DISEASE AND STROKE

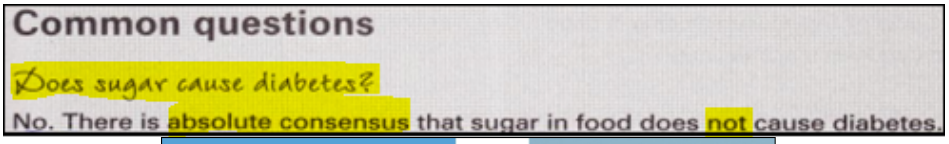
FACTS

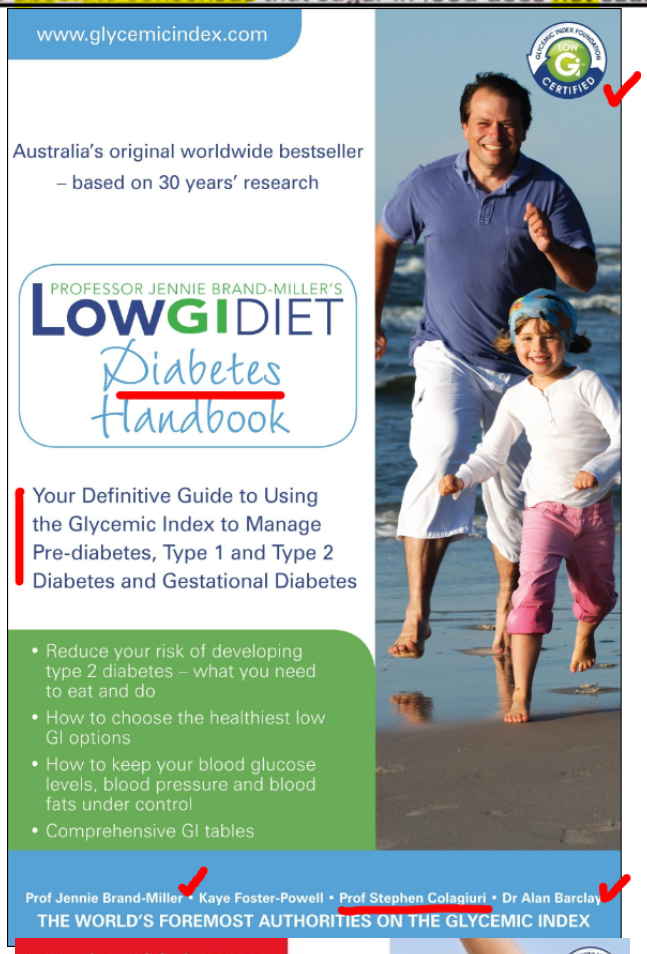
- Heart disease and stroke are leading causes of death in Canada, responsible for 27.3% of all deaths.[1] Over 1.3 million Canadians are living with heart disease[2] and 315,000 Canadians are living with the effects of stroke.[3]
- More than 60% of Canadian adults[4] and 31% of children and youth aged 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

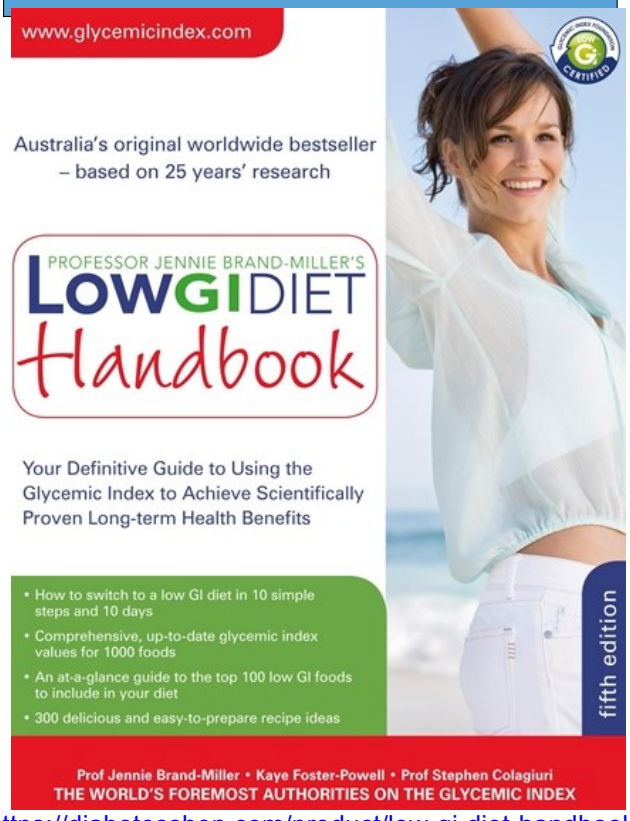
- Excess sugar consumption is associated with adverse health effects including heart disease,[10-12] stroke,[10] obesity,[13-17] diabetes,[18-22] high blood cholesterol,[23-24] cancer[25] and dental caries (cavities).[26]
- Individuals who consume greater than or equal to 10% but less than 25% of total 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

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







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

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

Julie K Brimblecombe
GradDipNut&Diet, MPH, PhD,
Senior Research Fellow[1,2]

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

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

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

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

Abstract

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

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

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

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

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

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

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

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

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

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

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

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

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

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MEDIA RELEASE

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

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

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

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

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

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

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

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

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

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

http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.003~2012-13~Media%20Release~Aboriginal%20and%20Torres%20Strait%20Islander%20adults%20experience%20diabetes%202 0%20years%20earlier%20than%20non-Indigenous%20adults%20(Media%20Release)~130

Charlie's mobs dying young via type 2 diabetes and CVD on misguided mouse diet advised by Charles Perkins

THE AUSTRALIAN

Professor uses 1000 mice to expose food folly

AAP NOVEMBER 21, 2013 12:00AM

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, 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 Professor 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.

Professor 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.

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

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

http://www.theaustralian.com.au/higher-education/mice-expose-food-folly/story-e6frgcjx-1226764629242

Diet composition in three remote Aboriginal communities near where Charlie Perkins was born

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

Notably, the Charles Perkins Centre's 60%-carbohydrate mouse diet featured above is dominated by sugar and processed grains. Tragically, Aboriginal Australians are dying young in droves on exactly that sort of diet. My Appendix 2 highlights earlier concerns published in the journal *Cell*. Please go to p. 63 for further information.

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

GLYCEMIC INDEX FOUNDATION

Google Custom Search

HOME ABOUT GI SYMBOL HEALTH & WELLBEING GI NEWS HEALTH PROFESSIONALS NEWS & RESOURCES RECIPES PRODUCTS

NESTLÉ® MILO®

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

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

Company: Nestlé Australia and New Zealand

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

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

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

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

Nutritional Information | Ingredients

Nutritional Information
Average serving size: 55g

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

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

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

University of Sydney says its sugary Low-GI products are beneficial for diabetics despite zero credible evidence

THE UNIVERSITY OF SYDNEY

HOME | ABOUT GI | GI TESTING & RESEARCH | GI FOODS ADVANCED SEARCH | GI SYMBOL | GI NEWSLETTER | GI BOOKS | GI FAQS | CONTACT US

Glycemic Index Testing & Research

Sydney University Glycemic Index Research Service (SUGiRS)

The Sydney University GI Research Service (shortened to SUGiRS) was established in 1995 to provide a reliable commercial GI testing laboratory. Food samples are tested in healthy volunteers according to standardised methods that have been validated against overseas laboratories. Testing of foods for their glycemic index, insulin index, satiety response, and other metabolic parameters can be assessed simultaneously. Other analyses such as in vitro GI testing are available. SUGiRS has an established reputation for quality, speed and flexibility.

SUGIRS can work with your company to develop new low GI products or help lower the GI of existing ones. Foods that meet nutrition guidelines and have been GI tested can carry the GI symbol (For more go to **www.gisymbol.com/join-the-program**) or make a low GI **nutrition content claim** in Australia. Your results are strictly confidential and are your property. Data are released for publication only with your written approval.

Principal researchers/consultants:
- Professor Jennie Brand-Miller
- SUGiRS Manager Fiona Atkinson, PhD.

How much does it cost to measure GI values of foods?

Please **email** us for the current prices.

For 6 products or more
A 10% discount will be given when the GI values of 6 or more products are measured in the one study.

Payment
Two payment options are available: payment of the total fee at the beginning of the study or up-front payment of 30% of the total fee at the beginning of the study and then the remainder on completion of the research. Payment details must be arranged before the research commences and will be confirmed in a formal research agreement. Payments can be made by cheque (addressed to the University of Sydney) or by electronic transfer of funds.

How much food is required to measure GI values?

SUGiRS requires enough of each product to feed 10 people each a portion of the product containing 50 grams of digestible carbohydrate. An additional 15% is also required to cover any potential wastage or repeated test sessions. If you provide us with the nutrient composition of your products, we can tell you exactly how much we would require for GI testing. For liquid foods and beverages, we also need to know how many grams = 100 mL of the product. For many products, the total carbohydrate content listed on the product's label includes both the digestible carbohydrate and the dietary fibre content of the product. If this is the case, the digestible carbohydrate content of the product can be estimated by deducting the dietary fibre content from the total carbohydrate content.

How long does it take to measure GI values of foods?

On average, it takes approximately one week to recruit 10 healthy people to participate in a study and then one week to test each product and up to another week to complete a detailed report of the study. However, as soon as GI values are finalised, they can be emailed or faxed to clients. For larger studies and those involving the measurement of insulin values, an additional one or two weeks may be required to complete all of the biochemical analyses. However, we try to complete each project at the fastest rate possible and usually complete a study earlier than expected. Determining the GI values of foods involves the collection of blood samples from the study participants, so we have to allow time for the participants to recover from the sampling between sessions.

http://www.glycemicindex.com/testing_research.php

About Glycemic Index

About Us

Welcome to the home of the glycemic index – the official website for the glycemic index and international GI database based in the Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders and Charles Perkins Centre at the University of Sydney.

The website is updated and maintained by the University's GI Group which includes research scientists and dietitians working in the area of glycemic index, health and nutrition and headed by Professor Jennie Brand-Miller (AM, PhD, FAIFST, FNSA, MAICD) an internationally recognised authority on carbohydrates and the glycemic index with over 250 scientific publications. She is the co-author of many books for the consumer on the glycemic index and health and holds a Personal Chair in Human Nutrition in the Boden Institute of Obesity, Nutrition, Exercise and Eating Disorders and Charles Perkins Centre at the University of Sydney.

http://www.glycemicindex.com/about.php

"Fructose loophole" invalidates University of Sydney's claim that sugary Low-GI products are beneficial. This fatal flaw means GI approach is worse than useless: GI=19 carbohydrate is harmful, yet promoted as "healthy"

Harvard Health Publishing
HARVARD MEDICAL SCHOOL
Trusted advice for a healthier life

Harvard Heart Letter

Abundance of fructose not good for the liver, heart

Published: September, 2011

Another reason to avoid foods made with a lot of sugar.

The human body handles glucose and fructose — the most abundant sugars in our diet — in different ways. Virtually every cell in the body can break down glucose for energy. About the only ones that can handle fructose are liver cells. What the liver does with fructose, especially when there is too much in the diet, has potentially dangerous consequences for the liver, the arteries, and the heart.

Fructose, also called fruit sugar, was once a minor part of our diet. In the early 1900s, the average American took in about 15 grams of fructose a day (about half an ounce), most of it from eating fruits and vegetables. Today we average four or five times that amount, almost all of it from the refined sugars used to make breakfast cereals, pastries, sodas, fruit drinks, and other sweet foods and beverages.

Refined sugar, called sucrose, is half glucose and half fructose. High-fructose corn syrup is about 55% fructose and 45% glucose.

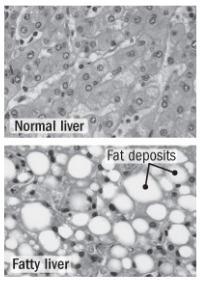
From fructose to fat

The entry of fructose into the liver kicks off a series of complex chemical transformations. (You can see a diagram of these at health.harvard.edu/172.) One remarkable change is that the liver uses fructose, a carbohydrate, to create fat. This process is called lipogenesis. Give the liver enough fructose, and tiny fat droplets begin to accumulate in liver cells (see figure). This buildup is called nonalcoholic fatty liver disease, because it looks just like what happens in the livers of people who drink too much alcohol.

Virtually unknown before 1980, nonalcoholic fatty liver disease now affects up to 30% of adults in the United States and other developed countries, and between 70% and 90% of those who are obese or who have diabetes.

Early on, nonalcoholic fatty liver disease is reversible. At some point, though, the liver can become inflamed. This can cause the low-grade damage known as nonalcoholic steatohepatitis (*steato* meaning fat and *hepatitis* meaning liver inflammation). If the inflammation becomes severe, it can lead to cirrhosis — an accumulation of scar tissue and the subsequent degeneration of liver function.

Liver comparison



Beyond the liver

The breakdown of fructose in the liver does more than lead to the buildup of fat. It also:

- elevates triglycerides
- increases harmful LDL (so-called bad cholesterol)
- promotes the buildup of fat around organs (visceral fat)
- increases blood pressure
- makes tissues insulin-resistant, a precursor to diabetes
- increases the production of free radicals, energetic compounds that can damage DNA and cells.

None of these changes are good for the arteries and the heart.

Researchers have begun looking at connections between fructose, fatty liver disease, and cardiovascular disease. The early results are in line with changes listed above due to the metabolism of fructose.

https://www.health.harvard.edu/heart-health/abundance-of-fructose-not-good-for-the-liver-heart
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5893377/pdf/nihms942365.pdf

David Gillespie has argued convincingly that University of Sydney's Low-GI approach has "dangerous loophole"

Crikey

The glycemic index has passed its use-by date

The glycemic index is not just bad science, it has a dangerous loophole big enough to drive an ice-cream truck through.

DAVID GILLESPIE JUL 18, 2011 11

The glycemic index (GI) is not just bad science, it has a dangerous loophole big enough to drive an ice-cream truck through. Its time it went to the place where old (and wrong) public health messages go to die. Wendy's Chocollo (with waffle cone), Bulla Light vanilla ice-cream, Nestle Milo, Uncle Toby's Choc Chip Crunchy Muesli Bar and CSR LoGiCane Sugar all have something in common. Yes, they'd all look pretty good on the dessert menu, but they also share something else. The owners of each of these products (and almost 100 others like them) have paid for the right to display a GI symbol. Much like its more famous cousin (the Heart Foundation tick), the GI symbol is designed to guide confused consumers towards "healthier choices" in the supermarket. The symbol alerts us to foods that have a low glycemic index. The GI is a measure of the amount that a food affects our blood-sugar levels. Our body converts most of the carbohydrates in our food to blood glucose. This causes a spike and then a decline in the amount of glucose we have in circulation. But not all foods are equal. Some (such as glucose) spike our blood sugar levels more quickly than others (such as potatoes). This is because the carbohydrates in some foods are more quickly converted to blood sugar than others. The glycemic index of a food is measured by comparing the way a healthy person's blood-sugar level responds (over a two-hour period) to 50g of glucose and how they respond to 50g of carbohydrate in the food being tested (let's say boiled potatoes). If the tested food produces an effect that is 70% of the one measured for the glucose, then it is said to have a GI of 70. A low GI food is one that has a GI of 55 or less (meaning that the blood-sugar response is 55% of that of pure glucose over a two-hour period). The theory goes that if we could make sure we were eating just the foods that have a low impact on our blood ....

https://www.crikey.com.au/2011/07/18/the-glycemic-index-has-passed-its-use-by-date/

Low-GI Professor Brand-Miller and Dr Barclay invented *Australian Paradox* nonsense, attacked David Gillespie

How hard can it be to cut sugar?
Amy Corderoy, *The Sydney Morning Herald*, 1 July 2010

How hard can it be to cut sugar from your diet? A lot harder than you think, as one successful slimmer found out.

David Gillespie is a man on a mission. The former lawyer who battled with his weight for years has become a crusader against the one simple energy source he believes is the cause of the nation's weight problems: sugar.
He believes sugar is to blame for our obesity epidemic, it's addictive and it makes you fat without making you full.

BEFORE: David Gillespie in 2002, left, struggled with obesity for many years and tried various diets to reduce his weight.
AFTER: A slimmed-down Gillespie in 2008, right, after he cut sugar from his diet.

Gillespie's book, *Sweet Poison*, tells the story of his battle with obesity. After trying many diets without success, it was by eliminating sugar that he lost about 40 kilograms. He will argue his point to anyone who will listen. And people are listening. …Support is coming from unusual quarters. One somewhat surprising devotee is the former Australian rules footballer and electrician Steve Irons, 44. The federal Liberal MP for the West Australian seat of Swan is not the type of person you would expect to want to chat about dieting. But in 2008, weighing 96 kilograms, Irons was the deputy chairman of a parliamentary committee preparing a report on obesity when he heard Gillespie speak.
Gillespie, 51, from Queensland, told the inquiry that sugar, which is made up of glucose and fructose, is responsible for Australia's growing rates of obesity. He argues, in particular, that when we eat the fructose component of sugar - unlike when we eat any other forms of energy - our bodies do not release the three major appetite hormones that tell us we are full: insulin, leptin and cholecystokinin (CCK**). Instead it goes straight to the liver where it often stays - converted into fat**.
It is not just the usual "junk food" that Gillespie is out to warn us about. It is the foods we think of as healthy, such as juices, pasta sauces, fruit bars and cereals that Gillespie says are surreptitiously delivering us massive doses of sugar. "There is no one suffering under the illusion that a Coke and a Mars bar is a healthy snack, but sugar has infiltrated what we understand as healthy," he says. "People think if they give their children a muesli bar it is a healthy snack, but in reality they may as well be giving them a Mars bar."
Gillespie is particularly critical of health food products that are advertised as containing "natural" fruit sweetening, which really is just fructose. "We can eat as much fructose as we can shove down our throats and never feel full for long," he told Irons and the parliamentary committee. "Every gram of the fructose we eat will be directly converted to fat. There is no mystery to the obesity epidemic when you know those simple facts. It is impossible not to get fat on a diet infused with fructose."…"And a lot of the things you are told to put in your kid's lunch box are filled with sugar."
But some nutrition experts disagree with Gillespie's arguments, and are critical of the way he has turned often nuanced scientific research into a black and white crusade. **Jennie Brand-Miller is professor of human nutrition at the University of Sydney and a pioneering researcher into the glycaemic index and insulin resistance**. Through her work with the Glycaemic Index Foundation she teaches people to avoid high-GI carbohydrates that break down more quickly into glucose in our blood. …
Brand-Miller also argues that Australia's consumption of sugar has actually decreased by about 23 per cent over the past 30 years. "That to me blows David Gillespie's hypothesis out of the window," she says. If obesity is increasing while our sugar intake is decreasing, it would seem sugar is not the primary culprit causing obesity…
https://www.smh.com.au/lifestyle/health-and-wellness/how-hard-can-it-be-to-cut-sugar-20100630-zmvt.html

University of Sydney's Low-GI crew use *Australian Paradox* to oppose tougher policies against added sugar

THE AUSTRALIAN
FOR THE INFORMED AUSTRALIAN

A spoonful of sugar is not so bad

By **LEIGH DAYTON** and **SCIENCE WRITER**

THEAUSTRALIAN
12:00AM JULY 9, 2011

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

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."

Along with University of Sydney nutritionist Jennie Brand-Miller, Shrapnel takes the highly contentious position that sugar isn't a dietary evil, as dangerous to human health as saturated and trans fats, salt and alcohol.

As Shrapnel says, "Low sugar is not necessarily good and high sugar is not necessarily bad because sugar isn't the main game." Brand-Miller adds that "highlighting sugar only distracts people from the more important issues" such as high levels of consumption of recommendation No 3's fats, salt and alcohol.

.....

"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.

https://www.theaustralian.com.au/news/health-science/a-spoonful-of-sugar-is-not-so-bad/news-story/1f78f8d76736b77a9abab0363504ccfe?sv=75c88101f5a7090f83fb3ae294a43429

University of Sydney's Low-GI crew pretended to journalists that *Australian Paradox* paper has no problems

Research causes stir over sugar's role in obesity

Mark Metherell, *The Sydney Morning Herald*, 31 March 2012

THE Sydney University nutritionist Jennie Brand-Miller holds out a tempting message for sweet tooths and companies such as Coca-Cola: sugar is not to blame for obesity in Australia.

The Australian Paradox is the title of a scientific paper Professor Brand-Miller and the Australian Diabetes Council research adviser Alan Barclay have written. It seeks to show that while obesity rates continue to swell, refined sugar consumption has fallen in recent years.

The Australian dietary guidelines, which are in the process of finalisation and will be released later this year, are the subject of intense pressure from food companies urging a good word for their products.

Public health advocates are not happy with the way the food industry and particularly the sugar sector are, through their supporters, contesting the concerns about sugar and health. Although mainstream nutrition specialists have distanced themselves from the finding, the food industry, and Coca-Cola, have seized on the study to oppose tougher advice against sugar in the nation's diet bible.

The Queensland senator Ron Boswell went in to bat for the sugar industry in the Senate recently, deploring an article in the science journal *Nature* titled "The toxic truth about sugar". He said the article sought to "demonise" sugar by comparing it with alcohol.

Professor Brand-Miller was reported as being "disgusted" by the *Nature* article. In *The Australian Paradox*, she and Dr Barclay challenge the widely-held view linking sugar with obesity, saying statistics show obesity has risen three-fold while consumption of sugar has fallen 16 per cent in the 23 years to 2003.

In formal submissions, both the Australian Food and Grocery Council and Coca-Cola cite the study to counter the call in the draft dietary guidelines for a reduction in the consumption of sugary food and drink.

The study, however, has drawn a fiercely critical response from the economic commentator Rory Robertson, a born-again believer in a fructose-free diet, through which he says he shed 10 kilograms over eight months without extra exercise.

Mr Robertson says the paradox argument relies on misinterpreted statistics, some of which are no longer collected because of unreliability. In response, Professor Brand-Miller says Mr Robertson is not a nutritionist and does not understand nutrition.

Boyd Swinburn, an authority on obesity issues, has reviewed the arguments from both sides and comes out broadly in favour of Mr Robertson.

Professor Swinburn, who is the director of the World Health Organisation collaborating centre for obesity prevention at Deakin University, says the study's summary of the data as showing "a consistent and substantial decline in total refined or added sugar by Australians over the past 30 years" belies the facts "and is a serious over-call in my opinion". His conclusion is that "the ecological trends of sugar and obesity are pretty well matched and I do not believe there is any paradox to explain".

Professor Brand-Miller told the *Herald* the emphasis on sugar in diets was "overblown" and not enough attention was given to the role of refined starches in obesity.

She and Dr Barclay are principals of the Sydney University-based Glycemic Index Foundation, a non-profit organisation that seeks to promote healthier carbohydrate foods - those that are digested slowly with benefits to blood glucose and insulin levels - among consumers and food suppliers.

The foundation is associated with low glycemic index (GI) products, including a "low GI cane sugar" brand manufactured by CSR, which is among companies that pay licence fees for a GI symbol on their products. The foundation says all proceeds are used to spread awareness about GI.

"This is not about commercial interests," Professor Brand-Miller says. "This is about a considered, expert opinion based on being a nutritionist for 35 years and having a sincere belief that sugar in moderation contributes to a safe and healthy diet."

https://www.smh.com.au/healthcare/research-causes-stir-over-sugars-role-in-obesity-20120330-1w3e5.html

University of Sydney's Low-GI crew pretended to journalists that *Australian Paradox* paper has no problems

Economist v nutritionists: big sugar and low-GI brigade lose
Michael Pascoe, *The Sydney Morning Herald*, 7 March 2012

Moneyball, the successful book and movie, showed how an economist's feeling for statistics turned a professional baseball upside down. Now an Australian economist's examination of the numbers destroys the local sugar lobby's key defence against linking fructose to obesity and diabetes.

The sugar industry is a big fan of what self-described "economist and former fattie", Rory Robertson, calls "the low-GI crew" – a high profile group of Sydney University nutritionists who promote the health benefits of food with a low glycemic index and downplay, if not completely dismiss, claims that fructose is a prime suspect in our obesity and diabetes epidemics. The low-GI crew is about as high profile as academic nutritionists can get: Professor Jennie Brand-Miller, AM, author of the *Low GI Diet book*; Bill Shrapnel, Sydney University Nutrition Research Foundation deputy chairman; and Dr Alan Barclay, the Australian Diabetes Council's head of research.

The cornerstone of their defence of sugar is what they have termed "the Australian Paradox" – the claim that Australians' sugar consumption has fallen by 23 per cent over the past 30 years while obesity and diabetes has soared. Thus, they argue, sugar must be innocent. …But what if there is no Australian Paradox? What if Australians' sugar consumption has been rising and the low-GI crew's key statistic is simply wrong? Enter Rory Robertson…Robertson takes issue with several aspects of the low-GI crew's defence of sugar:

"My main concern, however, is the low-GI crew's unreasonable treatment of the available data on Australian sugar consumption. Its regular claim - "In Australia sugar consumption has dropped 23 per cent since 1980" - is woefully misleading, based as it is on a series that was abandoned by the Australian Bureau of Statistics (ABS) as unreliable a decade ago.

"Last year, Dr Alan Barclay and Professor Jennie Brand-Miller lifted the status of the "it's not sugar" story a couple of notches, publishing an academic paper that concluded: "This analysis of [i] apparent consumption, [ii] national dietary surveys and [iii] food industry data indicates a consistent and substantial decline in total refined or added sugar consumption by Australians over the past 30 years".

"The low-GI crew then declared an 'Australian Paradox' in the relationship between sugar consumption (down) and obesity (up). Unfortunately, the paper's conclusion is largely at odds with the available facts on Australian per capita sugar consumption. Bizarrely, the low-GI crew seems somewhat unaware that its own charts illustrate clearly that the longer-term trend in measures (i) and (ii) is up not down... the available national nutrition surveys show per capita "total sugars" consumption rose not fell for both adults (between 1983 and 1995) and children (between 1985 and 2007). Second, per-capita soft-drink consumption rose not fell over the available 1994-2006 period."

Robertson says the paper did not mention that the only timely official (ABARE) information on Australia-wide "sugar availability" (production less exports) also suggested the trend over the past 22 years had been up, not down. "The trend in domestic "**sugar availability**" per capita (**population data in table 4**) over the past two decades has been up, from near the bottom of a 40-60kg range to the top of that range in 2009-10.

Apparent consumption

But the big figure in this argument, the cornerstone of the Australian Paradox, is the "apparent consumption" number. What Robertson found after some digging and questioning of the Australian Bureau of Statistics, is that:

"The "apparent consumption" series on which the low-GI crew's strong conclusion is based (1980-2003) simply was downloaded from the website of the Food and Agriculture Organization of the United Nations (FAO). The low-GI crew may or may not be aware that the downloaded series from the FAO's website actually was produced by the ABS for decades, until it stopped counting after providing estimates for 1998-99.

"Anyone familiar with the ABS would be aware that it is rather unusual for it to stop producing a dataset that already spans 60 years, particularly when the topic was becoming more rather than less relevant.

"The low-GI crew either remains oblivious to this data dead-end, or simply chooses not to mention it. Either way, it's hard to say anything useful about "the past 30 years" when the ABS stopped even pretending to measure of sugar consumption after printing an estimate for 1998-99, some 12 years ago...

"You probably guessed that the ABS didn't give up counting sugar after 1998-99 because it couldn't find any. The problems began when it came time to add imported sugar to domestic "sugar availability". Discussions with the ABS confirm that it struggled to know how much sugar was in the rapidly growing imports of things like bakery products, confectionary, soft-drinks, cordial and syrup, processed fruit and vegetables, and "other processed foods"….

(over)

(continued) "In summary, and contrary to the inaccurate claims of the low-GI crew, there appear to be no reliable or timely data series showing a significant decline in per capita sugar/fructose consumption over "the past 30 years". "The "true" trend in sugar consumption over recent decades remains uncertain but the available evidence - from (i) the two-decade uptrends in sugar availability and sugary imports; (ii) national dietary surveys and (iii) industry data on soft-drink sales - suggests that if anything it's more likely to be up than down significantly, as claimed."

Robertson, fresh from winning his high-profile bet against Professor Steve Keen over housing prices, wants to donate $10,000 to a health department or non-conflicted university to help fund a definitive experiment to compare the effect on obese people of a no fructose diet, a low GI diet and a control group eating their normal intake. He is not a scientist and says there is more science to be done – but he does know his way around a set of statistics.

Michael Pascoe is a BusinessDay contributing editor – who has a love of fructose-laden dark chocolate.
https://www.smh.com.au/business/economist-v-nutritionists-big-sugar-and-low-gi-brigade-lose-20120307-1uj6u.html

Pesky economist won't let Big Sugar lie
Michael Pascoe, *The Sydney Morning Herald*, 25 July 2012

Rory Robertson's bets are getting bigger. Having successfully wagered Doomsday forecaster Steve Keen a walk to Mt Kosciuszko over Australian house prices not crashing during the GFC, he's punting $40,000 that Big Sugar's favourite academic paper is wrong.

The debate of Australia's sugar consumption is heating up. For hounding Peter Costello over being Australia's biggest taxing Treasurer, Robertson once was described favourably by Ross Gittins as “that pesky Mr Robertson” delving deep into the statistics to prove his case against Costello's protestations. Robertson is proving at least as pesky in his passion for questioning Australia's fondness of sugar…Robertson is putting $40,000 of his own money up for grabs in a wager aimed at settling his fight with what must be Big Sugar's favourite academic paper. In the process, the argument has been escalated into questions about the academic standards of the University of Sydney in general and of the Nutrients e-journal in particular. **…**

Returning fire
Professor Brand-Miller and Dr Barclay accuse Robertson of factual errors and “misinterpretation of the distinctions between total sugars vs refined sugars, sugar availability vs apparent consumption, sugar-sweetened and diet soft drinks, and other nutrition information. The terminology, strengths and limitations of various nutrition data are readily understood by individuals trained in nutrition.”

Yet in their rebuttal of Robertson's attack, Brand-Miller and Barclay failed to make much of a case on the central issue of the reliability of sugar consumption statistics and were simply wrong in their “hunch” that led them to ignore another set of statistics that ran counter to the Australian Paradox finding. …

ABS factor
The lynchpin of the Australian Paradox case rests on the use of United Nations Food and Agriculture Organisation (FAO) statistics which showed a fall in apparent sugar consumption, but Robertson delved further to find that FAO was relying on an Australian Bureau of Statistics survey that had been discontinued a dozen years ago because the ABS thought it was unreliable. So if it's not good enough for the ABS, it questionable that it could be good enough for academic nutritionists to use in a matter with important public health implications. …

Ethanol mix-up
After *BusinessDay* published the original story in March, Brand-Miller sent me a reply to Robertson's argument. That reply put the “sugar availability” discrepancy substantially down to sugar being used to make fuel ethanol: “Sugar availability takes no account of food wastage, use in animal food, beer and alcohol fermentation, or in non-food industrial use, and we cannot assume that a steady portion is lost in this way. Globally, raw sugar is an important ingredient for ethanol production. In Australia, ABARE data show that ethanol production as a biofuel for transport rose from 42 million litres to 209 million litres (almost four-fold) from 2005 to 2009.”

A footnote added that the increase in ethanol production would require about 14 kg of sugar per capita per year if 100 per cent raw sugar was used to make it. “Although there are no firm figures for how much raw sugar is presently being used for ethanol production, supplies of C-molasses alone are not adequate, and the absolute amounts are likely to be increasing,” wrote the academics.

There's a good reason why there are “no firm figures” - sugar is not used for ethanol production in Australia, as the most cursory of Google searches on Australian biofuels would show. Fuel ethanol here is produced from red sorghum and waste products from sugar and starch production. I told the Professor I thought she was wrong, she checked and admitted that was the case. Having failed on two of the three key issues with the jury out on the third, I didn't bother about the reply. In the Nutrients e-journal, Brand-Miller and Barclay published their reply to Robertson under the title, **Australian Paradox Revisited** with the ethanol bit deleted…
https://www.smh.com.au/business/pesky-economist-wont-let-big-sugar-lie-20120725-22pru.html

Three ABC investigations have confirmed *Australian Paradox* paper is extraordinarily faulty, featuring fake data

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.

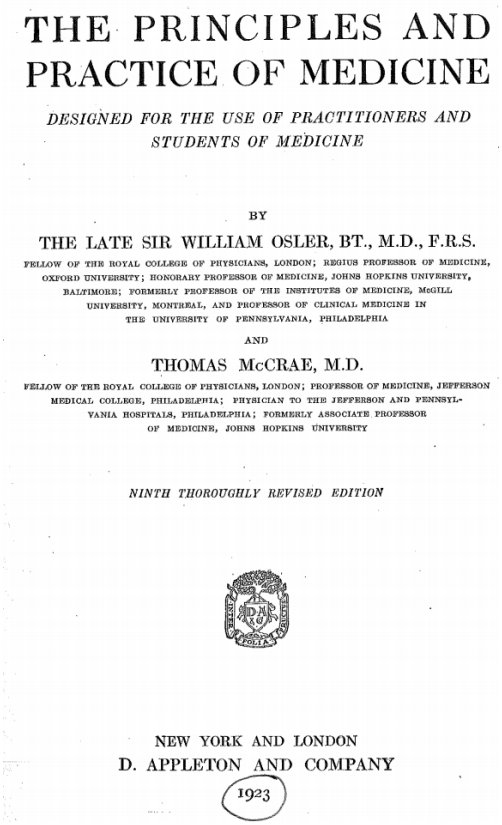
http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf

pp. 64-79 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

Next…

University of Sydney's Glycemic Index approach is one of a series of profound errors that steered scientists, GPs, dietitians and everyday people away from facts on main cause of type 2 diabetes and effective diet cure

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



THE PRINCIPLES AND PRACTICE OF MEDICINE

DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE

BY

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

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

AND

THOMAS McCRAE, M.D.

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

NINTH THOROUGHLY REVISED EDITION

NEW YORK AND LONDON
D. APPLETON AND COMPANY
1923

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

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

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

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

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

All sorted a century ago!
Pre-eminent medical text in 1923 advised no-sugar, low-carb treatment to cure "lipogenic" (type 2) diabetes

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

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

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

FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATES

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

30 grams (1 oz.) CONTAIN APPROXIMATELY	Protein	Fat	Carbohydrates	Calories
			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

To boost focus on her Glycemic Index, "Gi Jennie" Brand-Miller and her American Diabetes Association co-authors promoted the reckless falsehood that carbohydrate restriction does not work to fix type 2 diabetes

Reviews/Commentaries/ADA Statements
ADA STATEMENT

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

A statement by the American Diabetes Association

NANCY F. SHEARD, SCD, RD[1]
NATHANIEL G. CLARK, MD, MS, RD[2]
JANETTE C. BRAND-MILLER, PHD[3]
MARION J. FRANZ, MS, RD, CDE[4]
F. XAVIER PI-SUNYER, MD, MPH[5]
ELIZABETH MAYER-DAVIS, PHD, RD[6]
KARMEEN KULKARNI, MS, RD, CDE, BC-ADM[7]
PATTI GEIL, MS, RD, FADA, CDE[8]

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

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

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

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

What is glycemic load?

While the glycemic index provides a ranking of foods based on their blood glucose response, it does not take into account the effect of a typical amount of carbohydrate in a food portion on glycemia. In an effort to improve the reliability of predicting the glycemic response of a given diet, Salmeron et al. (30) have suggested the use of the glycemic load. As defined, the glycemic load of a particular food is the product of the glycemic index of the food and the amount of carbohydrate in a serving. By summing the glycemic load contributed by individual foods, the overall glycemic load of a meal or the whole diet can be calculated (30).

What is the glycemic index?

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

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

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

Competent doctors in the US are using GPs' proven diet advice from ~100 years ago to restrict carbohydrate, thus reversing type 2 diabetes in 60% of patients, while overseeing dramatic reductions in weight and drug use

Here is the 2018 peer-reviewed paper https://link.springer.com/content/pdf/10.1007%2Fs13300-018-0373-9.pdf

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.

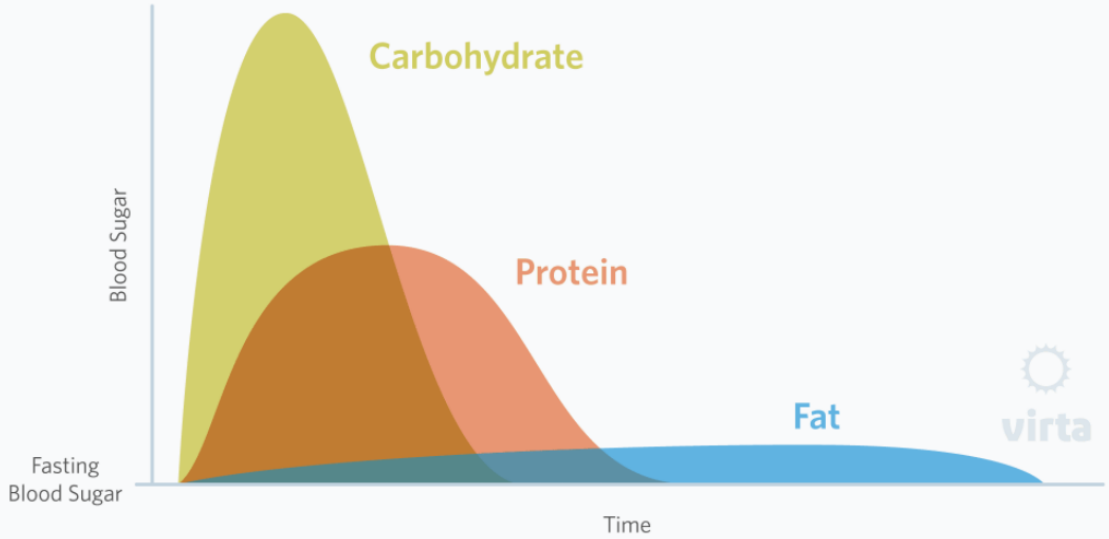
60%	OF PATIENTS REVERSED THEIR TYPE 2 DIABETES
94%	OF PATIENTS REDUCED OR ELIMINATED INSULIN
1.3%	AVERAGE HBA1C REDUCTION AT ONE YEAR
30 lbs	AVG WEIGHT LOSS AT ONE YEAR (12%)
83%	CLINICAL TRIAL RETENTION AT ONE YEAR

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://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/

Low-GI crew recklessly ignore theory and evidence that restricting carbohydrate outperforms high-carb Low-GI

	Carbs	Protein	Fat
	Chains of various sugars, most of which get digested to produce glucose	Made up of 20 different amino acids	Long chains of carbons called fatty acids
Blood sugar increase	High	Moderate	Very Low
Can this be used as a source of energy?	Yes	Inefficiently	Yes



https://www.virtahealth.com/reversediabetes ; https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/

Two carefully conducted randomised-controlled trials published in 2008 by Jenkins *et al* and Westman *et al*

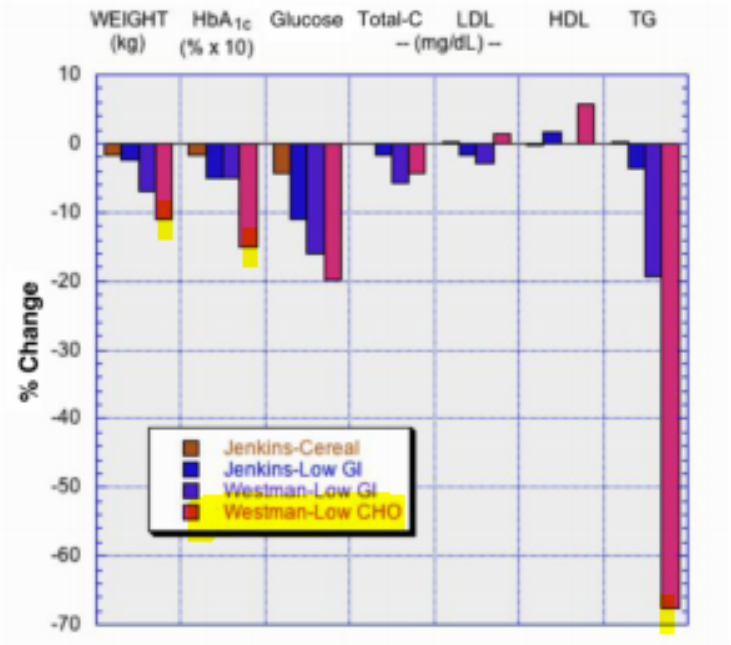


Fig. 9. Comparison of low-glycemic index diet with high-cereal diet, and of low-glycemic index diet with low-carbohydrate diet. Data from [6,70]. Redrawn from [75]. CHO, carbohydrate; GI, glycemic index; HDL, high-density lipoprotein; LDL, low-density lipoprotein; TG, triglyceride; Total-C, total cholesterol.

https://ac.els-cdn.com/S0899900714003323/1-s2.0-S0899900714003323-main.pdf?_tid=6e10e4bd-18de-40c7-9dd2-a18cb1b1733c&acdnat=1532402905_115e194a4de70d61c03f5df2fa84aa8c

Strong evidence base argues for carbohydrate restriction to become default medical advice for type 2 diabetes

ABSTRACT

The inability of current recommendations to control the epidemic of diabetes, the specific failure of the prevailing low-fat diets to improve obesity, cardiovascular risk, or general health and the persistent reports of some serious side effects of commonly prescribed diabetic medications, in combination with the continued success of low-carbohydrate diets in the treatment of diabetes and metabolic syndrome without significant side effects, point to the need for a reappraisal of dietary guidelines. The benefits of carbohydrate restriction in diabetes are immediate and well documented. Concerns about the efficacy and safety are long term and conjectural rather than data driven. Dietary carbohydrate restriction reliably reduces high blood glucose, does not require weight loss (although is still best for weight loss), and leads to the reduction or elimination of medication. It has never shown side effects comparable with those seen in many drugs. Here we present 12 points of evidence supporting the use of low-carbohydrate diets as the first approach to treating type 2 diabetes and as the most effective adjunct to pharmacology in type 1. They represent the best-documented, least controversial results. The insistence on long-term randomized controlled trials as the only kind of data that will be accepted is without precedent in science. The seriousness of diabetes requires that we evaluate all of the evidence that is available. The 12 points are sufficiently compelling that we feel that the burden of proof rests with those who are opposed.

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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. Pogozelski 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], Jörgen 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], Ralf Sundberg M.D., Ph.D. [s], Ann Childers M.D. [t], Katharine Morrison M.R.C.G.P. [u], Anssi H. Manninen M.H.S. [v], Hussain M. Dashti M.D., Ph.D., F.A.C.S., F.I.C.S. [w], Richard J. Wood Ph.D. [x], Jay Wortman M.D. [y], Nicolai Worm Ph.D. [z]

[a] Department of Cell Biology, State University of New York Downstate Medical Center, Brooklyn, New York, USA
[b] Department of Chemistry, State University of New York Geneseo, Geneseo, NY, USA
[c] Department of Nutrition, Exercise and Sports, Copenhagen University, Denmark
[d] New York Diabetes Center, Mamaroneck, NY, USA
[e] Department of Radiology (Nuclear Medicine), Albert Einstein College of Medicine, Bronx, New York, USA
[f] Duke University Medical Center, Durham, NC, USA
[g] Department of Medicine, Johns Hopkins Bayview Medical Center, Baltimore, MD, USA
[h] Department of Medicine, University of California San Francisco, San Francisco, CA, USA
[i] Department of Nutrition Sciences, University of Alabama at Birmingham, Birmingham, Alabama, USA
[j] Departments of Medicine and Endocrinology, State University of New York Downstate Medical Center, Brooklyn, NY, USA
[k] Karlshamn, Sweden
[l] Department of Endocrinology I, Bispebjerg University Hospital, Copenhagen, Denmark
[m] University of California San Francisco, San Francisco, CA, USA
[n] Department of Pediatrics, Creighton University, Omaha, NE, USA
[o] Private Practice, Lawrence, KS, USA
[p] Department of Human Sciences (Kinesiology Program) Ohio State University, Columbus, OH, USA
[q] Mid-Missouri Reproductive Medicine and Surgery, Columbia, MO, USA
[r] Hälsocentralen Centrum, Sundsvall, Sweden
[s] Private Practice, Malmö, Sweden
[t] Private Practice, Lake Oswego, OR, USA
[u] Ballochmyle Medical Group, Mauchline, East Ayrshire, Scotland, UK
[v] Metabolia Oulu, Oulu, Finland
[w] Faculty of medicine, Department of Surgery, Kuwait university, Kuwait
[x] Springfield College, Springfield, MA, USA
[y] First Nations Division, Vancouver, BC, Canada
[z] German University for Prevention and Health Care Management, Saarbrücken, Germany

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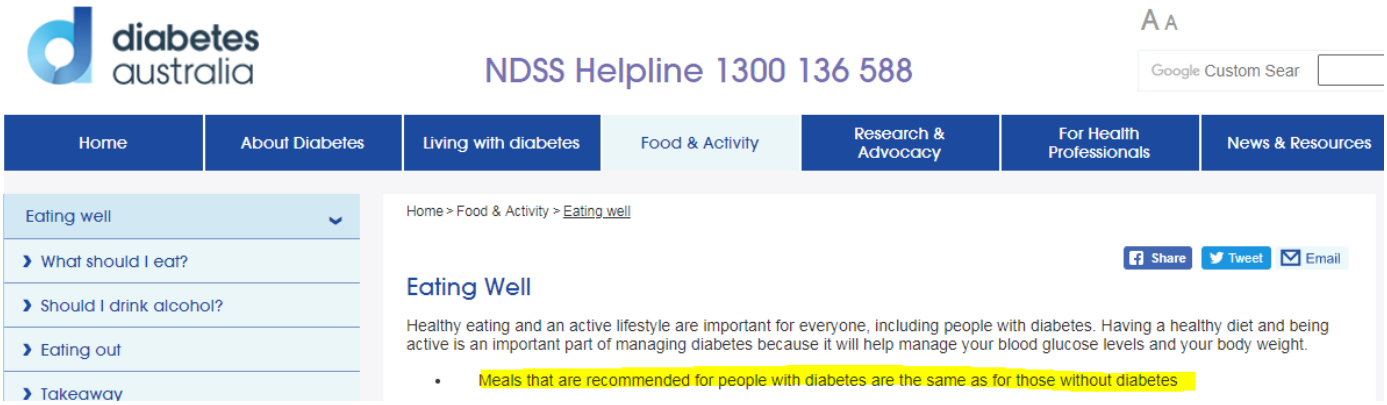
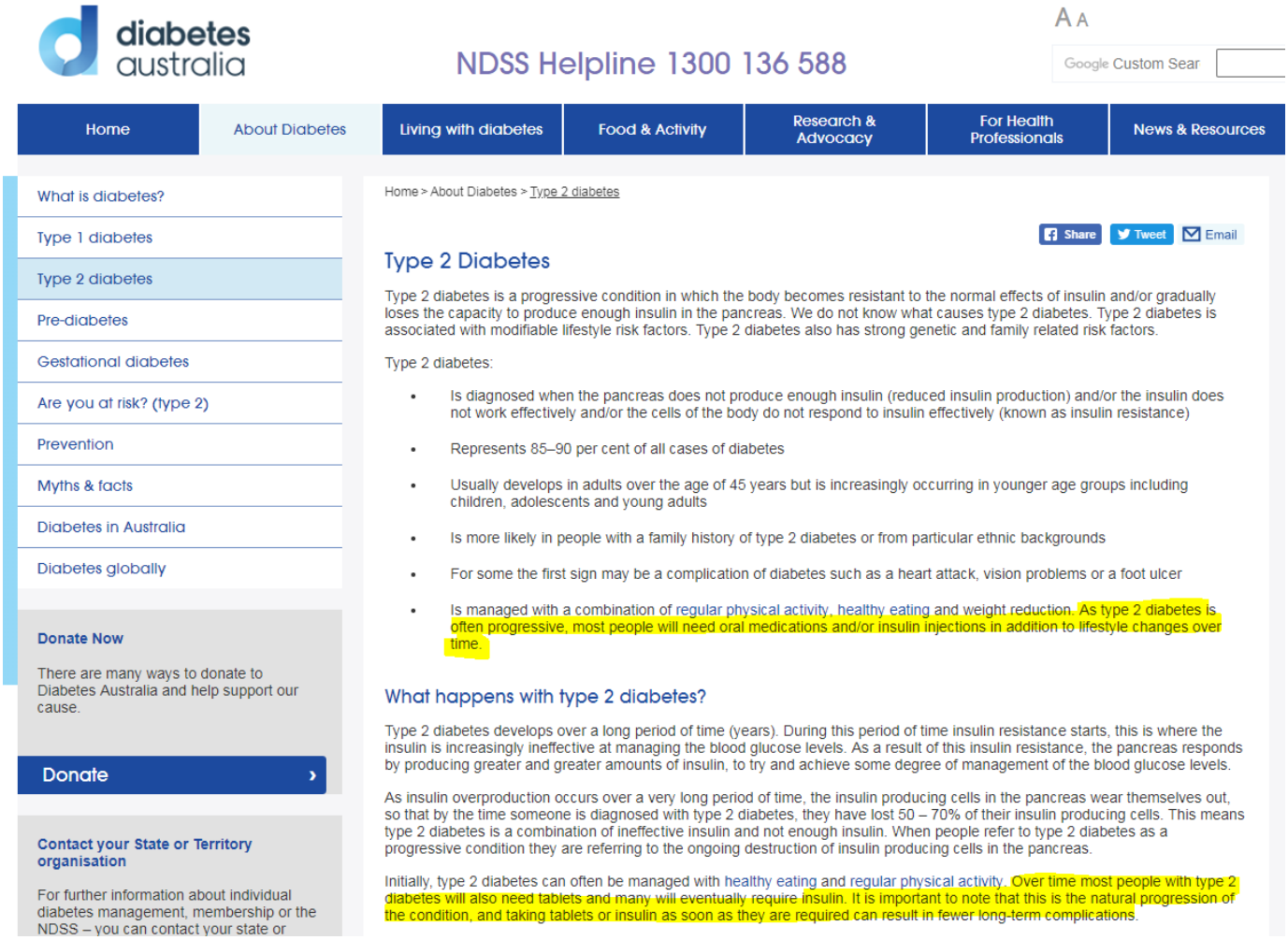
Mistreatment of consumers with type 2 diabetes reflects incompetence, scientific fraud and conflicts of interest



https://www.diabetesaustralia.com.au/eating-well

Diabetes Australia suppresses fact 60% of customers with type 2 diabetes can be cured, ~90% reduce drug-use



https://www.diabetesaustralia.com.au/type-2-diabetes

A national disgrace: Australia's scientists, dietitians and ~40,000 GPs know less about curing type 2 diabetes today than was widely known by GPs ~100 years ago. GPs mostly just write scripts for drugs to "manage" the malady, ensuring captive customers keep coming back until their premature deaths. The drug-friendly Royal Australian College of General Practitioners excludes the word "carbohydrate" from its 187-page guidelines

RACGP
Royal Australian College of General Practitioners

diabetes australia

General practice management of type 2 diabetes

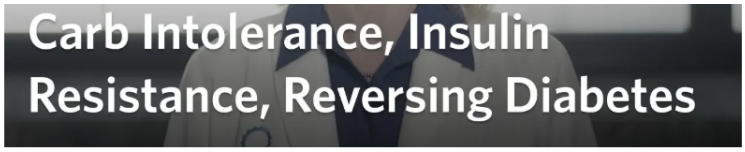
2016–18

racgp.org.au

Healthy Profession.
Healthy Australia.

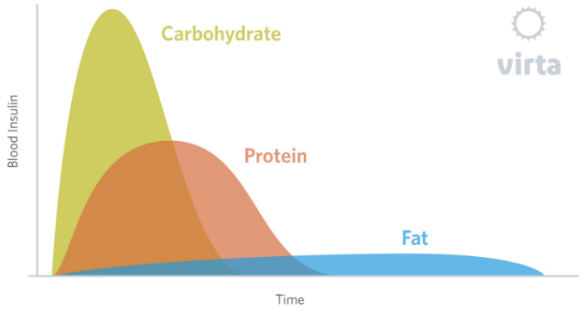
https://www.racgp.org.au/download/Documents/Guidelines/Diabetes/2015diabetesmanagement.pdf

Key to curing type 2 diabetes is knowing GL, GI, and insulin response are lower for protein and fat than carbs



What happens when we eat carbohydrates, protein and fat?

Your blood insulin responds very differently to different macronutrients. Fat does not impact blood insulin levels. Carbs have a high impact, protein impacts them moderately, but fat? No impact!



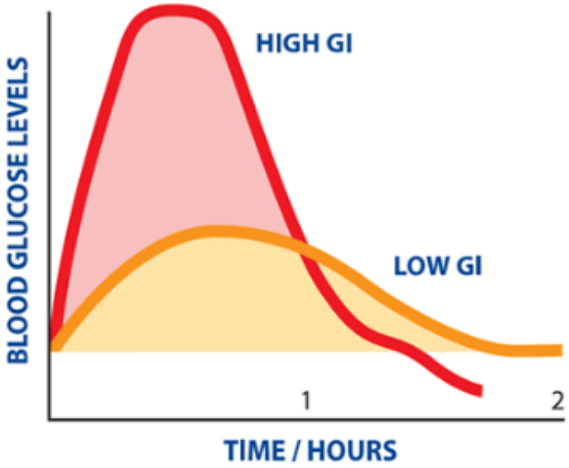
Carbs and fats provide energy for the body. When carbs are limited in the diet, fat becomes the preferred and efficient fuel source. When you reduce your intake of one macronutrient, you have to increase your intake of at least one other macronutrient—otherwise you'll feel hungry and not have enough energy. The low-fat craze started with flawed science that incorrectly stated that fat was dangerous. In a low carb, high-fat diet, fat provides you with the energy your body needs, and also helps knock out hunger and cravings.

https://blog.virtahealth.com/reversing-diabetes-101-truth-about-carbs-and-blood-sugar/ ; https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/

University of Sydney's Low-GI crew choose to promote carbohydrates, basically ignoring the one profound fact flowing from their Glycemic Index research: the lowest-GI/GL meals are dominated by dietary fats and protein

What is the Glycemic Index?

*The glycemic index (or GI) is **a ranking of carbohydrates** on a scale from 0 to 100 according to the extent to which they raise blood sugar (glucose) levels after eating. Foods with a high GI are those which are rapidly digested, absorbed and metabolised and result in marked fluctuations in blood sugar (glucose) levels. Low GI carbohydrates – the ones that produce smaller fluctuations in your blood glucose and insulin levels – is one of the secrets to long-term health, reducing your risk of type 2 diabetes and heart disease. It is also one of the keys to maintaining weight loss.*



http://www.glycemicindex.com/about.php

So, instead of advising genuinely low-GI/GL diets featuring fatty meats, eggs, full-fat dairy and green veges to cure type 2 diabetes, University of Sydney promotes high-carb (sham low-GI) diets to "manage" type 2 diabetes

Examples of lower GI foods

Breads	Low-GI varieties include dense grainy/seeded breads, fruit loaf, pumpernickel, authentic sourdough, white corn tortillas. Look for breads with the GI symbol.
Breakfast cereals	Low-GI varieties include traditional rolled oats or steel-cut oats, wheat, rice or oat bran, and natural muesli. Look for breads with the GI symbol.
Grains	Pasta (most types), fresh rice noodles, soba noodles, mung bean (bean thread noodles), Basmati rice, Doongara™ rice, quinoa, barley, bulgur (cracked wheat), buckwheat, semolina, pearl (Israeli) couscous, freekeh.
Legumes	Other than broad beans, all dried and canned legumes have a low GI, including baked beans, kidney beans, soy beans, bean mix, cannellini, haricot, butter beans brown/green/red lentils, split peas, black eyed peas, and chickpeas.
Vegetables	Lower GI vegetables include taro, yam, parsnips, sweet corn, and orange sweet potatoes. Look for starchy vegetables with the GI symbol.
Dairy foods	Milk, soy milk, yoghurt and custard naturally have a lower GI. Look for lower-fat varieties.
Biscuits/crackers	Lower GI varieties include grainy/seeded crackers and biscuits with oats and dried fruit. Look for varieties with the GI symbol.
Fruit	Most fruits have a lower GI, including apples, bananas, pears, oranges, peaches, fresh/dried/canned apricots, plums, mangoes, nectarines, grapes, kiwifruit, and prunes.

https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/ed7a1713-8a36-4480-a23b-4b4fa1b07d9b.pdf

Your Low GI Shopping List

To help lower the GI of your diet, we have put together this simple shopping list. *Look for the GI Symbol when shopping – your trusted guide to making healthy, low GI choices.

Breads
- ❒ Dense wholegrain breads*
- ❒ Grain and seed breads
- ❒ Multigrain breads (look for breads where you can see lots of grains)
- ❒ White corn tortillas*
- ❒ Fruit Loaf such as Raisin bread
- ❒ Authentic Sourdough bread

Breakfast Cereals
- ❒ Traditional porridge oats
- ❒ Bircher Muesli
- ❒ Muesli*
- ❒ Wholegrain high fibre cereals*

Vegetables
- ❒ Sweetcorn
- ❒ Carrots
- ❒ Peas, frozen or fresh
- ❒ Carisma™ Potatoes*
- ❒ Broccoli
- ❒ Cauliflower
- ❒ Capsicum
- ❒ Celery
- ❒ Tomatoes
- ❒ Butternut Pumpkin (lower GI)
- ❒ Silverbeet
- ❒ Zucchini
- ❒ Snowpeas
- ❒ Green Beans
- ❒ Eggplant
- ❒ Squash
- ❒ Salad Vegetables
- ❒ Leeks &
- ❒ Mushrooms – *very low carb or no GI rating*
- ❒ Avocadoes

Drinks
- ❒ Milo®*
- ❒ Sustagen®*
- ❒ Fruit Smoothies
- ❒ Skim Latte
- ❒ Soy Drinks
- ❒ Fruit Juice

Snacks
- ❒ Grain & Fruit bars
- ❒ Nut & Seed bars
- ❒ Wholegrain crackers
- ❒ Dried fruit and nuts

LOOK FOR THE GI SYMBOL
MAKING HEALTHY CHOICES EASY

For more information **www.gisymbol.com**

Your Low GI Shopping List continued

Legumes
- ❒ Split Peas; Green or Red Lentils
- ❒ Baked Beans
- ❒ Canned & Dried beans – kidney, cannellini, butter, borlotti, chickpeas

Spreads
- ❒ Fruit Spreads*
- ❒ Nut butters
- ❒ Hummus

Main Meal Carbs
- ❒ Doongara Low GI White rice*
- ❒ Low GI Brown rice*
- ❒ Basmati rice (lower GI)
- ❒ Pasta, cooked al dente*
- ❒ Pearl Couscous*
- ❒ Quinoa*
- ❒ Pearl Barley
- ❒ Fresh Noodles – Hokkein, Udon, Rice
- ❒ Soba Noodles
- ❒ Buckwheat
- ❒ Vermicelli
- ❒ Bulgur
- ❒ Semolina
- ❒ Cracked Wheat

Fruit
- ❒ Apples*
- ❒ Bananas
- ❒ Grapes*
- ❒ Strawberries
- ❒ Peaches
- ❒ Apricots
- ❒ Plums
- ❒ Canned Fruit in natural juice*
- ❒ Pears*
- ❒ Kiwi Fruit
- ❒ Mango
- ❒ Oranges
- ❒ Grapefruits
- ❒ Berries, fresh or frozen
- ❒ Dried fruits such as prunes, raisins, sultanas, apricots

Dairy Foods
- ❒ Reduced fat milk
- ❒ Reduced fat yoghurt, plain or fruit flavoured
- ❒ Reduced fat custard
- ❒ Low fat ice-cream*

To help make healthy low GI choices quick and easy when you're shopping, the Glycemic Index Foundation developed the GI Symbol. It guarantees that a food has been tested by independent experts to be low GI and meets strict nutrient criteria.

Choose healthy low GI foods for sustained energy and good health.

Visit **www.gisymbol.com**
for more information on our GI Symbol products

https://www.westernsydneydiabetes.com.au/themes/default/basemedia/content/files/GI-Foundation-Low-GI-Shopping-List-web.pdf

Most official health-care documents work to suppress the profoundly important fact that excess sugar and carbohydrates are main cause of type 2 diabetes. Why is main risk not mentioned? Why is cure suppressed?

The Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)

1. Your age group

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

2. Your gender

Female	☐	0 points
Male	☐	3 points

3. Your ethnicity/country of birth:

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

No	☐	0 points
Yes	☐	2 points

3b. Where were you born?

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

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

No	☐	0 points
Yes	☐	3 points

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

No	☐	0 points
Yes	☐	6 points

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

No	☐	0 points
Yes	☐	2 points

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

No	☐	0 points
Yes	☐	2 points

8. How often do you eat vegetables or fruit?

Every day	☐	0 points
Not every day	☐	1 point

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

Yes	☐	0 points
No	☐	2 points

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

Waist measurement (cm) ☐

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

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

For all others:

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

Add up your points ☐

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

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

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

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

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

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

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

The "Australian Type 2 Diabetes Risk Assessment Tool" was developed by Baker IDI Heart Diabetes Institute on behalf of Australian, State and Territory Governments as part of COAG initiative to reduce the risk of type 2 diabetes
http://www.health.gov.au/internet/main/publishing.nsf/Content/chronic-diab-prev-aus/$File/austool5.pdf
https://www.mja.com.au/system/files/issues/192_04_150210/che10062_fm.pdf

Drug companies helped fund *Australian Type 2 Diabetes Risk Assessment Tool* that fails to mention the biggest risk, happily suppressing fact type 2 diabetes is readily fixed by minimising added sugar and other carbohydrate

Baker HEART & DIABETES INSTITUTE

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The AusDiab study, coordinated by the Baker Heart and Diabetes Institute, gratefully acknowledges the generous support given by:

- National Health and Medical Research Council (NHMRC)
- Australian Government Department of Health and Ageing

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https://www.baker.edu.au/impact/ausdiab/sponsors

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

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

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

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

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

Appendix 2

Diabetes Mellitus Case for Action - Declarations of Interests

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

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

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

Next…

The *Australian Paradox* case study provides further evidence that incompetence and fraud at highest levels of nutrition "science" are behind false claims about main causes of obesity and type 2 diabetes, suppressing cure.

ABC's *Lateline* and *Background Briefing* shredded credibility of *Australian Paradox* in 2014 and 2016

Lateline 13042016 Analysing The Australian Paradox experts
http://www.abc.net.au/lateline/health-experts-continue-to-dispute-sydney-uni/7324520

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Background Briefing

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Is sugar innocent?

Sunday 8am on Sunday Extra
Repeated: Monday 2pm, Tuesday 12am

Download audio | show transcript

Sunday 9 February 2014 8:05AM (view full episode)

IMAGE: AUSTRALIANS ARE NOW CONSUMING HUGE AMOUNTS OF SUGAR IN LIQUID FORM. (GETTY/CRISMA)

Controversial research by two leading nutritionists which claims sugar has had no role to play in Australia's obesity crisis is now under investigation by Sydney University. The paper claims that sales of soft drinks have declined by 10 per cent, but now it looks like the nutritionists themselves are walking away from that statistic, as ***Wendy Carlisle*** *writes.*

http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418

Initial "red flags" hinted at serious quality-control problems with self-published *Australian Paradox* paper (2011)

Special Issue "Carbohydrates"

- Special Issue Editors
- Published Papers

A special issue of *Nutrients* (ISSN 2072-6643).

Deadline for manuscript submissions: **closed (30 September 2010)**

Share This Special Issue

Special Issue Editor

Guest Editor

Prof. Jennie Brand-Miller
School of Molecular Bioscience, The University of Sydney, NSW 2006, Australia
Website | E-Mail

Interests: all aspects of carbohydrates, including diet and diabetes; the glycemic index and insulin resistance; obesity; pregnancy

http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates

Nutrients **2011**, *3*(4), 491-504; https://doi.org/10.3390/nu3040491

Open Access | Article

The Australian Paradox: A Substantial Decline in Sugars Intake over the Same Timeframe that Overweight and Obesity Have Increased

Alan W. Barclay [1] and Jennie Brand-Miller [2,*]

[1] Australian Diabetes Council, 26 Arundel Street, Glebe, NSW 2037, Australia
[2] School of Molecular Bioscience and Boden Institute of Obesity, Nutrition and Exercise, University of Sydney, NSW 2006, Australia

* Author to whom correspondence should be addressed.

Received: 4 March 2011 / Revised: 14 April 2011 / Accepted: 19 April 2011 / Published: 20 April 2011

(This article belongs to the Special Issue Carbohydrates)

http://www.mdpi.com/2072-6643/3/4/491

5. Conclusions

The present analysis indicates the existence of an Australian Paradox, *i.e.*, an inverse relationship between secular trends in the prevalence of obesity prevalence (increasing by ~300%) and the consumption of refined sugar over the same time frame (declining by ~20%). The findings challenge the implicit assumption that taxes and other measures to reduce intake of soft drinks will be an effective strategy in global efforts to reduce obesity.

Acknowledgements

This study was a Masters of Nutrition and Dietetic project conducted by Laura Owens and co-supervised by AWB and JBM.

AWB is a co-author of one of the books in The New Glucose Revolution book series (Hodder and Stoughton, London, UK; Marlowe and Co., New York, NY, USA; Hodder Headline, Sydney, Australia and elsewhere): Diabetes and Pre-diabetes handbook, and is a consultant to a not-for-profit GI-based food endorsement program in Australia.

JBM is a co-author of The New Glucose Revolution book series (Hodder and Stoughton, London, UK; Marlowe and Co., New York, NY, USA; Hodder Headline, Sydney, Australia and elsewhere), the Director of a not-for-profit GI-based food endorsement program in Australia and manages the University of Sydney GI testing service.

http://www.mdpi.com/2072-6643/3/4/491/htm

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

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

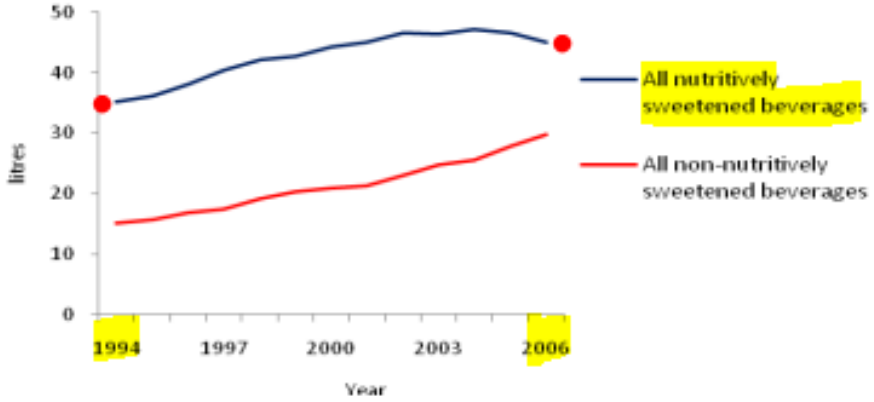
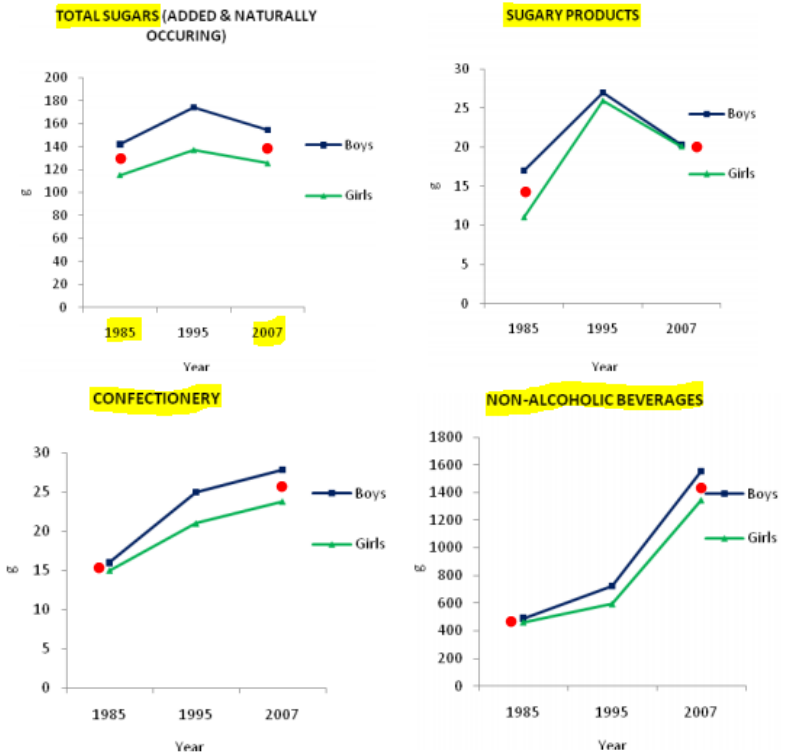
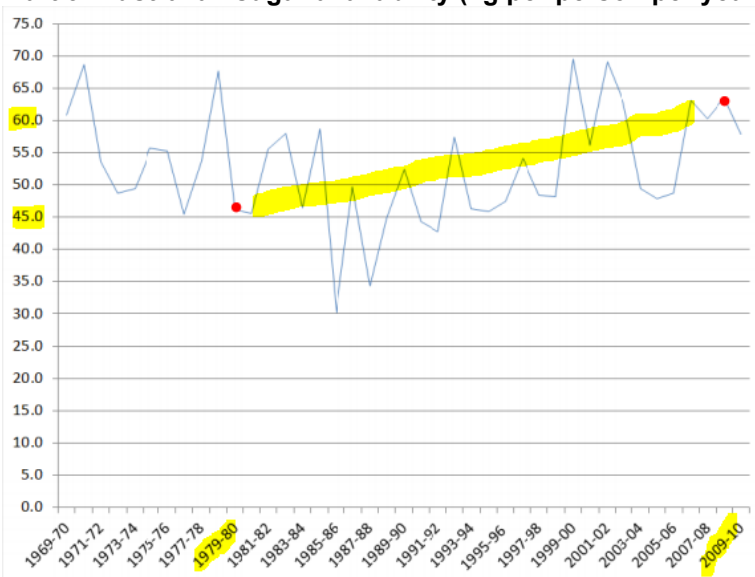


Chart 2: National Dietary Surveys – Children (grams per child per day)



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

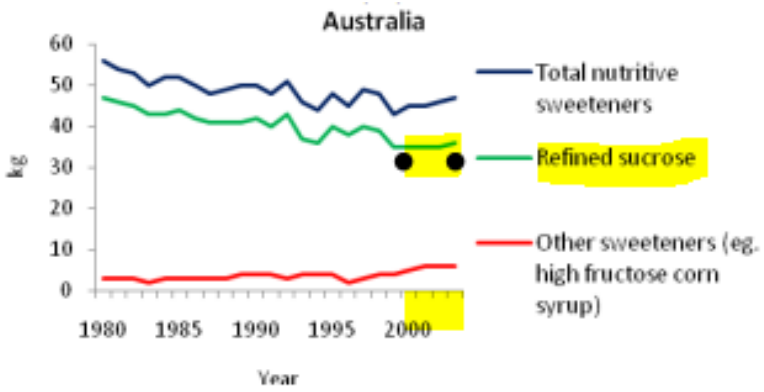
Chart 3: Australian sugar availability (kg per person per year)



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

Professor Brand-Miller and Dr Barclay dishonestly insist unreliable 2000-2003 data are "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

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
E-mail: Gladys.MorenoGarcia@fao.org
Phone: 00 39 06 57052548
Fax: 00 39 06 57055615
http://www.fao.org/economic/statistics

http://www.australianparadox.com/pdf/FAOfalsifiedsugar.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, he and Deputy Vice-Chancellor (Research) Jill Trewhella hid the truth, by recklessly "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 was the University of Sydney able to keep pretending that clearly faked/unreliable data are valid and reliable: http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf

University of Sydney's *Initial Inquiry Report* was a "whitewash", with Deputy Vice-Chancellor (Research) Jill Trewhella and her hand-picked independent investigator Professor Robert Clark AO "disappearing" my evidence that conspicuously flat, dead-ending FAO data for 2000-2003 are faked/made-up/unreliable

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 p. 21 https://ses.library.usyd.edu.au//bitstream/2123/15705/2/australian-paradox-report-redacted.pdf

From: rory robertson <strathburnstation@gmail.com>
Date: Sun, Aug 10, 2014 at 11:37 PM
Subject: Letter to SydUni Academic Board: Professor Clark's flawed Initial Inquiry Report into the Australian Paradox scandal

To: chair.academicboard@sydney.edu.au, Jill.Trewhella@sydney.edu.au, vice.chancellor@sydney.edu.au, dvc.provost@sydney.edu.au, Michael.Spence@sydney.edu.au, vc.admin@sydney.edu.au, Stephen.Garton@sydney.edu.au, pip.pattison@sydney.edu.au, Shane.Houston@sydney.edu.au, tyrone.carlin@sydney.edu.au, Ann.Brewer@sydney.edu.au, marie.carroll@sydney.edu.au, mark.adams@sydney.edu.au, john.redmond@sydney.edu.au, duncan.ivison@sydney.edu.au, Chris.Peck@sydney.edu.au, business.dean@sydney.edu.au, fran.waugh@sydney.edu.au, archie.johnston@sydney.edu.au, Kathryn.Refshauge@sydney.edu.au, joellen.riley@sydney.edu.au, bruce.robinson@sydney.edu.au, jill.white@sydney.edu.au, pharmacy.dean@sydney.edu.au, trevor.hambley@sydney.edu.au, colin.rhodes@sydney.edu.au, karl.kramer@sydney.edu.au, rosanne.taylor@sydney.edu.au, anne.bell@sydney.edu.au, simon.barrie@sydney.edu.au, gillian.luck@sydney.edu.au, president@src.usyd.edu.au, tiho.ancev@sydney.edu.au, tina.bell@sydney.edu.au, stephen.cattle@sydney.edu.au, shyamal.chowdhury@sydney.edu.au, wendy.davis@sydney.edu.au, nicole.gurran@sydney.edu.au, rob.saunders@sydney.edu.au, william.christie@sydney.edu.au, ben.goldsmith@sydney.edu.au, nerida.jarkey@sydney.edu.au, kathryn.welch@sydney.edu.au, g.white@sydney.edu.au, jinlong.gao@sydney.edu.au, tania.gerzina@sydney.edu.au, sandra.vanderlaan@sydney.edu.au, susan.mcgrathchamp@sydney.edu.au, philip.seltsikas@sydney.edu.au, john.shields@sydney.edu.au, catherine.suttonbrady@sydney.edu.au, judy.anderson@sydney.edu.au, susan.colmar@sydney.edu.au, richard.walker@sydney.edu.au, rachel.wilson@sydney.edu.au, philip.leong@sydney.edu.au, david.lowe@sydney.edu.au, yiu-wing.mai@sydney.edu.au, andrew.ruys@sydney.edu.au, tim.wilkinson@sydney.edu.au, roger.bourne@sydney.edu.au, michael.millington@sydney.edu.au, elias.mpofu@sydney.edu.au, kieron.rooney@sydney.edu.au, roger.stancliffe@sydney.edu.au, elisa.arcioni@sydney.edu.au, mary.crock@sydney.edu.au, jamie.glister@sydney.edu.au, greg.tolhurst@sydney.edu.au, manuel.graeber@sydney.edu.au, peter.knight@sydney.edu.au, leslie.nicholson@sydney.edu.au, paul.young@sydney.edu.au, eagle.zhang@sydney.edu.au, jacqueline.bloomfield@sydney.edu.au, janice.gullick@sydney.edu.au, yun-hee.jeon@sydney.edu.au, thomas.balle@sydney.edu.au, bret.church@sydney.edu.au, mary.collins@sydney.edu.au, david.easdown@sydney.edu.au, anthony.masters@sydney.edu.au, caleb.owens@sydney.edu.au, jenny.saleeba@sydney.edu.au, charlotte.taylor@sydney.edu.au, brad.buckley@sydney.edu.au, john.conomos@sydney.edu.au, cherine.fahd@sydney.edu.au, michael.halliwell@sydney.edu.au, matthew.hindson@sydney.edu.au, david.larkin@sydney.edu.au, neal.peresdacosta@sydney.edu.au, Roslyn Bathgate <roslyn.bathgate@sydney.edu.au>, susan.matthew@sydney.edu.au, claire.wade@sydney.edu.au, p.white@sydney.edu.au, xavier.ho@sydney.edu.au, president@edsoc.org.au, usydatheists@gmail.com, agup5455@nulluni.sydney.edu.au, jane.hanrahan@sydney.edu.au, daniela.traini@sydney.edu.au, megan.kemmis@sydney.edu.au

Rory Robertson
Sunday, 10 August 2014

Initial Inquiry into Australian Paradox scandal wrong on 5 of 7 "Preliminary Findings of Fact"

Dear Chairman of the Academic Board, members of the Academic Board - http://sydney.edu.au/ab/about/members.shtml - and outside observers,

I'm sorry to have to write to you again about the Charles Perkins Centre's Australian Paradox scandal.

1. BACKGROUND

The profoundly faulty Australian Paradox paper falsely exonerates modern sugar consumption - especially via sugary drinks - as a key driver of obesity: http://www.australianparadox.com/pdf/quickquizresearch.pdf

My previous letter to the Academic Board of The University of Sydney - http://www.australianparadox.com/pdf/Letter-UoS-Academic-Board.pdf - prompted Deputy Vice-Chancellor (Research) Jill Trewhella in November 2013 to begin a research-integrity investigation.

Quick off the mark, on 9 February 2014, ABC investigator Wendy Carlisle reported on the Australian Paradox scandal for Radio National's Background Briefing program: http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418

On 12 February, authors Professor Jennie Brand-Miller and Dr Alan Barclay responded to that program by publishing a disingenuous "Correction" in the journal Nutrients.

I say "disingenuous" because, despite the integrity of their "finding" of "an inverse relationship" between sugar consumption

http://www.australianparadox.com/pdf/Letter-Academic-Board-Inquiry-Report.pdf

University of Sydney's management 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 Trewhella'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 Trewhella 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 Trewhella 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 Albericie'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

Australian Paradox features in Brand-Miller and industry's campaigns against legitimate "sugar tax" proposals

Rory Robertson
February 2018

Australia's public debate on the need for a "sugar tax"

Key advocates:

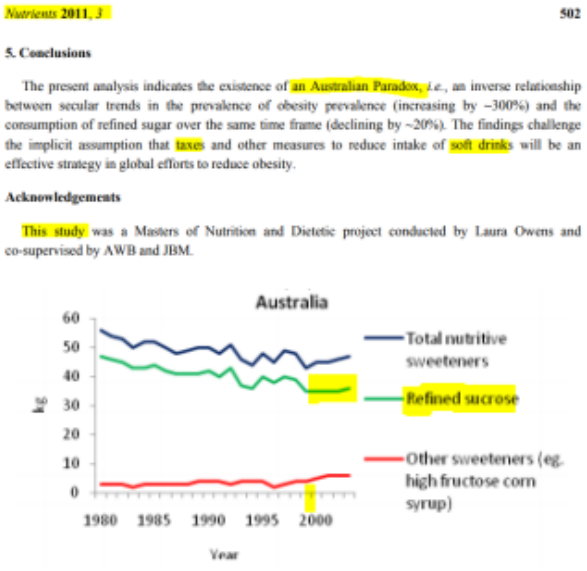
1. **Grattan Institute**: https://grattan.edu.au/wp-content/uploads/2016/11/880-A-sugary-drinks-tax.pdf
2. **Australian Greens**, led by Senator Richard Di Natale (p. 13-15)
3. **Australian Medical Association**, led by Dr Michael Gannon (p. 10-12)
4. **Obesity Policy Coalition** (OPC), led by Jane Martin (p. 11)

Key opponents:

1. **The "Australian Paradox"**, supported by sneaky University of Sydney management (p. 5)
2. **Australian Beverage Council**, featuring the **Australian Paradox** (p. 2)
3. **Menzies Research Centre**, featuring the **Australian Paradox** (pp. 3-4)
4. **High-profile commentator Piers Akerman**, featuring the **Australian Paradox** (pp. 6-8 and 16-19)
5. **Professor Judith Sloan**, citing fluffy, unreliable, self-reported sugar-consumption data (pp. 10-12)

Background on Australian Paradox: Academic disgrace, scientific fraud and menace to public health

The "Australian Paradox" (2011) was co-authored by the University of Sydney's Professor Jennie Brand-Miller (JBM) and Dr Alan Barclay (AWB). **Their main (false) "finding"** is that there was "**a consistent and substantial decline**" in per-capita consumption of added sugar in Australia between **1980 and 2010**. Critically, the relevant Australian Bureau of Statistics (ABS) sugar-consumption series **ends at 1998-99, discontinued as unreliable**. Dishonestly or not, JBM and AWB still refuse to **properly address** the fact that their data for the 2000s (in chart below) are made-up/faked/invalid.



Nutrients **2011**, *3* **502**

5. Conclusions

The present analysis indicates the existence of an Australian Paradox, *i.e.*, an inverse relationship between secular trends in the prevalence of obesity prevalence (increasing by ~300%) and the consumption of refined sugar over the same time frame (declining by ~20%). The findings challenge the implicit assumption that taxes and other measures to reduce intake of soft drinks will be an effective strategy in global efforts to reduce obesity.

Acknowledgements

This study was a Masters of Nutrition and Dietetic project conducted by Laura Owens and co-supervised by AWB and JBM.

http://www.mdpi.com/2072-6643/3/4/491

Again, those 2000-2003 data are conspicuously flat, faked and dead-ending; further, JBM and AWB's other four sugar indicators trend **up** not down: pp. 18 and 28 in http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf The 2011 "finding" thus relies on unreliable data that dead-end in 2003, four years ***after*** ABS counters stopped counting. All up, **more than one-third** of the 30-year 1980-2010 timeframe lacks valid data. The *Australian Paradox* clearly is a sham.

This ridiculously faulty paper was published mainly because the lead author - JBM – also was the "Guest Editor" of her publishing journal: http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates As taxpayers, we gift the University of Sydney **~$700m per annum** on the promise that the Group of Eight is devoted to "excellence" in research (see p. 21).

https://www.australianparadox.com/pdf/australian-sugar-tax-debate.pdf

Australian Beverage Council campaign against sugar tax features *Australian Paradox* fraud

Why a soft drinks tax is not the answer

As the nation's collective waistline continues to expand, through the media there are various calls for a tax on certain products, including soft drinks, as a means to curb obesity. Whilst theoretical modelling might point to taxes as a solution, in reality these punitive measures are ineffective, inefficient and unfair for a range of reasons.

Added sugar consumption declining...

Australia's consumption of added sugar is declining. A recent study identified that the prevalence of obesity has increased 3 fold in Australians since 1980 while per capita consumption of refined sugar (sucrose) decreased by 23% from 1980 to 2003[1]. The research also found that when all sources of nutritive sweeteners, including high fructose corn syrups, were considered, per capita consumption decreased in Australia by 16%. This was coupled with a reduction in sales of nutritively (sugar) sweetened beverages by 64 million litres from 2002 to 2006 and a reduction in percentage of children consuming sugar-sweetened beverages between 1995 and 2007. The findings confirm an "Australian Paradox"—a substantial decline in refined sugars intake over the same timeframe that obesity has increased. The implication is that efforts to reduce sugar intake *may* reduce consumption but *may not* reduce the prevalence of obesity.

http://www.australianbeverages.org/for-consumers/soft-drink-tax-answer/

Sydney University used security guard to stop public scrutiny as *Australian Paradox* fraud expanded into *AJCN*

THE AUSTRALIAN
For the informed Australian

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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 Campion

The Australian | 12:00AM March 6, 2017 | 113 | Save

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/0021115ba9b77f2e2e96e86f37ca7fdd

77.

https://www.theaustralian.com.au/news/nation/university-of-sydney-threatens-to-ban-rory-robertson-over-sugar-dispute/news-story/0021115ba9b77f2e2e96e86f37ca7fdd

Rory Robertson's

Five-year update on the University of Sydney's *Australian Paradox* fraud, and associated harm to public health

Over the year to March 2017 – the fifth year of this academic and public-health scandal - the main developments included:

(i) **Emma Alberici** on ABC TV's *Lateline* presented the key aspects of my time-tested critique of the extraordinarily faulty *Australian Paradox* paper;

(ii) **Peter FitzSimons, a Fellow of the University of Sydney Senate**, featured the *Australian Paradox* scandal in Chapter 7 of his new book (p. 53);

(iii) **Professor Jennie Brand-Miller** wrote a 36-page letter of complaint to ABC re *Lateline*. The ABC confirmed my critique, including the fake-data issue;

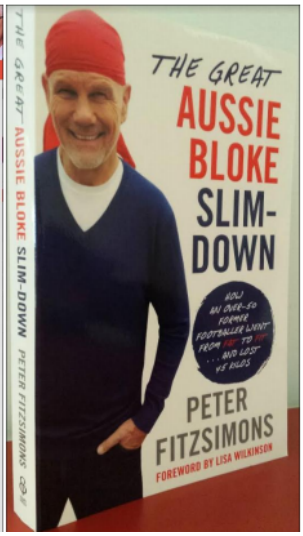
(iv) **Michael Spence, Vice-Chancellor of the University of Sydney *and* Chair of the Group of Eight**, in an epic failure of leadership, ditched the promise to taxpayers of Go8 research "excellence", and embraced Academic Freedom, as he refused to correct blatantly false information harming public health;

(v) **Provost Stephen Garton and VC Michael Spence** in 2017 each wrote to Rory Robertson, who responded in turn to their detailed false claims (p. 64);

(vi) **Professor Brand-Miller and Dr Alan Barclay** published new *Australian Paradox* paper, featuring fake data, supported by a USyd security guard! (p.78);

(vii) **Rory Robertson** documented more clearly the ongoing research misconduct, the defrauding of taxpayers and the scandal of harm to public health.

Please read on, starting in Parts 1, 2, 3 and 4 with Rory Robertson's background, and exactly why the *Australian Paradox* paper should be formally retracted.



ABC's Audience and Consumer Affairs (A&CA) unit confirms *Australian Paradox* paper dominated by extraordinary errors

In 2016, after journalist Emma Alberici's ABC TV *Lateline* report presented the main aspects of my critique - including the FAO's conspicuously flat fake line spanning the 2000-2003 timeframe - the University of Sydney's Professor Jennie Brand-Miller claimed falsely to Alberici that the Charles Perkins Centre's infamous *Australian Paradox* findings remain as valid as ever. The **scientific record** was left uncorrected.

Indeed, the Charles Perkins Centre guru wrote a **36-page formal letter of complaint to the ABC on 24 May 2016**. On 14 September, the ABC's A&CA unit advised the best-selling Low-GI diet book promoter that her detailed complaints about the factual nature of my critique - as presented on *Lateline* - are wrong on all important matters of fact. **Again, the scientific record was not corrected. Again, Professor Jennie Brand-Miller and co-author Dr Alan Barclay just pretended nothing happened!**

This latest independent assessment of competence and integrity at the highest levels of Group of Eight "science" is documented in the A&CA unit's final *Investigation Report*. In my opinion, the University of Sydney's Academic Board should obtain, and take the time to assess, those two documents – the 36-page complaint and A&CA's 15-page response – then instruct e-journal *Nutrients* to retract the extraordinarily faulty *Australian Paradox* paper that has become a menace to public health.

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

Professor Brand-Miller and Dr Barclay in 2016-2017 duped young ANU PhD student with series of bogus claims

Rory Robertson

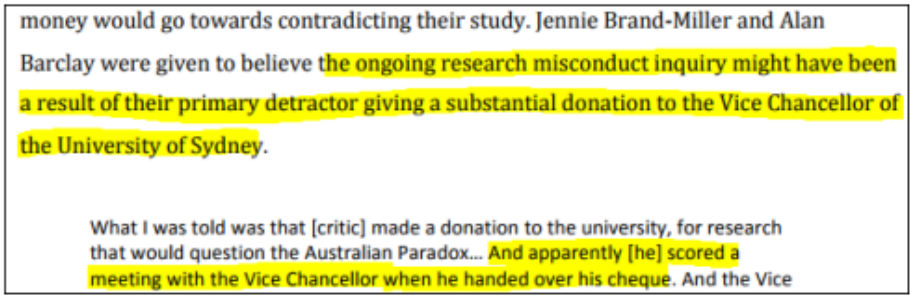
August 2017

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

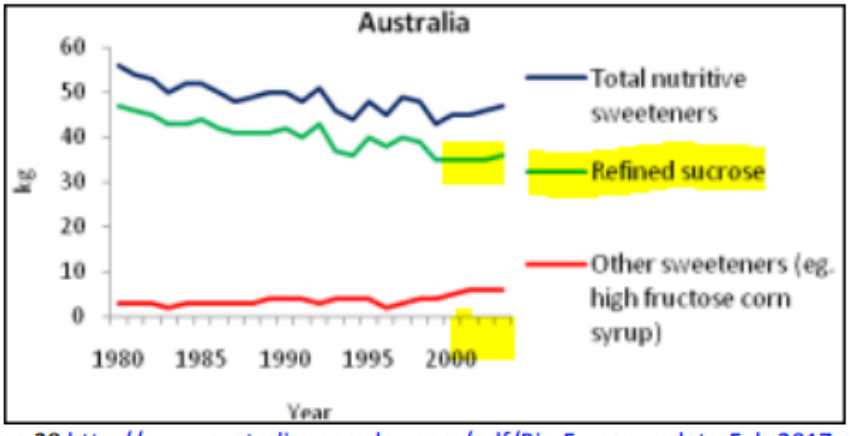
For starters, this July 2017 PhD thesis **contains the defamatory suggestion that I bribed University of Sydney Vice-Chancellor Dr Michael Spence**, to secure a meeting with him, in the process of ensuring the 2014 research-integrity Inquiry went ahead (pp. 58, 94 and 96). **In fact, I did not bribe,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



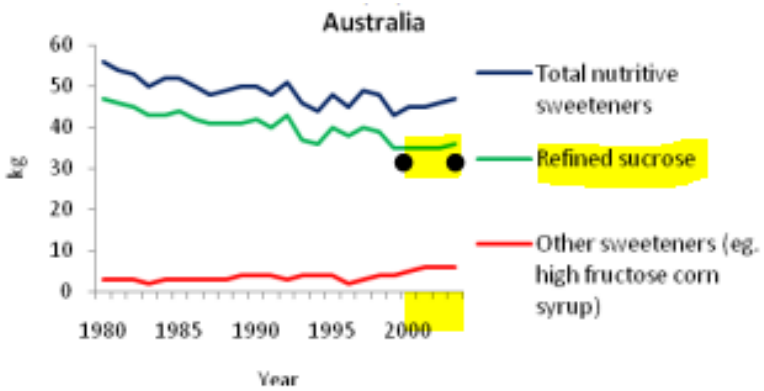
Page 28 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

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

Research misconduct as Charles Perkins dishonestly expanded rather than fixed *Australian Paradox* fraud

The false exoneration of added sugar as a key driver of obesity and type 2 diabetes has become a serious scientific fraud that's wrecking the credibility of the Charles Perkins Centre. In a face-to-face discussion at the ANU in 2013, I gave the facts on the ridiculously faulty *Australian Paradox* story to CPC boss Stephen Simpson. He assured me he would ensure the scientific record is corrected, but he didn't: http://www.australianparadox.com/pdf/LettersCPCProfSimpson.pdf

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

Recall that Brand-Miller and Barclay recklessly misinformed research-integrity Investigator Professor Robert Clark AO, by submitting the blatant untruth that their conspicuously flat, dead-ending and clearly unreliable 2000-2003 Food and Agriculture Organization (FAO) sugar series for Australia (above) is "robust and meaningful" (p. 58 of 86 at https://ses.library.usyd.edu.au//bitstream/2123/15705/2/australian-paradox-report-redacted.pdf).

Professor Clark AO confirmed in 2014 that neither he nor Brand-Miller and Barclay had the foggiest idea where the FAO data came from:

> At interview it appeared that the Australian Paradox authors weren't sure 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. In their subsequent confidential written response to the Inquiry they

p. 8 https://ses.library.usyd.edu.au//bitstream/2123/15705/2/australian-paradox-report-redacted.pdf

Alas, Professor Clark AO didn't bother to ask me about the facts. Perhaps that would have got in the way of him falsely exonerating Brand-Miller and Barclay. Separately, Professor Clark's key recommendation in the University of Sydney's 2014 research-integrity *Initial Inquiry Report* remains that a new Australian Paradox paper should be written, with **"the Faculty" overseeing a paper that "specifically addresses and clarifies the key factual issues…" I had identified**.

> 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/2123/15705/2/australian-paradox-report-redacted.pdf

As noted, there are **two key factual issues**: **(i)** several valid sugar series in charts in the *Australian Paradox* research directly contradict the (false) story of a "consistent and substantial decline" in sugar consumption (p. 46); and **(ii)** those conspicuously flat, dead-ending fake 2000-2003 FAO data. **Critically, no-one was advised to produce an "update"**: Brand-Miller was advised merely to clarify factual matters in a way that constructively addressed key issues "raised by the Complainant" (me). Why did JBM deceive Ms Hoepner into thinking that JBM had been asked to publish an update?

> Another participant affected by this behaviour is Jennie Brand-Miller. Brand-Miller received unrelenting inquiries from journalists following the outcome of the research misconduct investigation, demanding to know when her and Alan Barclay will publish an updated version of *The Australian Paradox*. These persistent demands mean she

pp. 56-57 of PhD https://www.australianparadox.com/pdf/2017-ANU-PhD-on-Research-Silencing.pdf

Charles Perkins Centre dishonestly expanded rather than fixed *Australian Paradox* fraud (con't)

> So these ABC journalists have really made things a lot worse. And one in particular, the one that you're probably aware that there was a one hour program about it on ABC radio? Well she has continued to write to the University's Office of Research Integrity asking 'Why hasn't this paper been published?' So it comes back to bite me again and again, I can't really do what I'd like to do. I know now I have to, before the end of the year I have to have written that paper and submitted it somewhere. So that's a shame, it means that other papers that should be written will be pushed back.

Professor Brand-Miller was highly critical of ABC journalists Wendy Carlisle (*Background Briefing*) and Emma Alberici (*Lateline*) for inquiring about the status of her long-overdue clarification paper. Yet it is the job of those ABC and other journalists to report misconduct of all sorts. In this case, it was Brand-Miller herself who dishonestly chose to pretend for years that some new far-off ABS data were needed for her to proceed. Again, Brand-Miller and Barclay were supposed to address key factual matters that shredded the credibility of their original story, not to dishonestly invent a new story.

Now comes the really disturbing bit. Instead of fixing the *Australian Paradox* fraud, Charles Perkins Centre management **chose to embrace and dishonestly expand the deception**. In March 2017, the Faculty - headed by Professor Stephen Simpson - published its new Australian Paradox paper in the *American Journal of Clinical Nutrition* (*AJCN*). The new paper neither addressed nor clarified the key factual problems in the 2011 paper; it dishonestly swept the problems I have highlighted under the carpet, unforgivably expanding the false exoneration of added sugar into the *AJCN*. Why?

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

Despite Aboriginal Australians dying young in droves via excessive sugar consumption, the Charles Perkins Faculty chose to try to rescue its own misbehaving staff; it chose to be part of the dishonest charade exaggerating - on the scientific record - the reliably of bogus data falsely exonerating sugar as a key driver of obesity and type 2 diabetes.

Jennie Brand-Miller is grateful: "Professor Stephen Simpson has stood quietly by me through the challenges of the last few years". Indeed, despite the original 2011 paper's valid data falsifying its "consistent and substantial decline" conclusion and the blatantly unreliable FAO data, his Faculty chose to dishonesty pretend there are no serious problems.

In November 2016, I was shocked by the University of Sydney using a security guard to shut down legitimate public scrutiny of a draft of the dishonest *AJCN* paper (p. 52). Soon after, in March 2017, I was shocked to find that Professor Simpson, and Jennie's decades-long friend, the highly influential Professor Stewart Truswell (the main scientific author of *Australian Dietary Guidelines*; see p. 7), have been so stupid as to allow their names on the *Australian Paradox* fraud.

> 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

That came after I had personally explained to each of them the blatant problems in the original paper. Alas, Simpson and Truswell now have their names side-by-side on a serious scientific deception. Please also see **Appendix 2,** from p. 63.

The Group of Eight Universities (Go8)

comprises Australia's eight leading research Universities – The University of Melbourne, The Australian National University, The University of Sydney, The University of Queensland, The University of Western Australia, The University of Adelaide, Monash University and UNSW Australia.

Excellence & results

I am pleased and proud to have been appointed Chair of Australia's Group of Eight Universities (Go8). The Go8 has members in each mainland State and the Australian Capital Territory, and the commitment to excellence from our universities is unparalleled in Australia.

It is an exciting time to lead this premier group of research intensive universities. With world rankings consistently placing our Go8 universities as the highest ranked Australian universities, and with seven of our members in the world's top 100, the Go8 has been perfectly positioned to take a lead position in the Australian Government's priority policy direction to drive innovation for economic growth.

It is at Go8 universities that the quality students we enrol have the opportunity to learn and grow into quality graduates, while experiencing the benefits of a research-rich environment that receives two thirds of Australia's University research funding.

It is at Go8 universities that students are embedded in institutions which together spend some $6 Billion a year on research; 99% of that research rated as world class or above, and much of it with global significance.

Our encouragement of innovation and entrepreneurship and the programs the Go8 delivers to assist commercialisation, means we currently deliver 80% of the sector's commercialisation, and two-thirds of its start-ups. We also derive income from industry collaboration that is twice that of the rest of the Australian sector combined.

From this environment of enlightened commitment to both teaching and research, the Go8 prospers across its many disciplines; as proud of its commitment to the humanities and arts as to the sciences.

It is at Go8 universities also where an emphasis on equity and philanthropy both flourish. The Go8 believes equity *starts* at student enrolment rather than ends there, and our nourishment of students who require extra support means the Go8 delivers better outcomes to them in terms of retention and success than other Australian Universities.

Our emphasis on philanthropy, to further enrich what we can offer our students and our researchers is determined, and our members are proud of their expanding efforts in this area.

The Go8 is a welcoming group of universities. Its results and its culture are why being Chair is such an honour.

Dr Michael Spence
Chair

https://www.go8.edu.au/sites/default/files/docs/page/go8_in_profile_brochure.pdf

VC Michael Spence wrote to me to say that the University of Sydney has no interest in fixing false information

RE: Obesity dispute: Call for Nutrients' Editor-in-Chief to resign, Time for journal to fix its woeful quality control Inbox ×

Vice Chancellor <vice.chancellor@sydney.edu.au> Mon, May 28, 2012, 1:11 PM

to me

Dear Mr Robertson

I have received your e-mail of 24 May.

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
Quadrangle A14 | The University of Sydney | NSW | 2006
T +61 2 9351 6980 | F +61 2 9351 4596
E vice.chancellor@sydney.edu.au | W http://sydney.edu.au

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

THE AUSTRALIAN
FOR THE INFORMED AUSTRALIAN

Australia Day honours: Michael Spence achieving equity without surrendering excellence

By **JOHN ROSS**

12:00AM JANUARY 26, 2017
NO COMMENTS

'God has been kind': University of Sydney vice-chancellor Michael Spence. Picture: Renee Nowytarger

When Michael Spence returned to his Sydney alma mater after 20 years at Oxford University, he stumbled on a live discussion over whether standards should be lowered to bring in people from underrepresented groups.

It was 2008, and Spence was taking charge at Australia's oldest university at a time when the federal government was on the verge of uncapping student numbers.

"I was surprised to hear people talking about excellence and equity as if they were trade-offs," the University of Sydney vice-chancellor says. "We know that when students from underrepresented groups arrive they outperform many students with better paper qualifications.

https://www.theaustralian.com.au/news/australia-day-honours/australia-day-honours-michael-spence-achieving-equity-without-surrendering-excellence/news-story/1b6f369efe82bb38c7efbf32477870f1

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 Official 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).

Rory Robertson

29 August 2017

Letter to University of Sydney's Academic Board regarding its scientists' academic fraud that is scheduled to misinform Australia's biggest diabetes conference (in Perth on Thursday)

Dear Chair and members of the University of Sydney's Academic Board (and observers including journalists),
http://sydney.edu.au/secretariat/academic-board-committees/academic-board/membership.shtml

I hope you all are well.

I wrote last week regarding recent research misconduct in the infamous *Australian Paradox* matter that is documented in a July 2017 Australian National University PhD thesis: http://www.australianparadox.com/pdf/Letter-USyd-Misconduct-ANU-PhD.pdf

Apart from the ridiculous new allegation that the University's 2014 research-integrity Inquiry went ahead because Vice-Chancellor Michael Spence was bribed (by me!) - "Jennie Brand-Miller felt let down by her university as they [sic] bent to money and influence from an outsider" - there remains the ongoing dishonesty of Professor Brand-Miller and Dr Barclay pretending their research involves merely "a couple of misprints" when in fact their *Australian Paradox* "finding" relies on fake data and a misinterpretation of up versus down, in their own published charts: http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf

I am writing today because over the weekend I became aware of that, on Thursday of this week, the Charles Perkins Centre's infamous *Australian Paradox* fraud is set to feature at a national diabetes conference in Perth. The conference is the Australian Diabetes Society and the Australian Diabetes Educators Association Annual Scientific Meeting 2017: http://ads-adea-2017.p.asnevents.com.au/days/2017-08-31/abstract/43981 ; http://www.ads-adea.org.au/2017-program/

So, Australia's largest network of diabetes educators - involving thousands of health-care workers - is set to hear (based on fake data and misinterpreted statistics) that added sugar is not an important driver of either obesity or type 2 diabetes.

Members, my claim that the *Australian Paradox* scandal is "maybe the best-documented case of serious research fraud in Australian history" is not made lightly: http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

I am currently in discussions with Australian Broadcasting Corporation (ABC) managers about **the publication of a secret 15-page ABC investigation report** that further documents the seriousness of Professor Brand-Miller and Dr Barclay's research misconduct: http://www.australianparadox.com/pdf/ABC-management-suppressing-proof-USyd-sci-fraud.pdf

(Did I mention that this whole mess began with the lead author operating as the Guest Editor of the publishing journal? Credible quality control? http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates)

In conclusion, the University of Sydney's infamous *Australian Paradox* paper is both an academic disgrace and a menace to public health.

Formal retraction is the standard scientific approach to such papers: http://retractionwatch.com/2016/12/05/retractions-holding-steady-650-fy2016/

I again urge the Academic Board to oversee the formal retraction of the *Australian Paradox* paper.

Regards,
Rory

Does anyone else think the research misconduct I've documented at the Charles Perkins Centre is serious?

Research misconduct

A complaint or allegation relates to research misconduct if it involves all of the following:

- an alleged breach of this Code
- intent and deliberation, recklessness or gross and persistent negligence
- serious consequences, such as false information on the public record, or adverse effects on research participants, animals or the environment.

Research misconduct includes fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting the results of research, and failure to declare or manage a serious conflict of interest. It includes avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk or harm to humans, animals or the environment. It also includes the wilful concealment or facilitation of research misconduct by others.

Repeated or continuing breaches of this Code may also constitute research misconduct, and do so where these have been the subject of previous counselling or specific direction.

Research misconduct does not include honest differences in judgment in management of the research project, and may not include honest errors that are minor or unintentional. However, breaches of this Code will require specific action by supervisors and responsible officers of the institution.

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

Australia's Group of Eight universities are defrauding fee-paying customers and taxpayers on a massive scale

Bait and switch: **(a)** University of Sydney and its Go8 partners advertise a special devotion to academic "excellence" while soliciting billions of dollars from customers and hapless taxpayers; but **(b)** after these universities pocket the cash, there's no effective quality control when it matters. False and harmful research "findings" are supported not retracted.

(a) Official Group of Eight advertising: *Research intensive universities promote excellence in research...integrity is the requirement, excellence the standard...**the application of rigorous standards of academic excellence**...placing a higher **reliance on evidence** than on authority...the excellence, breadth and volume of their research...help position the standards and benchmarks for research quality...research intensive universities are crucial national assets...[they have] the right and responsibility to publish their results and participate in national debates...provide information that supports **community well-being**...they are **citadels of ability and excellence**... Excellence attracts excellence...The reputation of these universities **reflects substance, not public relations**...the research intensive universities are critical. The way in which they operate ensures the **highest possible standards** of performance across a broad range of disciplines and helps set national standards of excellence.* https://go8.edu.au/sites/default/files/docs/role-importanceofresearchunis.pdf

	2015 $M	2014 $M	Change $M	Change %
Teaching and learning operating grants	304.4	299.5	4.9	1.6
Capital funding	1.3	6.9	(5.6)	(81.4)
Federal government operating and capital grants	**305.7**	**306.4**	**(0.7)**	**(0.2)**
Research block grant funding	150.9	150.4	0.5	0.3
Other federal agencies - research	157.2	160.6	(3.4)	(2.1)
Australian Research Council	64.1	73.0	(8.9)	(12.2)
Scholarships	30.3	29.1	1.2	4.0
Federal research funding	**402.5**	**413.2**	**(10.7)**	**(2.6)**
Total federal funding	**708.2**	**719.6**	**(11.4)**	**(1.6)**

p. 79 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

(b) In 2016, Michael Spence - while Chair of the Go8 – ditched promise of "excellence", prioritised academic freedom and refused to retract harmful false information from the scientific record and key public debates

Dear Mr Robertson

An independent enquiry has found there to have been no academic misconduct in the publication of this research justifying any type of disciplinary action or requiring the retraction of this paper.

Universities are not advocacy organisations. They do not promote particular points of view. They are fora for research and debate and must, absent independently established research misconduct or some type of unlawfulness, protect the right of their academic staff to undertake and publish research. This includes research that you may believe to be wrong in its conclusions. Indeed, the whole progress of scientific understanding depends upon the constant correction and re-correction of published research. For a university to require the retraction of a piece of research simply on the basis that someone believes it to be wrong, even patently wrong, would be a fundamental blow to the tradition of free enquiry that has made universities such powerful engines of innovation and of social development over many centuries. I repeat, we will not censor or require the retraction of the the academic work of our staff on any grounds save independently verified research misconduct or unlawfulness.

Your campaign of public vilification will not change this position.

Yours sincerely

Michael Spence

20 April 2016 http://www.australianparadox.com/pdf/Go8Chair-academicfreedom.pdf

What will ACCC do now it knows one million-plus vulnerable consumers are being deceived and mistreated?

Response to complaints

The ACCC cannot pursue all of the complaints it receives. While all complaints are carefully considered, the ACCC exercises its discretion to direct resources to the investigation and resolution of those matters that provide the greatest overall benefit for consumers and businesses. To assist with this determination, the ACCC gives enforcement priority to matters that demonstrate one or more of the following factors:

- *conduct of significant public interest or concern*
- *conduct resulting in a substantial consumer (including small business) detriment*
- *unconscionable conduct, particularly involving large national companies or traders which impacts on consumers and small businesses*
- *conduct demonstrating a blatant disregard for the law*
- *conduct involving issues of national or international significance*
- *conduct detrimentally affecting disadvantaged or vulnerable consumer groups*
- *conduct in concentrated markets which impacts on small business consumers or suppliers*
- *conduct involving a significant new or emerging market issue*
- *conduct that is industry-wide or is likely to become widespread if the ACCC does not intervene*
- *where ACCC action is likely to have a worthwhile educative or deterrent effect, and/or*
- *where the person, business or industry has a history of previous contraventions of competition, consumer protection or fair trading laws.*

Legal proceedings continue to be a major focus of the ACCC's work, because of the significant effects of court decisions. However, the ACCC also uses a range of responses in its compliance and enforcement activities. In deciding which compliance or enforcement tool (or a combination of such tools) to use, ***the ACCC's first priority is always to achieve the best possible outcome for the community****. For example, in appropriate cases, as well as accepting a s. 87B undertaking, the ACCC may also seek additional remedies to resolve its concerns, such as issuing an Infringement Notice/s*

https://www.accc.gov.au/system/files/Guide%20to%20Section%2087B.pdf

APPENDIX 2

Charles Perkins Centre: a palatial shopfront for added sugar and bogus mouse-based high-carbohydrate diets?

As noted, the Academic Director of the Charles Perkins Centre is a key supporter of the *Australian Paradox* fraud that seeks to falsely exonerate modern doses of added sugar as a key driver of obesity and type 2 diabetes (pp. 54-55).

Beyond being home to the *Australian Paradox* fraud, the Charles Perkins Centre's influential Glycemic Index advocates operate an enterprise that puts "healthy" Low-GI stamps on 99.4% sugar and various unhealthy sugary products (p. 19).

In this Appendix, we consider the Charles Perkins Centre's controversial mouse-diet science. I express serious concerns about the scientific integrity of one particular study marketed heavily by the University of Sydney. My concerns include:

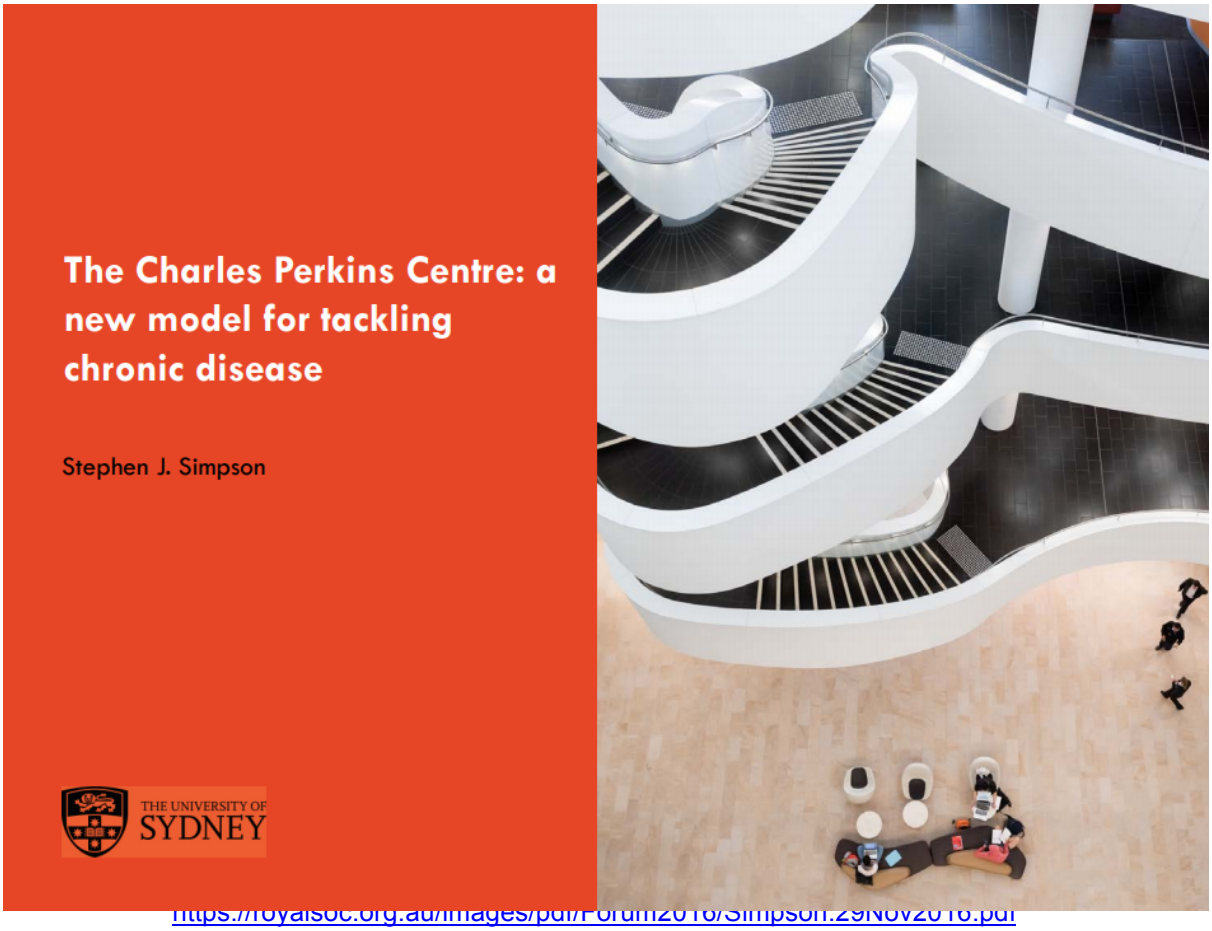
- Misrepresentation of mouse-longevity results. The authors claim that median-mouse longevity was highest on low-protein, high-carbohydrate diets. But that claim is falsified by the study's own published results. In fact, the best diet for median-mouse longevity is *high* in protein (42%) and *low* in carbohydrate (29%). That diet's median mouse lived for 139 weeks, almost 10% longer than the median mouse on the next best of 30 diets (p. 69).

- Five killer low-protein diets and 100+ dead mice were quietly excluded from the paper's longevity results, with consumers later told on ABC radio that longevity is maximised on…low-protein diets! In the following pages, please notice the unexpected downsizing of diets to 25, from 30, and total mice to 858 or ~900, from ~1,000.

- Reckless extrapolation from mice to humans. A pattern has emerged: Charles Perkins publishes its latest mouse well-being study, then the (claimed) results are quickly translated into confident low-protein, high-carbohydrate diet advice for humans (pp. 64, 66 and 74). Unfortunately, this is utter nonsense: we know that mice and humans have sharply different metabolic responses, especially to diets dominated by refined sugar and grains (p. 65).

I note that refined sugar and grains dominate the Charles Perkins Centre's mouse-longevity and anti-dementia diets (p. 67). The mistaken promotion of low-protein, high-carbohydrate mouse diets to maximise human longevity – and limit dementia - is a serious problem for vulnerable consumers, including type 2 diabetics. Tragically, Indigenous Australians are dying young on exactly the sort of low-protein sugar-and-carb mouse diets advised by Charles Perkins (pp. 72-75).

Given the false and misleading information documented in this Appendix, should the 2014 paper in *Cell Metabolism* journal be formally retracted, and then re-written to properly convey the **actual** results of the 30-diet experiment (p. 69)?



https://royalsoc.org.au/images/pdf/Forum2016/Simpson.29Nov2016.pdf

news.com.au

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

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

The Charles Perkins Centre's mouse-diet studies use C57BL/6 mice. That's fine. Their usage is pretty standard in mouse studies in laboratories across the United States: https://en.wikipedia.org/wiki/C57BL/6 ; https://www.jax.org/strain/000664

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

So, we've long known mice get fat and sick on low-carb diets. Further, a 2012 study (below) explained that the standard C57BL/6 mouse is a bad model for humans when key issues for study include obesity, type 2 diabetes, cardiovascular disease (CVD) and longevity - that is, the main issues associated with insulin resistance, a.k.a. Metabolic Syndrome.

Again, the C57BL/6 mouse is a bad animal model for humans. The metabolic responses of mice and humans are profoundly different: when put on low-carbohydrate diets, C57BL/6 mice often become fat and sick (via insulin resistance), whereas humans tend to thrive. This is not news, unless you didn't read the instructions on the box of mice you bought. Does Charles Perkins know all that? If so, why does it jump from mouse "findings" to human dietary advice?

Borghjid and Feinman *Nutrition & Metabolism* 2012, **9**:69
http://www.nutritionandmetabolism.com/content/9/1/69

Nutrition&Metabolism

RESEARCH Open Access

Response of C57Bl/6 mice to a carbohydrate-free diet

Saihan Borghjid[1,2*] and Richard David Feinman[2]

Abstract

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://nutritionandmetabolism.biomedcentral.com/track/pdf/10.1186/1743-7075-9-69

Deception? Did Charles Perkins market its 2014 mouse "findings" despite knowing not relevant for humans?

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

On mice and humans: Ignoring critical metabolic differences, and misrepresenting actual study results

As suggested earlier, when it comes to misinforming consumers on matters of diet and health, there are few forces more powerful than influential nutrition careerists recklessly extrapolating results from pet studies involving small animals into confident but often highly inappropriate and sometimes harmful dietary advice for hapless humans. Check out this one.

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

AM 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."

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

RELATED STORY: Cold shower may be secret to burning fat

RELATED STORY: Food industry likened to big tobacco in war on sugar

RELATED STORY: Obesity in developing countries growing at alarming rate

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

AUDIO: Listen to Professor David Le Couteur (AM)

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.

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

So, is this story for **C57BL/6** mice - "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…" and less than 20% fat **- robust or bogus?** (p. 69)

Charles Perkins put ~1000 mice on 30 diets then misrepresented median-lifespan story re 858 mice on 25 diets

Cell Metabolism
Article

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 Gokarn,[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,*]

[1]Charles Perkins Centre, The University of Sydney, Sydney NSW 2006, Australia
[2]Centre for Education and Research on Aging, Concord Hospital, The University of Sydney, Sydney NSW 2139, Australia
[3]ANZAC Research Institute, Concord Hospital, The University of Sydney, Sydney NSW 2139, Australia
[4]School of Biological Sciences, The University of Sydney, NSW 2006, Australia
[5]School of Biotechnology and Biomolecular Sciences, University of New South Wales, Sydney NSW 2052, Australia
[6]EWOS Innovation, Dirdal 4335, Norway
[7]Laboratory for Aging Research, School of Medical Sciences, University of New South Wales, Sydney NSW 2052, Australia
[8]Institute of Biotechnology, University of Helsinki, Helsinki 00014, Finland
[9]Garvan Institute of Medical Research, University of New South Wales, Darlinghurst NSW 2010, Australia
[10]The Paul F. Glenn Laboratories for the Biological Mechanisms of Aging, Department of Genetics, Harvard Medical School, Boston, MA 02115, USA
[11]Institute of Natural Sciences, Massey University, Auckland 0632, New Zealand
[12]Faculty of Veterinary Science, The University of Sydney, Sydney NSW 2006, Australia
[13]These authors contributed equally to this work
*Correspondence: david.lecouteur@sydney.edu.au (D.G.L.C.), stephen.simpson@sydney.edu.au (S.J.S.)
http://dx.doi.org/10.1016/j.cmet.2014.02.009

Mice in 30-diet experiment are C57BL/6 https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5

Charles Perkins Centre's high-carbohydrate mouse-longevity diet is dominated by sugar and processed grains:

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 17kJ 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,

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

https://www.cell.com/cms/10.1016/j.cmet.2014.02.009/attachment/e2d00ae0-845a-4f9e-99a4-a831d55dd569/mmc1.pdf

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

Charles Perkins halted five killer *low*-protein diets (100+ dead mice), then obscured median-longevity ranking

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

After 100+ mice "failed to thrive", five 5%-protein diets quietly disappeared, buried in Supplemental materials

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	0.42	0.42	2.77	2.77	0.42	1.17	1.17	3.52	1.93
	C	1.67	6.28	1.67	4.02	1.67	6.28	2.43	4.77	2.43	3.18
	F	1.67	1.67	6.28	1.67	4.02	4.02	4.77	2.43	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	2.89
	C	2.51	9.41	2.51	6.02	2.51	9.42	3.64	7.15	3.64	4.77
	F	2.51	2.51	9.41	2.51	6.02	6.02	7.15	3.64	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	3.86
	C	3.35	12.55	3.35	8.03	3.35	8.03	4.85	9.54	4.85	6.36
	F	3.35	3.35	12.55	3.35	8.03	8.03	9.54	4.85	4.85	6.36

p. 7 https://www.cell.com/cms/10.1016/j.cmet.2014.02.009/attachment/e2d00ae0-845a-4f9e-99a4-a831d55dd569/mmc1.pdf

Even after Table S2 was buried in "Supplemental" materials, the authors scrambled key facts: (a) by ranking lifespan in terms of the 2-3 oldest mice (outliers) rather than each diet's median mouse; and (b) by excluding longevity results for five killer low-protein diets and their 100+ dead mice. Troubling? It gets worse…overleaf

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://www.cell.com/cms/10.1016/j.cmet.2014.02.009/attachment/e2d00ae0-845a-4f9e-99a4-a831d55dd569/mmc1.pdf

Was Charles Perkins Centre's reckless misrepresentation of its median-mouse longevity results deliberate?

"*Median* lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate..." (p.421).
"The healthiest diets were the ones that had the lowest protein, 5 to 10 to 15 per cent protein…" (p. 66, earlier).

Both claims above are false. The first claim is from the paper itself; the second was made when the Charles Perkins Centre promoted its preferred story in the media. Both claims recklessly misrepresent the paper's main longevity results, reproduced in the table below after being retrieved from "Supplemental" materials (previous page). As a matter of fact:

- **The single-best diet for median-mouse longevity is *high* in protein (42%) and *low* in carbohydrate (29%);**
- That diet's median mouse lived for 139 weeks, almost 10% longer than the median mouse on the next-best diet;
- Four of the eight diets on which the median mouse lived for at least 120 weeks are *high*-protein diets, as are eight of the 18 diets on which the median mouse lived for 100 weeks or more; and furthermore, I note that
- **Seven of 12 diets on which mice struggled - the median was dead before 100 weeks - are *low* in protein.**

Those four dot points falsify the paper's big claims. "Median lifespan was greatest" for lucky mice on diets "low in protein and high in carbohydrate". **No.** "Median lifespan increased from about **95 to 125** weeks (approx… 30%; Table S2) as the protein-to-carbohydrate ratio decreased" (p.421). Again, mice on that big 1.45 protein-to-carbs ratio lived for **139 weeks.**

I think the paper should be formally retracted, then re-written to properly convey the ***actual*** results of the 30-diet, ~1000-mouse experiment (table below). But why did the Charles Perkins Centre scientists misrepresent their median longevity results? Were they simply unhappy that "the experiment didn't come out right"? Again, median longevity was maximised on 42% protein and 29% carbohydrate. Yes, that 1.45 protein-carb ratio is rather awkward for fans of "protein leverage".

While *actual* mouse-diet results are not directly relevant for humans (p. 65), ***misrepresented*** mouse results are leading science astray and wasting taxpayer funding (p. 76). Alas, we've seen time and time again that Charles Perkins Centre "science" cannot be trusted: Australian consumers and taxpayers are being misinformed and deceived on key matters.

Mouse diets ranked by median longevity (weeks) of mice on 30 diets*

Yellow is low-protein diet
Blue is high-protein diet

DIET RANKING	Median lifespan of group	Protein (%)	Carb (%)	Fat (%)	Protein: Carb ratio	Energy density	Oldest 2-3 mice (weeks of age)
1	**139**	**42**	**29**	29	**1.45**	high	151

Best diet's median longevity is 139 weeks, ~10% > next best. It is *high* in protein and *low* in carbohydrate

2	**127**	33	48	20	0.69	low	134
3	**124**	5	48	48	0.10	high	146
4	**124**	23	38	38	0.61	high	143
5	**123**	14	57	29	0.25	medium	152
6	**123**	42	29	29	1.45	medium	148
7	**123**	33	48	20	0.69	medium	146
8	**122**	5	75	20	0.07	medium	157
9	119	5	75	20	0.07	high	152
10	117	14	57	29	0.25	high	140
11	114	14	29	57	0.48	medium	147
12	108	14	29	57	0.48	high	134
13	108	60	20	20	3.00	medium	130
14	107	33	20	48	1.65	high	137
15	107	33	20	48	1.65	medium	134
16	106	5	20	75	0.25	high	154
17	100	23	38	38	0.61	high	125
18	100	60	20	20	3.00	high	128
19	99	14	57	29	0.25	low	119
20	98	33	48	20	0.69	medium	141
21	89	23	38	38	0.61	low	100
22	89	14	29	57	0.48	low	115
23	86	42	29	29	1.45	low	104
24	84	60	20	20	3.00	low	103
25	79	33	20	48	1.65	low	116
26*	23	5	75	20	0.07	low	23
27*	23	5	48	48	0.10	medium	23
28*	10	5	20	75	0.25	low	10
29*	10	5	20	75	0.25	medium	10
30*	10	5	48	48	0.10	low	10

*Diets of mice euthanised because they "failed to thrive" are included in analysis above

Source: Paper's "Supplemental" materials, including Table S2 (on p. 68, earlier).

RR published queries re 100+ dead mice, 5 missing killer diets and median ranking. Journal *Cell* retracted. Why?

Rory Robertson (former fattie) Mar 12, 2014

Why were 100+ sick mice - all on low-protein diets - excluded from longevity results?

The original study reportedly involved 30 diets and nearly 1000 mice: **http://www.heraldsun.com.au/news/breaking-news/prof-uses-1000-mice-to-expose-food-folly/story-fni0xqi4-1226764591760**

Yet the published paper reports the results for - amongst other things - "...longevity in [only 858] mice fed one of [only] 25 diets ad libitum".

Readers, I'm trying to understand why five of the 30 original diets - all low-protein diets - were excluded from the final results.

Specifically, "These diets were discontinued due to weight loss (≥ 20%), rectal prolapse or failure to thrive": Table S1, p. 7 **http://download.cell.com/cell-metabolism/mmcs/journals/1550-4131/PIIS1550413114000655.mmc1.pdf**

"Failure to thrive"! Readers, imagine the disappointment of those 100+ sick/dying mice - **all on low-protein diets** - when they were told that, sorry, we're going to euthanize you and then exclude you from this longevity study.

It's a longevity study: sick and dying mice are the main thing we are looking for! Yet they were excluded. Why?

My observation is that the study's high-profile "finding" - that lower-protein diets boost longevity in mice - is **not robust** when the analysis is **properly re-balanced** - by excluding the five most-unhealthy high-protein diets - to properly adjust the study for the low-profile exclusion those five most-unhealthy low-protein diets.

Moreover, to properly capture the underlying reality of the published results, it makes sense to focus on **median** not maximum lifespans.

Checking the medians for the remaining 20 diets, the claimed boost to mouse longevity from low-protein diets has disappeared: **the top-2 diets now are high-protein, as are four of the Top-7 diets**.

And **low**-protein diets now represent three of the Bottom-6 diets. (This information is via Table S2 in the link above.)

I'm an economist, so "science" is not my strong suit. But doesn't ditching those five obviously unhealthy low-protein diets - involving 100+ sick/dying mice! - by itself **invalidate** the paper's claim that low-protein diets boost longevity in mice (and so humans)?

In my opinion, the study's longevity "findings" should be re-written to properly reflect the underlying results from **all** of those original 30 diets, including the longevity of **all** those nearly 1000 mice.

As things stand, the public is being misinformed: **http://www.smh.com.au/lifestyle/diet-and-fitness/highprotein-diet-a-factor-in-shorter-life-20140304-3456a.html**

Regards,Rory

http://www.cell.com/cell-metabolism/comments/S1550-4131(14)00065-5

Why median-mouse longevity buried in Supplemental Table S2, with ranking scrambled? Are humans like mice?

Submitted March 2014 but not published

Authors,

Thanks for your response, although it added to my concerns rather than reduced them.

I get the bit that those five low-protein diets were discontinued because 100+ young mice were dying, and so had to be euthanized according to the terms of the ethics protocol.

What I don't get is why those sick/dying/dead mice are not counted in your longevity results. Excluding those 100+ died-young low-protein mice from your longevity results and then concluding that low-protein diets boost the longevity of mice seems a rather idiosyncratic "finding".

Indeed, your latest claim that "including the five discontinued diets would make the conclusions even stronger" is nonsense. Clearly, including those 100+ died-young low-protein mice in the longevity results would further discredit your "finding" that low-protein diets boost longevity.

Authors, I note that you chose not to respond to my observation that your ranking of longevity results in terms of outliers - Maximum lifespan - rather than a standard measure of central tendency - Median lifespan - seems designed to ensure than a low-protein diet sits atop the published longevity ranking in Table S2: (p. 8) http://download.cell.com/cell-metabolism/mmcs/journals/1550-4131/PIIS1550413114000655.mmc1.pdf

Regardless, if we were a group of mice seeking to maximise our longevity - and we could choose only one diet - I assume that you like me would choose the diet that maximised the median longevity of the group.

In those terms, it turns out that the single-BEST diet was a HIGH-protein (42%), LOW-carb (29%), high-energy diet, NOT a low-protein diet.

Again, your actual results seem somewhat inconsistent with your headline "finding" that low-protein, high-carbohydrate diets maximise longevity, inconsistent with the story high protein diets are 'nearly as bad as smoking': http://www.theaustralian.com.au/news/latest-news/protein-diets-nearly-as-bad-as-smoking/story-fn3dxiwe-1226845436762

Another issue here – beyond the veracity of your published results – is the Charles Perkins Centre's cavalier (reckless?) extrapolation of its mouse "findings" to humans:

"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 [the academic head of the Charles Perkins Centre] said": http://www.heraldsun.com.au/news/breaking-news/prof-uses-1000-mice-to-expose-food-folly/story-fni0xqi4-1226764591760

It is ironic – or worse - that the Charles Perkins Centre is promoting processed carbohydrates as healthy - the mice diets deemed most healthy were dominated by processed grains and sugar - and downplaying the importance of protein, when back in the real world the disadvantaged Australians Charlie Perkins cared most about are dying prematurely on diets that are dominated by unhealthy sugar and processed grains, and are dangerously low in protein? Box 2 https://www.mja.com.au/journal/2013/198/7/characteristics-community-level-diet-aboriginal-people-remote-northern-australia

Regards,
Rory

http://www.cell.com/cell-metabolism/abstract/S1550-4131(14)00065-5#Comments

The mobs Charlie Perkins worked to help struggle and die young in droves on low-protein, 60%-carb mouse diet

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

Advanced Search

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

Real-world evidence is humans on 60%-carbohydrate mouse diets tend to die young via Type 2 diabetes & CVD

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

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

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

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

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

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

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

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

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

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

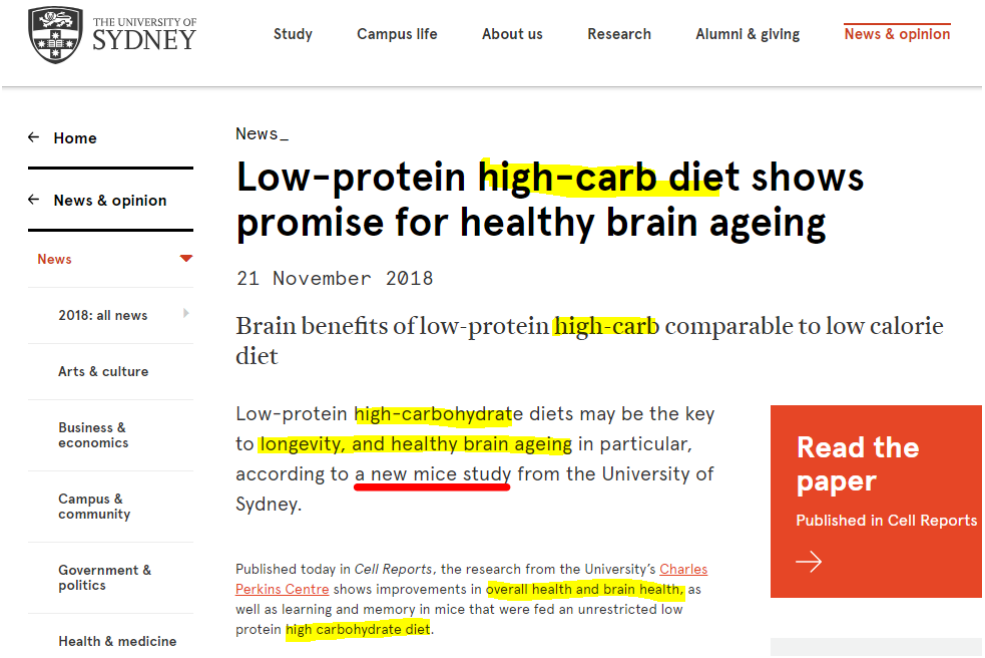
"Given these findings, it is not surprising that the death rate for diabetes among Aboriginal and Torres Strait Islander people is seven times higher than for non-Indigenous people."

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%20years%20earlier%20than%20non-Indigenous%20adults%20(Media%20Release)~130

Bogus mouse stories kept coming in 2018! Charles Perkins Centre's science careerists continue to recklessly misrepresent 2014 mouse-diet results and ignore fact that human and C57BL/6 mouse metabolisms are different



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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

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Nutr Metab (Lond). 2012; 9: 69.
Published online 2012 Jul 28. doi: [10.1186/1743-7075-9-69]
PMCID: PMC3488544
PMID: 22838969

Response of C57Bl/6 mice to a carbohydrate-free diet

Saihan Borghjid[1,2] and Richard David Feinman[2]

Author information · Article notes · Copyright and License information Disclaimer

This article has been cited by other articles in PMC.

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/

What do we know about Dementia, also known as Type 3 diabetes?

We don't know much about dementia (including Alzheimer's disease), but here are several key issues to consider:

- Excessive consumption of sugar and other carbohydrate causes type 2 diabetes (pp. 30-31)
- The removal of excess consumption of sugar and carbs fixes/cures type 2 diabetes (table below and pp. 33-35)
- Dementia is widely referred to as type 3 diabetes, because it's notably correlated with type 2 diabetes
- "What's good for the heart is good for the brain", and low-carb diets help minimise heart-disease risks (p. 5)
- All connected? Obesity, type 2 diabetes, cardiovascular disease, obesity-related cancers, dementia…
- Dementia appears to be another malady boosted by insulin resistance, a.k.a. Metabolic Syndrome

"Metabolic Syndrome" - now affecting maybe 30% or more of all adults across the western world - is the best indicator of eventual early death via type 2 diabetes and/or CVD. Yet nutrition "scientists" and public-health officials largely ignore it as an issue, running a mile from evidence that simple carbohydrate restriction fixes Metabolic Syndrome better than anything else: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1323303/ ; http://linkis.com/www.samj.org.za/inde/r9grq

If excessive consumption of sugar and other carbohydrate causes type 2 diabetes – and clearly it does – then the diet that *fixes/cures* type 2 diabetes – straightforward carbohydrate restriction - is likely to be more helpful in limiting dementia (a.k.a. type 3 diabetes) than a sugary high-carbohydrate mouse diet that works to *cause* type 2 diabetes in humans.

- Gary Taubes discussing some of these issues: https://www.youtube.com/watch?v=xRp0sJuqkBk
- Dr Sarah Hallberg speaking on Virta Health reversing Type 2 diabetes: https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/
- ABC TV's *Catalyst* show: https://www.youtube.com/watch?v=8GUIBNKnT1M

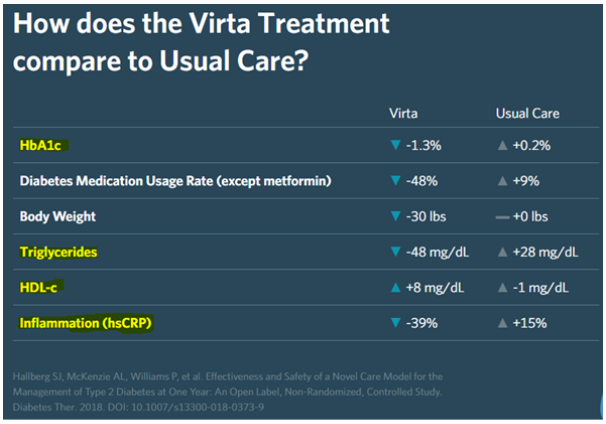
Tragically, Charles Perkins Centre careerists now are recklessly promoting sugary high-carb mouse diets – much like those bringing early death to Indigenous and other vulnerable Australians (pp. 72-73) – as the dietary approach that is likely to minimise dementia in humans.

My goodness….

Making utter nonsense of the Charles Perkins Centre's bogus high-carb mouse-diet advice for human longevity, competent scientists, doctors and dietitians are using low-carbohydrate, high-fat diet to reverse type 2 diabetes in 60% of human patients, while overseeing dramatic 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



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

Does anyone else think the research misconduct I've documented at the Charles Perkins Centre is serious?

Research misconduct

A complaint or allegation relates to research misconduct if it involves all of the following:

- an alleged breach of this Code
- intent and deliberation, recklessness or gross and persistent negligence
- serious consequences, such as false information on the public record, or adverse effects on research participants, animals or the environment.

Research misconduct includes fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting the results of research, and failure to declare or manage a serious conflict of interest. It includes avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk or harm to humans, animals or the environment. It also includes the wilful concealment or facilitation of research misconduct by others.

Repeated or continuing breaches of this Code may also constitute research misconduct, and do so where these have been the subject of previous counselling or specific direction.

Research misconduct does not include honest differences in judgment in management of the research project, and may not include honest errors that are minor or unintentional. However, breaches of this Code will require specific action by supervisors and responsible officers of the institution.

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

APPENDIX 3
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.**

Sustagen Diabetic and Sustagen Hospital Formula

Rod, I'm not exactly sure what has happened here. Last night, when putting together my showbag for you and your ACCC colleagues, I discovered that the current Sustagen **Diabetic** product is now quite different from the one that was previously on the www.gisymbol.com/product website, described in my *Submission*.

It turns out that not only has the website been revamped, but the Sustagen Diabetic product appears to have been re-formulated to be "Lower Carbohydrate"*:

* "COMPARED TO SUSTAGEN® HOSPITAL ON A PER SERVE BASIS" (according to the label on the enclosed tin)

Sustagen Diabetic is now only 44.5% carbohydrate and just 4.8% sugars, compared with 65% carbs and 37.3% sugars previously, according to Professor Brand-Miller's website (as per today's Google search, below).

https://www.google.com/search?q=carbohydrate+39g+65g+Sugars+22.4+37.3g&rlz=1C1GCEB_enAU759AU759&oq=carbohydrate+39g+65g+Sugars+22.4+37.3g&aqs=chrome..69i57.24893j0j7&sourceid=chrome&ie=UTF-8&safe=active&ssui=on

Sustagen Diabetic used to be described on the GI Symbol website as follows

Nutritional Information | Ingredients

Nutritional Information
Average serving size: 55g

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

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

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

There is a tin of Sustagen **Chocolate Hospital Formula** in the showbag, while Sustagen **Chocolate Plus Fibre Hospital Formula** is documented overleaf.

The impressive Low-GI product overleaf (said to be 65% carbohydrate, 37.3% sugars) is advertised for Australia-wide delivery as follows: "**Sustagen® Hospital Formula plus Fibre has a lower GI (33) making it an appropriate choice for people with Diabetes. As always, use in consultation with a health care professional**".

Again, I'm not sure exactly what happened, but it appears that the earlier Sustagen Diabetic product was quite similar to Sustagen Hospital Formula; my guess is increased concern about sugar and diabetics prompted a recent reformulation.

The serious problem for consumers with type 2 diabetes remains: a product that is 65% carbohydrate and 37.3% - up to 50% - sugars is being advertised as having "a lower GI (33) making it an appropriate choice for people with Diabetes".

Regards,
Rory

Not secure | www.davidjonespharmacy.com.au/sustagen-hospital-formula-plus-fibre-chocolate-900

Vitamins & Supplements / Dietary Supplements / Sustagen Hospital Formula Plus Fibre Chocolate 900g

Sustagen Hospital Formula Plus Fibre Chocolate 900g

$26.99

Sold Out

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Qty | Australia | Post Code | Calculate

Australia Wide Delivery - $6.95

Normally 2 Business Day Handling. We will choose the most cost effective and/or fastest option for a fixed price for parcels up to 5kg. This service is supported by a delivery company of our choice. All deliveries are fully tracked. You authorise the delivering company to leave the parcel at the front door. No PO Box, GPO Box, Parcel Lockers or other similar addresses. Must be a street address only. Will not deliver to a Post Office.

Sustagen Hospital Formula Plus Fibre Chocolate 900g

Who is it for?

All the goodness of Sustagen® Hospital Formula plus the added benefits of soluble and insoluble fibre:
Insoluble fibre helps with bowel regularity
Fibre helps you feel fuller longer
Soluble fibre can help lower cholesterol absorption
Sustagen® Hospital Formula plus Fibre has a lower GI (33) making it an appropriate choice for people with Diabetes. As always, use in consultation with a health care professional.
Sustagen® Hospital Formula plus Fibre is a great tasting liquid supplement which can be mixed with water or milk.

NUTRITION INFORMATION

SERVING SIZE: 60G

	AVE QTY PER SERVING	AVE QTY PERSERVE	AVE QTY PER 100G
Energy	978kJ (234Cal)	1630kJ (390Cal)	
Protein	13.8g	23g	
Fat, Total	1.5g	2.5g	
- Saturated	1g	1.6g	
Carbohydrate	39g	65g	
- Sugars	22.4g	37.3g	
Dietary Fibre, total	3.4g	5.7g	
- Soluble	2.5g	4.1g	
- Insoluble	0.9g	1.6g	
Sodium	174mg	290mg	
Vitamin A	187µg	312µg	
Thiamin	550µg	920µg	
Riboflavin	850µg	1410µg	
Niacin	5mg	8.3mg	
Folate	84µg	140µg	
Vitamin B6	474µg	790µg	
Vitamin B12	0.93ug	1.55ug	
Biotin	5µg	27µg	
Pantothenic Acid	0.8mg	2.2mg	
Vitamin C	20mg	34mg	
Vitamin D	3µg	5µg	
Vitamin E	4mg	6.7mg	
Vitamin K	25.2µg	42µg	
Calcium	400mg	670mg	
Chromium	27µg	45µg	
Copper	432µg	720µg	
Iodine	57µg	95µg	
Iron	3mg	5mg	
Magnesium	84mg	140mg	
Manganese	672µg	1120µg	
Molybdenum	34.2µg	57µg	
Phosphorous	396mg	660mg	
Selenium	16.8µg	28µg	
Zinc	3mg	5mg	
Potassium	660mg	1100mg	
Chloride	372mg	620mg	

When mixed as per instructions with 175mL water. Nutrition Information for Sustagen® Hospital range Vanilla only – for Chocolate varieties please refer to the product.

INGREDIENTS: Non Fat Milk Solids (62%), Corn Syrup Solids, Sugar, Whole Milk Powder (Soy Lecithin), Inulin, Cocoa (4%)(Contains Soy Lecithin), Soy Fibre, Minerals (Magnesium Phosphate, Sodium Molybdate, Chromium Chloride, Ferrous Sulphate, Zinc Sulphate, Sodium Selenite, Manganese Sulphate, Cupric Carbonate, Potassium Iodide), Flavour, Vitamins (Ascorbic Acid, Tocopheryl Acetate, Niacinamide, Phytonadione, Retinyl Acetate, Cholecalciferol, Biotin, Thiamin Hydrochloride, Pyridoxine Hydrochloride, Riboflavin, Cyanocobalamin, Calcium Pantothenate, Folic Acid). Contains Milk and Soy.

Mixing Instructions

Mix 60g (3 rounded tablespoons) of Sustagen® Hospital powder into a 175mL glass of water (or reduced fat/skim milk, depending on taste).
Great chilled. Sustagen® Hospital can also be incorporated into your daily meal preparations, sprinkled on cereal or added to other foods such as yoghurt and fruit.

(621676)

http://www.davidjonespharmacy.com.au/sustagen-hospital-formula-plus-fibre-chocolate-900

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 on the Charles Perkins Centre's *Australian Paradox* sugar-and-obesity fraud and *Cell Metabolism*'s mouse-diet-and-human-health deception to my mother, Elaine Lucas, who nursed Aboriginal and other Australians in remote places - including Katherine, Alice Springs, Balcanoona and Woorabinda - from the 1960s to the 1980s. And to my late father, Alexander Robertson (see link below), who grew up in Scotland and in the Scots Guards then shifted to Coogee in Sydney before working with cattle and sheep across country Australia for half a century, and taught me, often by example, much about what is right and much about what is wrong.

I also have firmly in mind people like Bonita and Eddie Mabo, Faith Bandler, Charlie Perkins (who Dad says he knew briefly, and 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 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, including those 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

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rory robertson

economist and former-fattie

https://twitter.com/OzParadoxdotcom

Here's me, Emma Alberici and ABC TV's *Lateline* on the University of Sydney's *Australian Paradox*: http://www.abc.net.au/lateline/content/2015/s4442720.htm

Here's 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