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## [Request for independent inquiry into University of Sydney corruption fuelling Novo Nordisk's diabetes fraud](#)

Dear University of Sydney Chancellor Belinda Hutchinson AC, Australian Parliamentarians and interested observers,

My name is Rory Robertson. I'm the economist who solved the University of Sydney's infamous "Australian Paradox". I've spent much of my spare time over the past decade documenting harmful research misconduct and corruption at your University (see overleaf). Belinda, I'm sorry if you are the last to know, but Australia needs you to fix this mess. As an introduction, here is an **ABC Lateline video** of me, my family, my aging cover drive, and the early part of Jennie Brand-Miller's *Australian Paradox* sugar-and-obesity fraud: <https://www.youtube.com/watch?v=OwU3nOFo44s>

Two years ago I wrote to your Vice-Chancellor Mark Scott, providing him with clear evidence of broader, more troubling misconduct and begging him to stop your Charles Perkins Centre "scientists" fuelling Australia's type 2 diabetes (T2D) epidemic. He quietly refused, allowing T2D to keep killing Indigenous Australians at seven times the rate of non-Indigenous Australians: <https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf>

Today, I'm writing to request that you, please, help me initiate an independent investigation – a Senate inquiry? - into the dishonesty and corruption that are fuelling our T2D epidemic. The main layers of misconduct include: (i) inept and dishonest "scientists" Stephen Simpson (SJS, founding Academic Director of your Charles Perkins Centre), "GI Jennie" Brand-Miller (JBM), Stewart Truswell and Stephen Colagiuri; (ii) successive sets of corrupt USyd management; and (iii) Novo Nordisk. **It's a complex web: my "flow diagram" summary is on p. 9; another summary is on p. 34.**

Belinda, as you know, unethical behaviour at Price Waterhouse Coopers (PWC) has been in the news. Canberra recently came down like a ton of bricks, prompting the removal of slow-to-respond CEO Tom Seymour. **"Panic at PwC: How a tax scandal played out behind closed doors"** is a great read (*Australian Financial Review*, 12 May 2023).

With your managers only pretending to enforce your *Research Code of Conduct* and *External Interests Policy*, I see **clear parallels between the PWC scandal and what is going on at your University**. The *AFR* report above should send shivers down VC Mark Scott's spine: "At one point during the emergency partner meeting held by PwC on May 5, a participant asked the firm's leadership team [your USyd equivalent is VC Mark Scott and Deputy Vice-Chancellor (Research) Emma Johnston] the obvious question: was the wider partnership [Australian taxpayers] being lied to about the seriousness and the extent of the tax scandal leaks [harm fuelled by Charles Perkins' research frauds and financial relationships with Novo Nordisk]. No, was the response." Within days, the unethical CEO "managing events" was gone.

## **Multiple layers of corruption: Dishonest "scientists, dishonest managers and Novo Nordisk "money train"**

Belinda, what I've discovered and documented over the past 12 years in terms of misconduct is multiples worse than I ever imagined. A stunning moment for me in this extraordinary episode - **"the biggest medical scandal in Australia's history"** – came in January when a doctor innocently dropped into our holiday conversation that the Medical Director of Novo Nordisk (global seller of diabetes drugs) in Australia is "Jennie Brand-Miller's husband". I said "what"? WTF?

On 15 May 2023, VC Mark Scott and DVC(R) Emma Johnston's Research Integrity and Ethics Administration wrote to me, formally pretending that everything is fine. Your USyd again refused to address evidence that JBM, Simpson and Truswell placed fake data in the *American Journal of Clinical Nutrition*; it falsely insisted Colagiuri is not an "author" of anything that matters; and it ignored my 16 February evidence that superstar "GI Jennie" Brand-MILLER is in **serious breach of your External Interests Policy**. That **"PRIVATE AND CONFIDENTIAL"** letter is reproduced on pp. 51-53.

A Senate Inquiry might want to urgently establish whether or not Jennie Brand-MILLER's husband is/was Novo Nordisk Australasia's long-standing Medical Director, Dr John MILLER. **Based on evidence presented on pp. 27-31**, I think it's 99.99% likely that "GI Jennie" has sneakily enjoyed many millions of dollars of undisclosed T2D-drug-driven household income and wealth over recent decades via her undisclosed Novo Nordisk "External Interest". If confirmed, heads must roll, faulty papers must be retracted, and dozens of papers need this COI properly disclosed. **That's just for starters.**

Belinda, three successive sets of Vice-Chancellors and Deputy Vice-Chancellors (Research) since 2011 - VC Michael Spence and DVC(R) Jill Trehwella; VC Stephen Garton, DVC(R) Duncan Ivison and Provost Barbara Messerle; and VC Mark Scott and DVC(R) Emma Johnston - have sneakily refused to honestly enforce your USyd *Research Code of Conduct* and *External Interests Policy*. Your management continues to provide dishonest institutional support for two harmful research frauds and other influential pro-Novo Nordisk misinformation fuelling our disastrous T2D epidemic.

Novo Nordisk (NN) has provided financial support to your shonky Charles Perkins Centre. NN's objective is to buy and **corrupt "science"**, to fuel the growing T2D epidemic, to "grow the market" for unneeded T2D drugs. In that regard, Stephen Simpson and Stephen Colagiuri have been excellent "investments", plus there's "GI Jennie". NN's strategy is working: NN and other companies have sneakily squeezed billions from taxpayers by duping Canberra into funding millions of unneeded doses of T1D medication Insulin for T2D victims (pp. 5-25). Similarly, USyd has duped Canberra of billions via a fake devotion to "Research Excellence", as it protects harmful pro-NN research misconduct (pp. 66-73).

**RR's background:** For those new to me, here's a short pictorial history of my life: as a toddler; a school boy; University degrees; professional life including in NYC on 11 September 2001, when the first plane hit; the epic Steve Keen "Canberra to Kosciuszko" house-price bet; my Centennial Park record 86cm Carp (catch and release); my NSW GC "speed golf" records; and how I solved the "Australian Paradox" in five charts, two phone calls to Rome and via email interaction with FAO official Gladys: pp. 12-27 <https://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

If readers are still uncertain of my competence and reliability, a 2013 piece cited above listed around 100 somewhat prominent people - including Aaron Patrick, Aisling Freiheit, Alan Kohler, Alan Mitchell, Alex Shuman, Alison Tarditi, Allan Moss, Andre Morony, Andrew Downe, Anthony Dickman, Becky Gaylord, Bernie Fraser, Bill Dudley, Bill Moss, Brendan Trembath, Chris Caton, Chris Joye, Chris Kent, David Bassanese, David Gruen, Dominic McGann; Emma Alberici, Enda Curran, George Megalogenis, Glenn Stevens, Greg Coffey, Greg Ip, Guy Debelle, Heather Ridout, Heather Smith, Ian J. Macfarlane, Jacqui Dwyer, Jake Saulwick, James Glynn, Jennifer Hewett, Jenny Wilkinson, Jessica Irvine, Jill Pleban, Joanne Gray, John Durie, John Edwards, John Garnaut, John Kunkel, Jonathan Kearns, Ken Henry, Laura Tingle, Louis Christopher, Luci Ellis, Martin Parkinson, Matt Wade, Matthew Cranston, Michael Janda, Michael Pascoe, Michael Stutchbury, Michael Wesley, Michelle Grattan, Nicholas Moore, Paul McCulley, Peter Hartcher, Peter Martin, Peter Switzer, Peter Warne, Phillip Lasker, Philip Lowe, Rob Scott, Robert Gottlieb, Ross Gittins, Shane Oliver, Shane Wright, Shemara Wikramanayake, Stacey Tevlin, Stephen Long, Steve Burrell, Steve Grenville, Terry McCrann, Tim Colebatch, Tim Harcourt, Warren Tease, and Yifen Axford – who I hope might confirm I've done a reasonable job for ~35 years (full-time, without a sick day since 1989) near the top of my field in applied macroeconomic and market analysis. I may still be on many "Top-10,000 people we need to get over for dinner" lists.

## The Australian Paradox: A Critical Analysis

[Home](#) [Background 1](#) [Background 2](#)

### Correspondence

In November, 2012, Rory Robertson, an economist, was concerned when the **University of Sydney's** research conclusions favoured **Big Sugar** against the evidence. Here is the trail of correspondence

1. Critique by Robertson
2. Authors' Response to Robertson
3. Letter 1 to *Nutrients*
4. Letters to University of Sydney
5. Letter to *Nutrients* Publisher
6. Who's Citing Oz Paradox ?
7. The dispute so far
8. 21/4 AFR Piece
9. Robertson in Public Debates
10. Call for Resignation *Nutrients*
11. \$40,000 Oz Paradox Challenge
12. Sydney Uni's serious errors & conflicts of interest
13. RR in 1979 (leftmost lad!)
14. RR's JCU Graduation Speech (2006)
15. The Australian Paradox Revisited
16. 8 awkward questions for AWB & JBM – BANNED!
17. CAMPUS REVIEW (21 Aug 2012)
18. AUSTRALIAN PARADOX 101 SLIDESHOW
19. University of Sydney's disingenuous defence of "shonky sugar study"
20. New nonsense-based sugar report misleads debate
21. University of Sydney Falsely Declares Victory
22. Australian Paradox goes to Canberra
23. RR Opening Statement in Canberra's sugar debate
24. How devious 'Big Sugar' devastated global health
25. Sugar industry's "Dead Parrot" sugar series
26. JBM and AWB's The Australian Paradox website
27. Update on 2012 Australian Paradox scandal
28. Canberra toughens dietary advice against added sugar
29. FAO's falsified Australian sugar series
30. Obesity-reversing diet
31. Talk to Year 3 boys at The Scots College
32. Decisive victory in Australian Paradox dispute
33. Sugar and Diabetes
34. RR at World Trade Center 9/11 2001
35. RR Fishing Grand Slam
36. RR calls for ban on all sugary drinks in all schools globally
37. The Australian Paradox paper shredded in formal journal; falsified data to the fore
38. Original Australian Paradox paper
39. Asking Prof. Jill Trehwella about research misconduct
40. (Draft) Retraction Notice for faulty Australian Paradox paper
41. Graphic evidence on Australian Paradox fraud
42. Letter to BioMed Central
43. Letter to UoS Academic Board
44. Sydney Uni & Sugar Australia et al launch PR campaign for sugar
45. Quick quiz on CPC's research integrity
46. University confirms formal investigation
47. Time for Professor Trehwella to stand down?
48. AFR report on investigation
49. RR response to CPC correction of Oz Paradox
50. HONI SOIT: Sweet research turns sour
51. RR's submission to Oz Paradox inquiry
52. Asking Sydney Uni for update on Inquiry
53. Sugar Myths Sydney Uni GI crew
54. RR draft response to Sydney University inquiry report
55. Letter to Academic Board re Inquiry Report
56. Fixing T2 diabetes in pre-insulin era, 1914-22
57. The case for LCHF diet to fix obesity & T2DM

58. Nursing Home Menu
59. Dr Rosemary Stanton's misinformation
60. Vale Alexander Sandy Robertson
61. Heritage issues 48 Duxford St
62. Keys recklessly exonerates Sugar
63. 1923 Medicine Textbook
64. Request to USyd and Go8 for retraction
65. Go8 Chair insists academic freedom trumps competence integrity and public health
66. Letter re USyd sci fraud and Go8 defrauding taxpayers
67. May 2016 Letter USyd Academic Board
68. Mediterranean Diet in Big Fat Surprise
69. Peter FitzSimons Chapter 7 and Rory evidence (Christmas 2016 update)
70. USyd Initial Inquiry Report
71. Five year Australian Paradox Update 2017
72. New USyd Australian Paradox paper 2017
73. USyd Academic Board Letter May 2017
74. USyd Governance scandal
75. Letters re USyd VC Spence's Governance Crisis
76. Curing type 2 diabetes
77. Letter to Health Dept re T2 Diabetes
78. Expanded Letter to Aust Govt re T2D mistreatment
79. 2017 ANU PhD on Research Silencing
80. USyd Misconduct in ANU PhD
81. Letter to Academic Board re USyd misconduct in ANU PhD
82. The case for LCHF diet to fix obesity & T2DM
83. Letter to USyd Academic Board re scientists' academic fraud
84. Australia's Sugar Tax Debate
85. Letter Piers Akerman and Australian Paradox
86. ABC Investigation into Australian Paradox
87. Letter re confirmation of fake data
88. Prof JBM at Food4Thought18 conference
89. Letter to Cell Metabolism Journal
90. USyd mouse-diet response to RR
91. Letters to USyd Cell Metabolism
92. Letter to ACCC re USyd deceptions
93. RR Submission to USyd Inquiry 2019
94. Supplementary Submission USyd Inquiry 2019
95. Letter to USyd Academic Board Sep 2019
96. LCHF Birkner 2014
97. Letter to ABC Nov 2019
98. USyd Initial inquiry 2014 Cell Metabolism paper
99. RR response to Initial Inquiry-2020
100. RR outcome letter-7 May 2020
101. Letter from NHMRC ARIC June 2020
102. RR Submission NHMRC review 2020
103. ABC A and CA Investigation
104. RR Letter to UCL December 2020
105. RR Letter to UCL plus NHMRC December 2020
106. RR NHMRC letter March 2021
107. NHMRC CEO Letter April 2021
108. Truswell on Origins of Diet Guidelines
109. RR Letter CEO NHMRC May 2021
110. RR Letter USyd Academic Board June 2021
111. RR Letter Aust Parliament June 2021
112. RR Letter to new USyd VC Scott July 2021
113. Colagiuri Misconduct Diabetes 2022
114. Letter to Canberra re Reversing T2D Epidemic
115. Letter to Health Minister and Secretary Feb 2023
116. Letter to Mr Robertson exonerating Colagiuri May 2023



<https://www.australianparadox.com/>



## RR's background in four pictures



17-year-old Alexander Robertson joined the Scots Guards in 1951



Sandy and Rory, Grindles Hut, Balcanoonna, South Australia, c.1968



## Why have I bothered?

As we'll see in coming pages, it has been known for a century at the highest levels of medical science – and by competent GPs across the western world – that removing excess sugar/carbohydrate from human diets readily fixes type 2 diabetes (T2D) and obesity. **Simple “Carbohydrate Restriction” works well for most people.**

That is, millions of Australians with or at risk of T2D can be fixed easily, their health improved profoundly. The current treatment approach – “lifestyle and medication” - reverses T2D in ~1% victims. Yet >50% T2D can be readily reversed.

The problem is that eminent careerists in our big Group of Eight universities have no interest in any of that. Alas, the “rescue” of millions of T2D victims is not happening because Group of Eight university nutrition and medical “science” is dominated by widespread incompetence, selfish “careerism”, blatant scientific fraud and outrageous financial conflicts of interest. **Almost everywhere you look, there's a drug-company “money train”.**

Indeed, nutrition “science” is a **pretend science** because almost no-one corrects anything no matter how obviously faulty or harmful. I'll take you through Jennie Brand-Miller's infamous *Australian Paradox* sugar-and-obesity fraud and Charles Perkins Centre boss Stephen Simpson's career-defining 900-mouse, 30-Diet Lifespan fraud.

I'll also show you dishonest USyd senior managers doing shonky stuff, protecting outrageous misconduct by their elite “scientists” (pp. 13, 20, 28, 36, 45, 49, 56, 63-64). I think advertising (pretend) devotion to “Research Excellence” while actively protecting research fraud is a form of financial fraud, with taxpayers duped of billions of dollars (pp. 66-73). The interaction between USyd sci-shonks and dishonest managers and Novo Nordisk remains a disaster for society overall.

On the bright side, starting overleaf, I'll show you the promising future for today's millions of lost, fat and sick Australians who want and need help to profoundly improve and lengthen their lives.

Importantly, I'm talking about real everyday humans, who could be your family, a friend, a colleague, or the struggling old lady down the road. Any of us really. This is not about mice in a 900-mouse experiment, with small easy-to-hide mouse bodies that needed to be hidden (after the first 143 dead mice suffered “from malnutrition” while fed five **low P:C, insect-friendly diets** that were supposed to “extend lifespan” in mice as in insects and thus humans; pp. 13-26).

The good news is that the biggest advance in public health over 50 years is there for the taking. Here's a preview of the best way forward from **Dr Penelope Figtree – a First Class Honours medical graduate (1993) from the University of Sydney** – who is transforming the lives of hundreds of lost, fat and sick people in Port Macquarie, in northern NSW:

→ C youtube.com/watch?v=11x9PhlZuK0

YouTube

Search

MY STORY

I have gone from despair at the sight of an enormous medication list, in a chronically unwell patient, to relishing complicated patients.

I fill my day stopping medications.

This is the most AMAZING thing I have ever seen in medicine.

Other GPs/specialists see the results and are also amazed. Patients tell their friends. This works.

INSULIN

- In T2DM - insulin is easy to stop using a LCHF
- I am up to my 15<sup>th</sup> patient. (It's not even exciting anymore)
- The record is 140 units in 36 hours.
- Majority off insulin within 2 days.
- “BUT isn't it the weight loss?” – NO it is not!
- Patients can't believe it
- “Why has no one told me this before?”

Dr. Penny Figtree - The Life of a Low Carb GP

Low Carb Down Under 476K subscribers

62K views 1 year ago GASWORKS ARTS PARK

Dr Penny Figtree graduated from the University of Sydney in 1993 with first class honours. With over 20 years in general practice she has now decided to focus on weight loss and diabetes.

This decision was made after seeing the power of a low carbohydrate diet to help people lose weight and for some to even reverse diabetes. Dr Figtree had previously tried to help patients us: Show more

<https://www.youtube.com/watch?v=11x9PhlZuK0> and <https://www.youtube.com/watch?v=BSKgPTsl7fw>

Belinda, I think it's your job to oversee the **formal retraction** of the University of Sydney's harmful false information in “peer reviewed” papers, and to **kill the malignant influence** of your old, worse-than-useless Charles Perkins science careerists (especially Simpson, Brand-Miller, Colagiuri and Truswell), replacing them with highly competent and unconflicted health-care experts like Dr Penny Figtree, proven champions with genuine expertise at fixing T2D and obesity. One of Penny's priorities as the new Academic Director of the new, improved Charles Perkins Centre might be retraining your many promising-but-misguided CPC cardiologists: <https://www.sydney.edu.au/news-opinion/news/2022/09/06/meet-the-team-detecting-heart-disease-before-it-strikes.html>



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

Blue Shield is first health plan in California to implement digital diabetes reversal solution across multiple lines of business.

By Mashi Nyssen

FEBRUARY 07, 2023

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

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



Virta member Maureen O'Connor

Since 2019, Blue Shield members with diabetes who enrolled in the nonprofit health plan's Wellvolution digital apps lifestyle program have had access to Virta.

Since then, Virta has helped Wellvolution participants achieve positive outcomes

in blood sugar control and weight loss while reducing or eliminating the need for diabetes medications.

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

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

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

As part of Blue Shield's provider network, Virta will serve as just one arm of a member's care team. Eligible Blue Shield members can choose both a traditional provider and Virta, which will work alongside traditional providers as a virtual diabetes specialist. In-network physicians can also refer their patients to Virta. To enroll in Virta, eligible members simply go to the Virta landing page on Blue Shield's website and sign up.

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

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

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

According to the [American Diabetes Association](#), California has the largest population with diabetes and the highest costs, at nearly \$40 billion. Care for people diagnosed with diabetes accounts for one in four healthcare dollars in the U.S., and more than half of that expenditure is directly attributable to diabetes.

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### About Blue Shield of California

Blue Shield of California strives to create a healthcare system worthy of its family and friends that is sustainably affordable. Blue Shield of California is a tax-paying, nonprofit, independent member of the [Blue Shield Association](#) with 4.7 million members, 7,800 employees, and \$22.9 billion in annual revenue. Founded in 1939 in San Francisco and now headquartered in Oakland, Blue Shield of California and its affiliates provide health, dental, vision, Medicaid, and Medicare healthcare service plans in California. The company has contributed \$120 million to Blue Shield of California Foundation in the last three years to have an impact on California communities. For more news about Blue Shield of California, please visit [news.blueshieldca.com](#). Or follow us on [LinkedIn](#), [Twitter](#), or [Facebook](#).

### About Virta Health

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

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



# 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 INSTITUTE OF MEDICINE, MCGILL UNIVERSITY, MONTREAL, AND PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA

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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

Type 2

II. DIABETES MELLITUS

~90% of all diabetes

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

**Etiology.**—The enzymes of the intestinal mucosa convert the starches and sugars of the food into monosaccharides—dextrose, galactose and levulose—which pass into the portal circulation, but the major portion remains in the liver, where it is converted into glycogen. The percentage of sugar in the systemic blood remains constant—0.06 to 0.11 per cent. Part of the sugar passes to the muscles, where it is stored as glycogen. The total storage capacity of the liver is estimated at about one-tenth of its weight, i. e., about 150 gms. for an ordinary organ weighing 1,500 gms. Not all of the glycogen comes from the carbohydrates; a small part in health is derived from the proteins and fats. This treble process of transformation, storage and retransformation of the sugars is effected by special enzymes, which are furnished by internal secretions, chiefly of the pancreas and hypophysis, and are directly influenced by the nervous system. According to Claude Bernard the sugar is simply warehoused on demand in the liver, and given out to the muscles which need it in their work. In any case, the sugar, one of the chief fuels of the body, is burned up, supplying energy to the muscles, and is eliminated as CO<sub>2</sub> and water. The nature of the intermediate stages of the transformation is still under discussion.

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

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

DIABETES MELLITUS

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(b) **DISTURBANCES IN THE NERVOUS SYSTEM.**—Bernard shows that there was a centre in the medulla—the diabetic centre—puncture of which is followed by diabetes.

DIABETES MELLITUS

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and diacetic acid determined, as they usually indicate a serious disturbance in the fat metabolism. It is well to remember that the acetone bodies may be only temporarily present, and it is not necessary to sign the patient's death warrant so soon as they appear. A patient may live for many years with traces, and they may disappear after having been present for months.

**Treatment.**—In families with a marked predisposition to the disease the use of starchy and saccharine articles of diet should be restricted. The personal hygiene of a diabetic patient is of the first importance. Sources of worry should be avoided, and he should lead an even, quiet life, if possible in an equable climate. The heat waste should be prevented by wearing warm clothes and avoiding cold. A warm, or, if tolerably robust, a cold, bath should be taken every day. An occasional Turkish bath is useful. Systematic, moderate exercise should be taken. When this is not feasible, massage should be given.

**DIET.**—Each patient presents his own problem and must be studied individually. The endeavor should be made to keep the urine sugar free and acid free. In this the proper use of fasting, as advocated by Allen, is of great aid but it should not be employed carelessly. **The object of treatment is to increase the carbohydrate tolerance; it is important not to overtax the patient's powers of using carbohydrates by giving more than he can utilize.** In mild cases the carbohydrate intake may be gradually reduced, sugar as such being cut off first and the carbohydrate intake reduced by a certain proportion each day until the urine is sugar free. In the medium and severe cases fasting is useful. The purpose of it should be explained to the patient and

## DIABETES MELLITUS

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

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

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

### FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATES

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

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

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

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

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

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

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

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

**EVIDENCE:** Critically, **Virta Health (2018)** and **DIRECT (2018)** trials emphatically confirmed T2D & obesity are readily fixed via carbohydrate restriction

DETAILS OF TYPE 2 DIABETES (T2D) PATIENTS IN LOW-CARBOHYDRATE TRIALS		VIRTA	DIRECT
Number of T2D patients in intervention cohort		262	149
Average age of T2D patients		54	53
Average years since patients diagnosed with T2D		8.4	3.2
Virta outperform			
DETAILS OF DIETS AND PROTOCOLS IN COMPETING LOW-CARBOHYDRATE TRIALS		VIRTA	DIRECT
Ketogenic diet via severe carbohydrate restriction (ongoing<30g/d or episodic<130g/d)		Yes	Yes
Strict ban on common sugary drinks, breakfast cereals, potato chips, bread, cakes, lollies, biscuits, ice cream, chocolates, rice, pasta, potatoes, bananas, apples, oranges, beer, etc		Yes	Yes
Features ultra-processed drinks and severe energy restriction (~840 kcal/d, 59% carbs)		No	Yes
Features wholefoods - including meat, eggs and green vegetables - eaten to satiety		Yes	No
This particular low-carbohydrate diet featured in most distinguished US/UK medical text in history and has been advised for diabetes remission by competent GPs for >100 years		Yes	No
Virta outperform			
PROTOCOLS		VIRTA	DIRECT
Patients routinely kept on oral diabetes/CVD drug Metformin via formal ADA advice re CVD		Yes	No
"All oral antidiabetic and antihypertensive drugs were discontinued on day 1..."		No	Yes
Excluded all long-duration T2D patients, all those diagnosed 7 to (say) 25 years earlier		No	Yes
Excluded all particularly troubled T2D patients, including all of those on insulin therapy		No	Yes
Meals provided free to patients, from food-industry partner favoured by researchers		No	Yes
Intervention cohort given "step counters" and a target of "up to 15 000 steps per day"		No	Yes
Individual T2D patients randomised to either intervention or control		No	No
A. RESULTS - Profound progress normalising key aspects of Metabolic Syndrome		VIRTA	DIRECT
HbA1c, noting <6.5% is key threshold in T2D diagnosis			
	baseline	7.5	7.7
	after 12 months	6.2	6.8
	% decline	-17	-12
Virta outperform			
Share of T2D patients HbA1c <6.5%			
	baseline	~20%	~15%
	after 12 months	72%	51%
Virta outperform			
Weight kg			
	baseline	115.4	100.4
	after 12 months	101.2	90.4
	% decline	-12	-10
Virta outperform			
Triglycerides			
	baseline	2.3	2.1
	after 12 months	1.7	1.7
	% decline	-25	-15
Virta outperform			
Blood pressure			
	baseline	132.5	134.3
	after 12 months	125.8	133.0
	% decline	-5	-1
Virta outperform			
HDL-cholesterol			
	baseline	1.1	1.1
	after 12 months	1.3	1.2
	% increase	17	12
Virta outperform			
B. RESULTS - Massive reductions in antidiabetic drug usage		VIRTA	DIRECT
Share of T2D patients struggling on insulin therapy			
	baseline	28%	0%
	after 12 months	15%	0%
	% decline	-47	
At 12 months, insulin therapy in Virta was stopped or reduced in 94% of completers			
Intervention also prompted massive de-prescribing of various oral antidiabetic drugs		Yes	Yes
NB: ADA protocol in Virta meant Metformin still prescribed for CVD risk in 64% completers, yet proportion T2D patients' HbA1c <6.5% + no antidiabetic drugs including insulin & Metformin = Fewer symptoms depression at 1 year or 40% greater use of antidepressants, versus control		25%	49%
Increase to 4.0 from 3.5 in av. number other "prescribed medications", incl. antidepressants		Former No	Latter Yes
Virta outperform			



DESIGNED FOR THE USE OF PRACTITIONERS AND  
STUDENTS OF MEDICINE

BY  
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### SWAP HIGH-CARBOHYDRATE BREAKFAST



**FOR LOW-CARBOHYDRATE BREAKFAST**



**THEN DITCH INSULIN AND T2D FOREVER**

All sources cited in full at <https://www.australianparadox.com/pdf/Colagiuri-misconduct-diabetes-2022.pdf> and [@OzParadoxdotcom](https://www.australianparadox.com/pdf/Letter-Health-Minister-n-Secretary-Feb23.pdf)  
Ad researched & paid for solely by economist, pro-science campaigner & health advocate Rory Robertson (strathburnstation@gmail.com)  
<https://www.australianparadox.com/pdf/Letter-Health-Minister-n-Secretary-Feb23.pdf>



## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**

**A. Professor "GI Jennie" Brand-MILLER AO:** Australia's globally famous diet-and-health "scientist" has spent decades falsely exonerating modern doses of sugar as a major driver modern obesity/T2D epidemics

1. *Australian Paradox* sugar-and-obesity fraud began with JBM's extraordinarily faulty "peer reviewed" original paper
2. Valid JBM sugar charts trend up 1980-2010, falsifying unsupported "finding" of "consistent and substantial decline"
3. JBM's preferred sugar series dead-ended 2003; discontinued as unreliable by ABS after 1999 then faked by FAO
4. In dishonest defence of false *Australia Paradox* "finding", several further papers were published avoiding key facts
5. Lied to formal Inquiry by Robert Clark AO, claiming shonky dead-ending ABS/FAO series "robust and meaningful"
6. Prof Clark Recommended JBM write a new paper overseen by "Faculty" (incl. boss SJS, below) that "specifically addresses and clarifies" key factual matters including RR's misrepresented-data critique above. Helped by USyd management (including via USyd security guard spoofed onto RR; p. 70), JBM, SJS and Stewart Truswell published new sham paper that dishonestly avoided Clark's Recommendation and knowingly placed fake sugar data in *AJCN*
7. Beyond scientific fraud, JBM (99.99% likely) in stunning breach of USyd's External Interests Policy (p. 30), hiding millions of dollars of undisclosed household income/wealth via spousal link to Novo Nordisk's T2D Insulin/drug sales

### Guide to arrows:

**URM = University Research Misconduct**

**\$\$\$\$ = Financial support from Novo Nordisk**

**Arrows show direction of benefit**

**URM**

**C. Professor Stephen Colagiuri on "money train" moonlighting for Novo Nordisk while University of Sydney's most-eminent diabetes careerist**

1. Long-time paid part-timer for Novo Nordisk and various other drug companies
2. Co-author with JBM of millions-sold pop-sci Low GI Diet books falsely claiming "There is absolute consensus that sugar in food does not cause [T2] diabetes"
3. Helped exclude word "Carbohydrate" from *AUSDRISK* and *National Diabetes Strategy 2016-2020*; now assisting Novo Nordisk further by misrepresenting *Virtual Health's* profoundly impressive clinical data, in *Diabetes Australia T2D Statement*
4. Aiding JBM's misconduct by helping her hide Novo Nordisk "External Interest"

**URM**

**\$\$\$\$**

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**NOVO NORDISK (NN long-time Medical Director Australasia is Dr John Miller, whose famous pro-sugar spouse Jennie Brand-MILLER promotes pro-NN false claim Carbohydrate Restriction does not fix T2D)**

1. Novo Nordisk (NN) business model for decades has involved expanding sales of T1D medication Insulin to victims of modern T2D epidemic, despite T2D victims being readily fixed via no-sugar, Carbohydrate Restriction
2. Poor strategy: "Educate" T2D patients *directly* via evening events at local pharmacies (see *SMH* report, 2004)
3. Effective strategy: Financial support to "useful idiots" and otherwise corrupt "scientists" to encourage them to suppress medical facts: (i) T2D caused by excess sugar/carbohydrate; (ii) Carbohydrate Restriction fixes T2D
4. Stephen Colagiuri was paid to help exclude word "Carbohydrate" from Canberra's diabetes documents; most recently he has misrepresented key clinical facts re "Virtual approach", in *Diabetes Australia's Statement* on T2D
5. NN provided "easy money" to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS as Chair - while SJS protecting Mrs John Miller's pro-NN *Australian Paradox* fraud, expanding it into *AJCN*

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**B. Professor Stephen J. Simpson AC: Academic Director, Charles Perkins Centre**

1. As dishonest boss of Charles Perkins, SJS is devoted to suppressing "Virtual approach" that in US is delivering mass T2D-reversal, collapsing use of T1D drug Insulin by T2D victims (~70%)
2. SJS's 30-Diet Lifespan fraud misrepresents results **career-defining 900-mouse** experiment
3. Pushes low-protein *high-carb* diet that fuels T2D in Indigenous and aged-care communities
4. Promoted misrepresented results involving **715 mice** to rob taxpayers of \$13m via NHMRC
4. SJS as "Faculty" head protected JBM's fraud, and helped JBM to place fake data in *AJCN*
5. As SJS dishonestly protected JBM's fraud, JBM's husband's firm Novo Nordisk financially supported SJS's **career-expanding** move into Chair of Obesity Australia/The Obesity Coalition
6. SJS also assisting JBM's research misconduct by helping hide her (their) "External Interest"

**URM**

**URM**

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**URM**

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**URM**

**D. Professor Stewart Truswell: main scientific author of *Australian Dietary Guidelines* (ADGs) since he wrote ADGs for/in/with our Department of Health in 1978 and 1979**

1. Australia's first big-time diet-and-health "scientist" was recruited from UK to USyd in 1978. Influential ST dominated "health" space for decades via confident false claim "saturated fat in meat, eggs and dairy causes heart disease". That sci-nonsense still dominates *ADGs*
2. ~45 years ago, ST ominously advised novice colleague JBM that sugar not a dietary evil
3. At a Coca Cola "science" event, ST told me I was "making a mountain out of a molehill" fussing about JBM misrepresenting up versus down and promoting fake data in her faulty *Australian Paradox* paper. I advised he help JBM formally retract hopelessly flawed paper
4. Instead, ST helped JBM expand her fraud, helping JBM place fake sugar data into *AJCN*
5. ST also supporting JBM's misconduct by helping hide Novo Nordisk "External Interest"

**URM**

**URM**

**URM**

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**URM**

**URM**

**URM**

The crazy propensity of Charles Perkins' boss Stephen Simpson, Stewart Truswell and three successive sets of Vice-Chancellors and Deputy Vice-Chancellors (Research) to dishonestly protect obviously false "finding" shown pp. 41-49.

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

by  Alan W. Barclay <sup>1</sup> and  Jennie Brand-Miller <sup>2,\*</sup> 

<sup>1</sup> Australian Diabetes Council, 26 Arundel Street, Glebe, NSW 2037, Australia

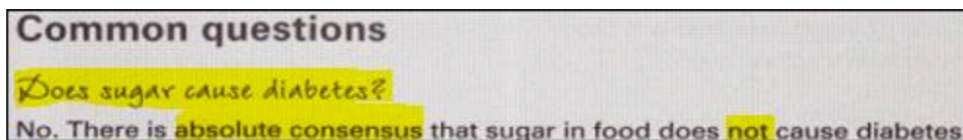
<sup>2</sup> School of Molecular Bioscience and Boden Institute of Obesity, Nutrition and Exercise, University of Sydney, NSW 2006, Australia

\* Author to whom correspondence should be addressed.

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

<https://www.mdpi.com/2072-6643/3/4/491>

**Novo Nordisk loves "useful idiots" falsely exonerating excess sugar/carbs as cause of T2D/obesity epidemic**



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

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

## Novo Nordisk pays to encourage Colagiuri to claim things like “absolute consensus” sugar doesn’t cause T2D

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.andis.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
<b>Prof Stephen Colagiuri</b> <ul style="list-style-type: none"> <li>Steering Group member</li> <li>Author</li> </ul>	<b>Board membership</b> <ul style="list-style-type: none"> <li>Astra Zeneca/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.</li> </ul> <b>Consultancy fees/honorarium; support for travel/accommodation; meals/beverages</b> <ul style="list-style-type: none"> <li>Speaker engagements - honoraria, travel expenses, accommodation and meals received from: Astra Zeneca/BMS; MSD; Novo Nordisk; Sanofi; Servier; Takeda.</li> </ul> <b>Grants</b> <ul style="list-style-type: none"> <li>Chief Investigator, NHMRC Program Grant 2013-2017</li> <li>Chief Investigator, NHMRC Project grant</li> <li>Chief Investigator, NHMRC EU FP7 Health project.</li> </ul>
<b>Prof Stephen Twigg</b> <ul style="list-style-type: none"> <li>Steering Group member</li> <li>Contributor</li> </ul>	<b>Consultancy fees/honorarium</b> <p>I am on/have been on the following Advisory Boards:</p> <ul style="list-style-type: none"> <li>2014-present Sanofi-Aventis International Advisory Board (Insulin glargine U300)</li> <li>2014-present Abbott Scientific Advisory Board (flash glucose monitoring)</li> <li>2014 Boehringer Ingelheim/Eli Lilly Alliance Advisory Board (Empagliflozin)</li> <li>2014 Janssen-Cilag Advisory Board (Canagliflozin)</li> <li>2013-Boehringer Ingelheim/Eli Lilly Alliance Advisory Board (Linagliptin)</li> <li>2011-2013 AstraZeneca Advisory Board (Onglyza/Dapagliflozin)</li> <li>2011-2012 Eli Lilly Advisory Board (BMS and Astra Zeneca)</li> <li>2010-2013 Novo Nordisk Advisory Board (Victoza)</li> <li>2008-2013 Merck Sharpe &amp; Dohme: Januvia (Sitagliptin)</li> <li>2009-2013 Novartis: Galvus (Vildagliptin)</li> <li>2010 SanofiAventis (Lixisenatide).</li> </ul>
<b>Prof Sophia Zoungas</b> <ul style="list-style-type: none"> <li>Steering Group member</li> </ul>	<b>Board Membership</b> <ul style="list-style-type: none"> <li>AstraZeneca Pty Ltd; Boehringer Ingelheim Pty Ltd; Bristol-Myers Squibb Australia Pty Ltd; Merck Sharp &amp; Dohme (Australia) Pty Ltd; Novo Nordisk Pharmaceuticals Pty Ltd; Sanofi-aventis Group; AbbVie.</li> </ul> <b>Consultancy fees/honorarium</b> <ul style="list-style-type: none"> <li>AstraZeneca Pty Ltd; Boehringer Ingelheim Pty Ltd; Bristol-Myers Squibb Australia Pty Ltd; GlaxoSmithKline Australia Pty Ltd; Merck Sharp &amp; 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.</li> </ul>
<b>Prof Timothy Davis</b> <ul style="list-style-type: none"> <li>Steering Group member</li> </ul>	<b>Consultancy fees/honorarium</b> <p><b>Speaker fees</b></p> <ul style="list-style-type: none"> <li>Abbott; Eli Lilly</li> </ul> <p><b>Speaker fees and advisory board membership</b></p> <ul style="list-style-type: none"> <li>Astra Zeneca; Boehringer Ingelheim; Bristol Meyer Squibb; GlaxoSmithKline; Merck Sharp and Dohme; Novartis; NovoNordisk; Sanofi Aventis</li> </ul> <p><b>Advisory board membership</b></p> <ul style="list-style-type: none"> <li>Janssen</li> </ul> <p><b>Grants</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Support for travel/accommodation; meals/beverages</b></p> <ul style="list-style-type: none"> <li>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</li> </ul>

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

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

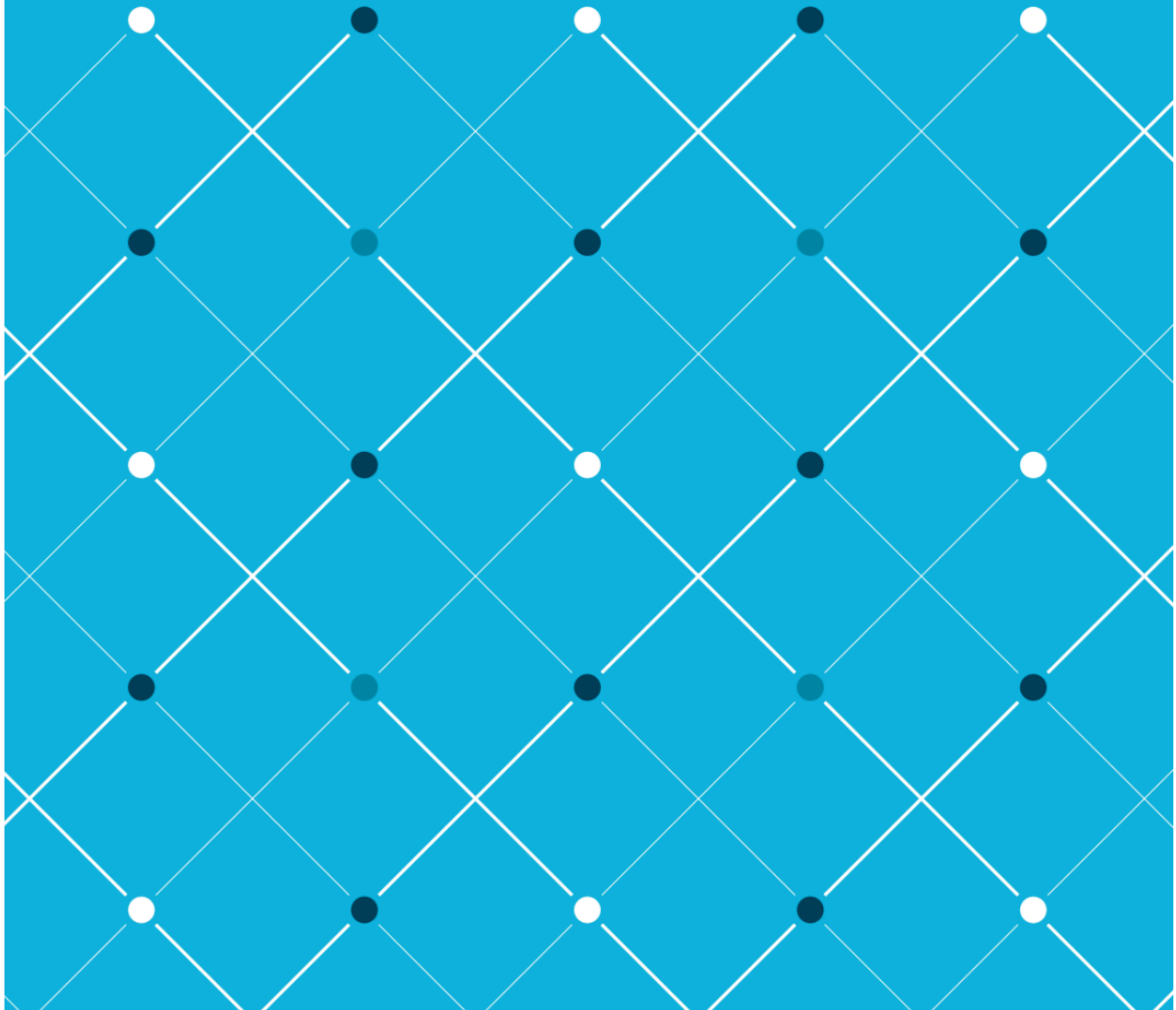
Our University of Sydney’s most-eminent diabetes careerist Stephen Colagiuri has a long association with Novo Nordisk’s Medical Director Dr John Miller and has been on Novo Nordisk’s “money train” for years. Novo Nordisk helps get easy money to Colagiuri because it likes his brain: “There is absolute consensus that sugar in food does not cause [type 2] diabetes” is an excellent lie. NN likes distinguished clowns telling that special lie, doing so with a straight face under the prestigious University of Sydney banner. NN also loves Colagiuri’s helpful efforts to downplay Virta’s highly successful trial fixing T2D/obesity, while collapsing use of T2D drugs





Australian Government  
Department of Health

## Australian National Diabetes Strategy 2016–2020

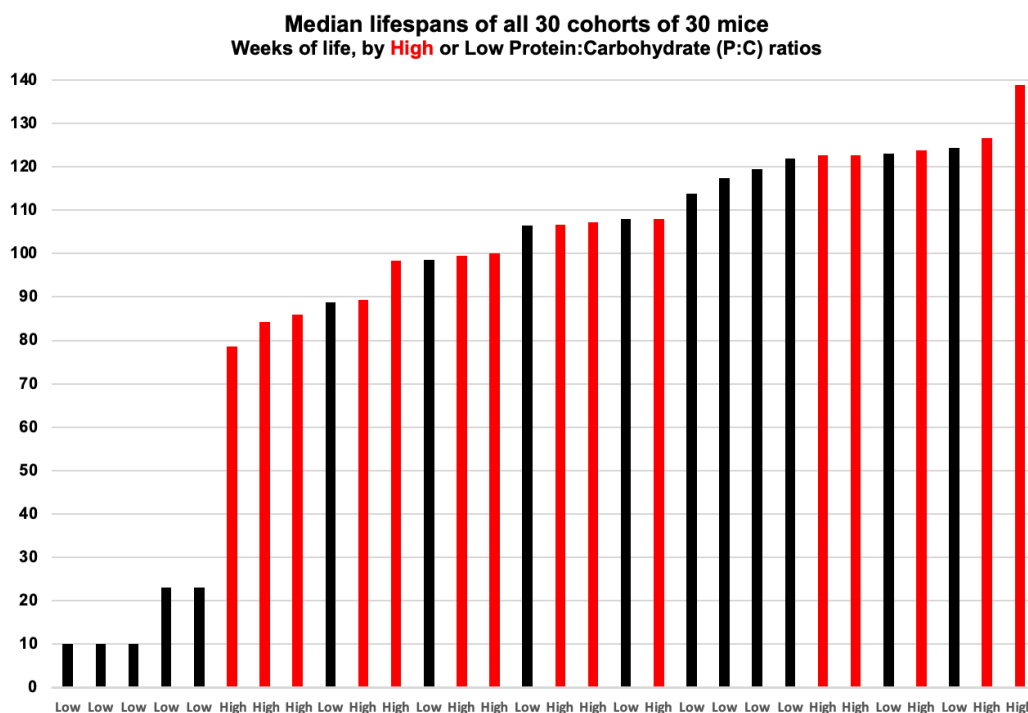


[https://www.health.gov.au/sites/default/files/documents/2019/09/australian-national-diabetes-strategy-2016-2020\\_1.pdf](https://www.health.gov.au/sites/default/files/documents/2019/09/australian-national-diabetes-strategy-2016-2020_1.pdf)

p. 8 <https://www.australianparadox.com/pdf/Letter-Health-Minister-n-Secretary-Feb23.pdf>

In his widely cited "peer reviewed" paper, Simpson claims: "**Median lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate**.... The results are consistent with recent reports in invertebrates showing that the ratio of protein to carbohydrate in the diet influences lifespan (Lee et al., 2008; Piper et al., 2011). The survival curves for the different ratios of protein to carbohydrate (Figure 2B) show that **the longest median survival occurred in cohorts of mice on the lowest [P:C] ratio diets**, and there was a clear correlation between the ratio and lifespan. Median lifespan increased from about 95 to 125 weeks (approximately 30%; Table S2) as the protein-to-carbohydrate ratio decreased." <https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

Alas, as can be seen from the chart below, Simpson's preferred story is falsified by the experiment's actual median-lifespan data, data carefully hidden by Simpson *et al* from the scientific community. Unreasonably, Simpson's shonky paper does not allow casual readers to observe that **the longest-lived median mouse** across all 30 cohorts of 30 mice was fed a **high P:C diet (42% protein, 29% carbohydrate)**. That cohort's median lifespan was **~139 weeks or 10% greater – a full decade in "human years" – than the next best, also a high P:C diet. Five of the top seven are high not low P:C diets.** Simpson hid the data to keep telling the story he "needed" to tell, the one in his pre-experiment book.



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

**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

#### SUPPLEMENTAL TABLES

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

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

Diet	1	2 <sup>a</sup>	3 <sup>b</sup>	4	5	6 <sup>a</sup>	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 <sup>-1</sup>	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	4.02	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 <sup>-1</sup>	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	6.02	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 <sup>-1</sup>	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

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

NHMRC Principal investigator Simpson outlined his preferred 30-diet results in a 2009 paper and later in his widely cited pre-experiment book (2012): In mice as in insects (and so humans), “the ratio of protein to carbohydrate [P:C] is crucial”. Indeed, “protein restriction ... extends life span” while “increasing the ratio of protein to non-protein energy ... decreases life span...”.

# The Nature of Nutrition

A Unifying Framework from Animal Adaptation to  
Human Obesity



Stephen J. Simpson AND David Raubenheimer

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>



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

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

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

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

#### 4.1 HOW DOES MACRONUTRIENT BALANCE AFFECT LIFE SPAN?

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

<https://www.australianparadox.com/pdf/SupplementarySubmissionUSydInquiry2019.pdf>

CPC boss Stephen Simpson started with 900 (not 1000) mice fed 30 diets, reporting only 715 mice fed 25 diets

### 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 and AAP National Medical Writer

November 20, 2013 - 9:45PM

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.

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

Belated fake correction March 2020: Simpson still sneakily misrepresenting 30 diets' median lifespans (p. 13)



Cell Metabolism  
**Correction**

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

Samantha M. Solon-Biet, Aisling C. McMahon, J. William O. Ballard, Kari Ruohonen, Lindsay E. Wu, Victoria C. Cogger, Alessandra Warren, Xin Huang, Nicolas Pichaud, Richard G. Melvin, Rahul Gokarn, Mamdouh Khalil, Nigel Turner, Gregory J. Cooney, David A. Sinclair, David Raubenheimer, David G. Le Couteur,\* and Stephen J. Simpson\*

\*Correspondence: [david.lecouteur@sydney.edu.au](mailto:david.lecouteur@sydney.edu.au) (D.G.L.C.), [stephen.simpson@sydney.edu.au](mailto:stephen.simpson@sydney.edu.au) (S.J.S.)

<https://doi.org/10.1016/j.cmet.2020.01.010>

(Cell Metabolism 19, 418–430; March 4, 2014)

In the originally published version of this article, the number of mice stated to be used for analysis was mistakenly given as 858 instead of 715. This error does not affect the data, analysis, or conclusions reported in the paper. The authors apologize for any confusion that this error may have caused.

p. 15 <https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

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Value (AUD): \$12,981,420.00

Recipient Name: University of Sydney

**Last Updated:** 30-Jan-2018 9:33 am (ACT Local Time)

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

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

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

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

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[sydney.edu.au/our-research](https://sydney.edu.au/our-research)



THE UNIVERSITY OF  
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**Leadership for good starts here**

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

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.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>

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



Simpson's rabid careerism forced him to dishonestly pretend that "mice are not that different from humans"

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

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

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

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

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

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

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



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

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

PMCID: PMC3488544

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

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

Saihan Borghjia<sup>1,2</sup> and Richard David Feinman<sup>2</sup>

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### Abstract

Go to:

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


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

NHMRC Principal investigator Simpson and his 17 co-authors should have known that mouse and human responses to low-carbohydrate (high-fat) diets tend to be profoundly different; they should be aware that sugary low-protein, high-carb mouse diets tend to harm humans. Tragically, many Australians are dying prematurely via type 2 diabetes and CVD as a result of eating the kind of sugary low-protein, high-carb mouse diets promoted by the Charles Perkins Centre as excellent for human longevity. Compare and contrast the sugary mouse diets on p. 5 (dominated by sugar and processed grains) with the sugary diets harming humans on pp. 44-49.

**The rest of this document tells the tragic story of worse-than-useless Group of Eight university "science" hurting vulnerable Australians by suppressing the simple, effective cure for type 2 diabetes, a cure that was used widely by GPs a century ago.**

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>





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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

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### 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.<sup>1</sup> 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.<sup>2</sup> The 26% of Indigenous Australians living in remote areas experience 40% of the health gap of Indigenous Australians overall.<sup>3</sup> Much of this burden of disease is due to extremely poor nutrition throughout life.<sup>4</sup>


### < > 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>

<https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf>

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



# Australian Bureau of Statistics

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

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

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

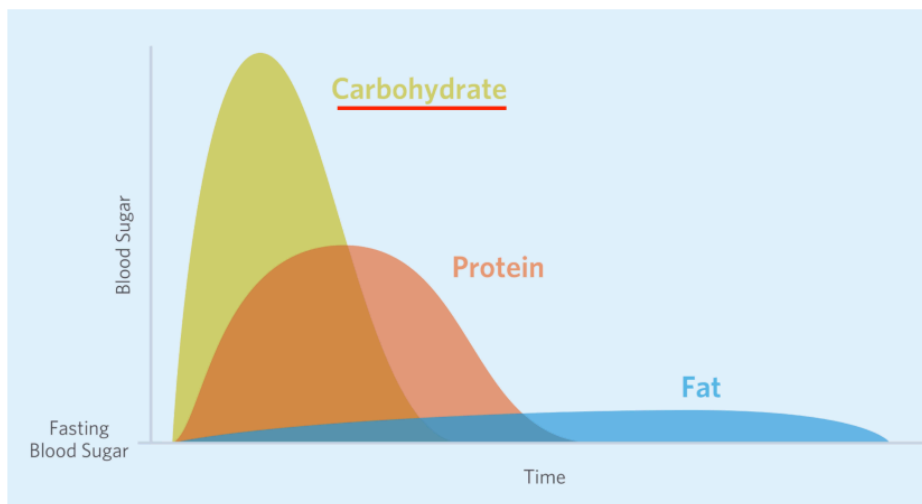
[http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.003~2012-13~Media%20Release~Aboriginal%20and%20Torres%20Strait%20Islander%20adults%20experience%20diabetes%2020%20years%20earlier%20than%20non-Indigenous%20adults%20\(Media%20Release\)-130](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.003~2012-13~Media%20Release~Aboriginal%20and%20Torres%20Strait%20Islander%20adults%20experience%20diabetes%2020%20years%20earlier%20than%20non-Indigenous%20adults%20(Media%20Release)-130) 1/2

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

<https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf>



**So, why does carbohydrate restriction work? Well, most obviously because carbohydrates are the thing driving elevated blood-glucose readings.** Virta Health provides a simple but profoundly useful “blood sugar chart” showing stylised human responses to eating carbohydrate (blood glucose way up), protein (up moderately) and dietary fat (up minimally). Thus a diet restricted in carbohydrate and higher in dietary fat naturally tends to reduce blood-sugar readings and thus reduce HbA1c. (HbA1c readings >6.5% **define** type 2 diabetes.)



<https://www.virtahealth.com/reverseddiabetes>

Importantly, the emergence of **continuous blood-glucose monitors (CGM)** will end up being a **MASSIVE GAME-CHANGER** for public health. Everyday people now can see exactly what foods and drinks – try a healthy banana! – boost blood-sugar readings (HbA1c), and so boost the risk of type 2 diabetes, CVD and obesity. Doctors across the globe increasingly are advising carbohydrate-restricted, no-sugar diets, and patients are seeing success unfold minute-by-minute, hour-by-hour, week-by-week, indefinitely. While CGMs are an optional extra, they are a really useful resource for anyone starting out. (I now have a FreeStyle Libre kit.)

To be clear, Virta Health has commercialised low-carb Ketogenic diets to reverse type 2 diabetes and obesity, reduce CVD risks and restore patients' health. Virta sells its services in the US: CEO Sami Inkinen says Virta is working “with more than a hundred large clients, including the Department of Veterans Affairs, the state of Alabama, Blue Cross and Blue Shield of North Carolina, and employers like General Electric Co.” Virta’s “pitch” to US employers providing healthcare to their millions of employees is “Pay for results, not promises. Virta only gets paid if we are successful in delivering real health improvement—the way all payment should work in healthcare”.

Already valued in excess of \$2b in 2021, Virta's business is booming, using Keto diets to restore health to millions of Americans. Alas, I have no conflict of interest with Virta Health, beyond admiring the scientists and others involved, its profound health results and its rapid business success: <https://www.forbes.com/sites/katiejennings/2021/04/19/this-2-billion-digital-health-startup-aims-to-reverse-type-2-diabetes/?sh=364ae6287044>

#### 4. Recommendations and requests: Please stop Sydney Uni's high-carb sci-frauds, fix type 2 diabetes and fix fatally flawed ADGs

NHMRC CEO Kelso, having provided you with hard evidence on the relevant matters, I urge you, please, to do several important things:

1. Force the formal retraction of Professor Simpson's faulty influential paper at the centre of the 30-Diet Lifespan Fraud (the study towards which NHMRC contributed \$1m). Require the University of Sydney to return the \$13m of new research funding it has been stealing from taxpayers via NHMRC since 2019 (*Submission*, p. 11). To do these things, NHMRC will need to initiate an independent investigation into the University's research and management misconduct. The findings of that investigation – including that the University promotes harmful high-carb dietary advice that suppresses the effective cure for type 2 diabetes - will help everyone understand why NHMRC's ADGs have failed;
2. (again) Urgently instruct Diabetes Australia, the RACGP and the Dietitians Association of Australia to stop promoting your NHMRC's clearly harmful 45-65%-carbohydrate advice to millions of Australians with and at risk of type 2 diabetes;
3. (again) Urgently assemble a panel of competent doctors and scientists - including Dr Peter Brukner who recently launched Defeat Diabetes: <https://www.defeatdiabetes.com.au/our-experts> - to write new low-carbohydrate NHMRC guidelines for the proper treatment of type 2 diabetes, in an effort to start rescuing the millions of vulnerable Australians being harmed by your current official dietary advice;
4. Retract the 2013 *Australian Dietary Guidelines*. As documented above, your ADGs were introduced without proper scientific oversight and have always featured a false “**disease model**”. Every version since 1980 was imposed on NHMRC and the rest of Australia by the mistaken enthusiasm of Stewart Truswell, Australia's leading promoter of Ancel Keys's pretend science of “saturated fat in meat, eggs and dairy causes heart disease, while huge doses of carbohydrate are heart healthy”. The end result from the ADGs after four decades of making false claims about what foods are healthful and which are not is the tragic four-decade uptrend in obesity and type 2 diabetes (“**diabesity**”); and
5. Start to write new *Australian Dietary Guidelines*. First, please disqualify from involvement every individual and entity previously involved in the failed ADGs. The community needs no further help from NHMRC's many “experts” who for decades have been in the business of causing not fixing type 2 diabetes and obesity. Only a fresh start will give the NHMRC any real chance of producing new guidelines that improve public health. NHMRC should not expect Truswell, Simpson, Stanton or the Dietitians Association of Australia, etc, to do anything other than pretend everything is fine. Obviously, the valid “disease model” that must feature in NHMRC's “new era” ADGs is **Metabolic Syndrome – aka Insulin Resistance** – focused on the cluster of indicators that highlight an elevated risk of type 2 diabetes, CVD, obesity-related cancers and probably Dementia. For the upcoming review of your fatally flawed ADGs, I suggest NHMRC organise seminars involving Sarah Hallberg, Richard Feinman, Eric Westman and/or other true experts in fixing chronic disease in fat and sick humans. Finally, the new ADGs should be a simple affair, advising Australians to eat “real food” including meat, eggs, dairy and not too many carbohydrates.

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>



AA

NDSS Helpline 1300 136 588

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Home

About Diabetes

Living with diabetes

Food & Activity

Research & Advocacy

For Health Professionals

News & Resources

Eating well

What should I eat?

Should I drink alcohol?

Eating out

Takeaway

Home > Food & Activity > Eating well

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Eating Well

Healthy eating and an active lifestyle are important for everyone, including people with diabetes. Having a healthy diet and being active is an important part of managing diabetes because it will help manage your blood glucose levels and your body weight.

- Meals that are recommended for people with diabetes are the same as for those without diabetes

<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



AA

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Home

About Diabetes

Living with diabetes

Food & Activity

Research & Advocacy

For Health Professionals

News & Resources

What is diabetes?

Type 1 diabetes

Type 2 diabetes

Pre-diabetes

Gestational diabetes

Are you at risk? (type 2)

Prevention

Myths & facts

Diabetes in Australia

Diabetes globally

Donate Now

There are many ways to donate to Diabetes Australia and help support our cause.

Donate

Contact your State or Territory organisation

For further information about individual diabetes management, membership or the NDSS – you can contact your state or

Home > About Diabetes > Type 2 diabetes

Share

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Type 2 Diabetes

Type 2 diabetes is a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. We do not know what causes type 2 diabetes. Type 2 diabetes is associated with modifiable lifestyle risk factors. Type 2 diabetes also has strong genetic and family related risk factors.

Type 2 diabetes:

- Is diagnosed when the pancreas does not produce enough insulin (reduced insulin production) and/or the insulin does not work effectively and/or the cells of the body do not respond to insulin effectively (known as insulin resistance)
- Represents 85–90 per cent of all cases of diabetes
- Usually develops in adults over the age of 45 years but is increasingly occurring in younger age groups including children, adolescents and young adults
- Is more likely in people with a family history of type 2 diabetes or from particular ethnic backgrounds
- For some the first sign may be a complication of diabetes such as a heart attack, vision problems or a foot ulcer
- Is managed with a combination of regular physical activity, healthy eating and weight reduction. As type 2 diabetes is often progressive, most people will need oral medications and/or insulin injections in addition to lifestyle changes over time.

What happens with type 2 diabetes?

Type 2 diabetes develops over a long period of time (years). During this period of time insulin resistance starts, this is where the insulin is increasingly ineffective at managing the blood glucose levels. As a result of this insulin resistance, the pancreas responds by producing greater and greater amounts of insulin, to try and achieve some degree of management of the blood glucose levels.

As insulin overproduction occurs over a very long period of time, the insulin producing cells in the pancreas wear themselves out, so that by the time someone is diagnosed with type 2 diabetes, they have lost 50 – 70% of their insulin producing cells. This means type 2 diabetes is a combination of ineffective insulin and not enough insulin. When people refer to type 2 diabetes as a progressive condition they are referring to the ongoing destruction of insulin producing cells in the pancreas.

Initially, type 2 diabetes can often be managed with healthy eating and regular physical activity. Over time most people with type 2 diabetes will also need tablets and many will eventually require insulin. It is important to note that this is the natural progression of the condition, and taking tablets or insulin as soon as they are required can result in fewer long-term complications.

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

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

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



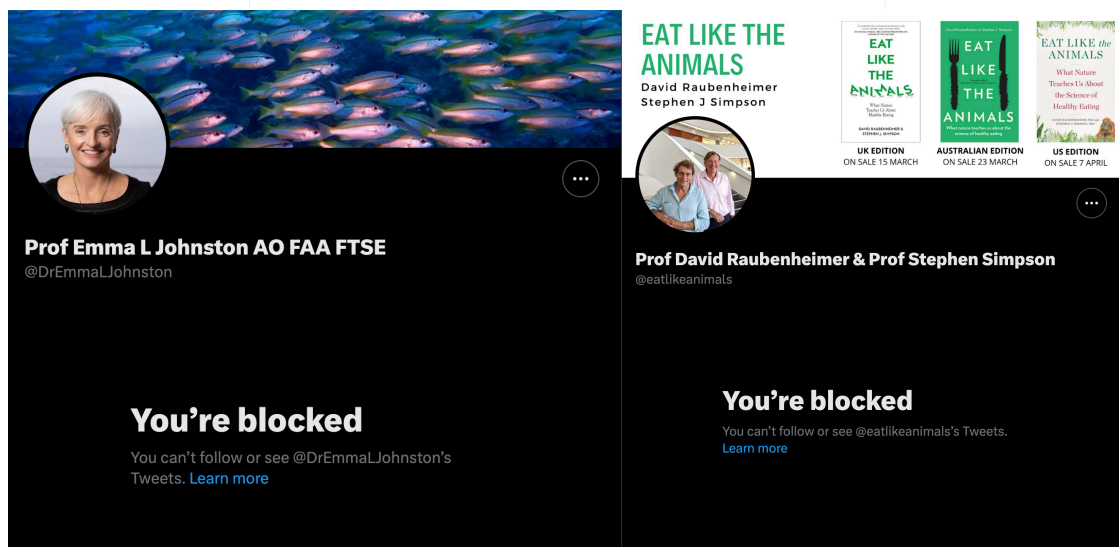
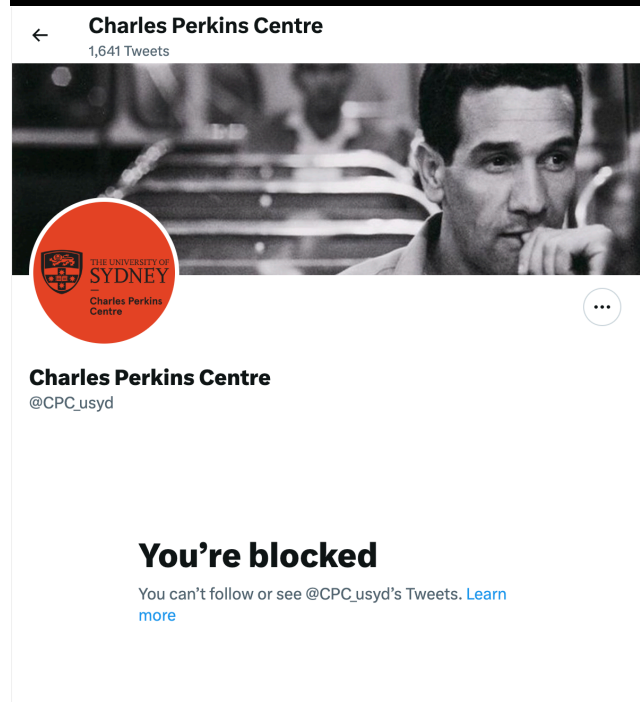
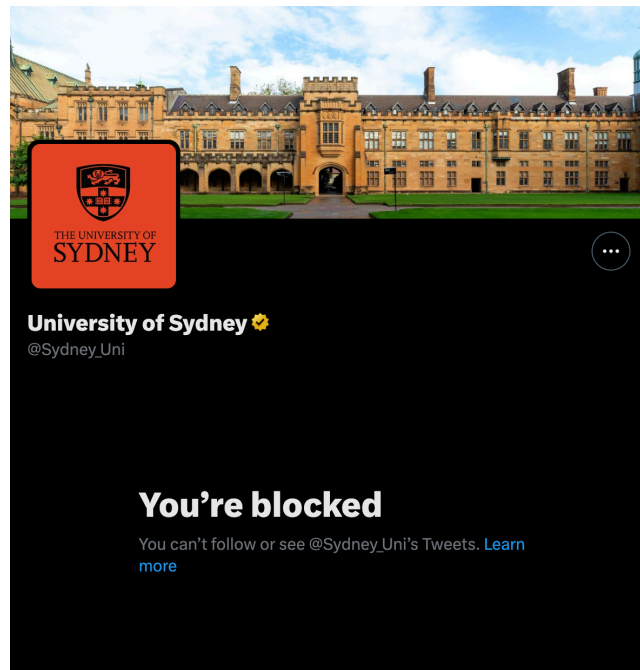
# *General practice management of type 2 diabetes*

2016–18



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





<https://twitter.com/OzParadoxdotcom>

## 15 Public declaration of external interests

Staff members or affiliates whose external, personal or financial interests actually, or potentially, impact or might be perceived to impact upon the objectivity of any academic presentation or publication in which the staff member or affiliate is involved must ensure that the presentation or publication is accompanied by a public declaration of the relevant interest.

## 16 Failure to declare

- (1) Failure fully to disclose information about a conflict of interests may constitute misconduct and result in disciplinary action being taken by the University.
- (2) Failure fully to disclose and appropriately manage a conflict of interests may be regarded as corrupt conduct under the *Independent Commission Against Corruption (ICAC) Act 1988*.

p. 6 <https://www.sydney.edu.au/policies/showdoc.aspx?recnum=PDOC2011/75&RendNum=0>

The four Charles Perkins Centre “scientists” I’ve named are all breaching *Research Code of Conduct*

## 20 Definition of research misconduct

- (1) Research misconduct is a serious breach of this policy which is also:
  - (a) intentional;
  - (b) reckless; or
  - (c) negligent.
- (2) Examples of conduct which may amount to research misconduct include any of the following on the part of a researcher:
  - (a) fabrication, falsification, or deception in proposing, carrying out or reporting the results of research;
  - (b) plagiarism in proposing, carrying out or reporting the results of research;
  - (c) failure to declare or manage a serious conflict of interests;
  - (d) avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk to humans, animals or the environment, or breach of privacy;
  - (e) wilful concealment or facilitation of research misconduct by others;
  - (f) misleading attribution of authorship;
  - (g) intentional, unauthorised taking, sequestration or material damage to any research-related property of another;
  - (h) deliberate conduct of research without required human ethics committee approval;
  - (i) conduct of research involving animals without required animal ethics committee approval;
  - (j) risking the safety of human participants or the wellbeing of animals or the environment; and
  - (k) deviations from this policy which occur through gross or persistent negligence.

p. 24 <https://www.sydney.edu.au/policies/showdoc.aspx?recnum=PDOC2013/321&RendNum=0>



## Please investigate: Has GI Jennie Brand-Miller enjoyed multi-million-dollar Novo Nordisk “External Interest”?

Jennie Brand-Miller AO is perhaps the most famous and globally significant diet-and-health “scientist” in Australian history: <https://www.eoas.info/biogs/P006175b.htm>. Meanwhile, Professor Stephen Simpson AC is a famous insect specialist (entomologist) who has produced and protected harmful human-diet-and-health misconduct during his decade as the founding Academic Director of the University of Sydney’s Charles Perkins Centre, a position overseeing ~1200 taxpayer-funded researchers: <https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>


Awkwardly, “GI Jennie” Brand-Miller appears (99.99% likely) to have enjoyed millions of dollars of undisclosed household income and wealth over recent decades via a spousal link to Novo Nordisk T2D-drug sales. An independent investigation should urgently establish whether or not Jennie Brand-Miller’s husband is/was Novo Nordisk Australasia’s long-standing Medical Director (since 1978!), Dr John Miller. Here are three Dr John Millers:


- **2004:** “invitations asked patients to ‘Come and make your life a little easier and gain control of your diabetes. With [Novo Nordisk’s] FlexPen, there is no easier way to inject insulin.’ **Mr Miller could not confirm** whether Novo Nordisk or the pharmacist planned the meeting, nor could he say how often such promotion meetings took place.” <https://www.smh.com.au/national/education-meeting-used-to-push-drug-20040617-gdj53q.html> ;
- **circa 2007: photo below, reportedly:** “Scientist Jennie Brand-Miller at home with her husband Dr John Miller” <https://www.gettyimages.com.au/detail/news-photo/scientist-jennie-brand-miller-at-home-with-her-husband-dr-news-photo/540183657> ;
- **2023: Novo Nordisk’s Dr John Miller** below right; p. 11 <https://www.australianparadox.com/pdf/Letter-Health-Minister-n-Secretary-Feb23.pdf> ; <https://www.linkedin.com/in/john-miller-7ab727a/?originalSubdomain=au>



**John Miller**  
Medical Director at Novo Nordisk Pharmaceuticals Pty Ltd  
Greater Sydney Area · [Contact info](#)  
50 connections  
[Connect](#) [Message](#) [More](#)

**Experience**

 **Medical Director**  
Novo Nordisk Pharmaceuticals Pty Ltd

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

I’m 99.99% confident that the **three** Dr John Millers above and the **four** Dr John Millers below are **the same person**:

- **1977: authors include “Janette C. Brand B.SC. (Hons) and John J. Miller M.SC”** <https://onlinelibrary.wiley.com/doi/10.5694/j.1326-5377.1977.tb107779.x>
- **1991: *Human insulin*, by John J Miller MSc PhD** <https://onlinelibrary.wiley.com/doi/10.5694/j.1326-5377.1991.tb121118.x>
- **1992: *Human insulin and hypoglycaemia*; authors include John J Miller and Stephen Colagiuri** [https://www.thelancet.com/journals/lancet/article/PII0140-6736\(92\)92387-U/fulltext](https://www.thelancet.com/journals/lancet/article/PII0140-6736(92)92387-U/fulltext)
- **2002: “I am grateful to Dr John Miller, Novo Nordisk Laboratories, for information about their new [insulin] analogues”** <https://www.nps.org.au/assets/f1e77c787cd684db-fa5c5f223e51-bb53bc7659331a374f6acece6272a72d3b89e4e4f5ad3288d72d4a06474c.pdf>

When that is 100% confirmed – NN Australasia’s Medical Director since 1978 is/was Jennie Brand-MILLER’s spouse for decades - then **“Houston, we have a problem”!** That is, we’ll know for sure that superstar “GI Jennie” – Australia’s world-famous defender of modern doses of sugar as harmless – is in **“serious breach” of USyd’s External Interests Policy**. **USyd’s 15 May letter to me** (see pp. 49-51) suggests VC Scott and DVC(R) Johnston have **exempted JBM**.

It appears that Dr John Miller, JBM, Stephen Colagiuri, Stewart Truswell and Stephen Simpson all have been familiar with each other for many years or mostly decades. All would know that they are formally required to inform the global scientific community that JBM’s household income and wealth is/has been materially boosted by market leader Novo Nordisk’s sales of Insulin and other drugs to T2D victims. **And those who wrote papers with JBM without publicly disclosing JBM’s lucrative Novo Nordisk “External Interest” also are in “serious breach” of USyd’s Research Code of Conduct** (see previous page). In fact, the usual cabal at Charles Perkins Centre has allowed JBM to deceive:

Colagiuri: <https://pubmed.ncbi.nlm.nih.gov/12882846/>

Simpson: <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0025929&type=printable>

Truswell: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2682451/>

I suspect that **“everyone knows”** and that three successive sets of VCs and DVC(R)s have chosen dishonestly to not enforce their **Research Code of Conduct**. The University’s revealed preference is that **elite “scientists” are exempt**.

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

### **A statement by the American Diabetes Association** FREE




























Nancy F. Sheard, SCD, RD; Nathaniel G. Clark, MD, MS, RD; Janette C. Brand-Miller, PHD; Marion J. Franz, MS, RD, CDE; F. Xavier Pi-Sunyer, MD, MPH; Elizabeth Mayer-Davis, PHD, RD; Karmeen Kulkarni, MS, RD, CDE, BC-ADM; Patti Geil, MS, RD, FADA, CDE

*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).*

**“GI Jennie” Brand-Miller did not disclose her multi-million-dollar Novo Nordisk household income and wealth “External Interest”, only “J.C.B.-M. is on the board of directors of Glycemic Index Limited.”**

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

## **Dietary Glycemic Index and Load and the Risk of Type 2 Diabetes: A Systematic Review and Updated Meta-Analyses of Prospective Cohort Studies**

by  Geoffrey Livesey <sup>1,\*</sup> ,  Richard Taylor <sup>1</sup>,  Helen F. Livesey <sup>1</sup>,  Anette E. Buyken <sup>2</sup>,  David J. A. Jenkins <sup>3,4,5,6</sup>,  Livia S. A. Augustin <sup>4,7</sup>,  John L. Sievenpiper <sup>3,4,5,6</sup>,  Alan W. Barclay <sup>8</sup>,  Simin Liu <sup>9</sup>,  Thomas M. S. Wolever <sup>3,4</sup>,  Walter C. Willett <sup>10</sup>,  Furio Brighenti <sup>11</sup>  Jordi Salas-Salvadó <sup>12,13</sup>  Inger Björck <sup>14</sup>,  Salwa W. Rizkalla <sup>15</sup>,  Gabriele Riccardi <sup>16</sup>,  Carlo La Vecchia <sup>17</sup>  Antonio Ceriello <sup>18</sup>,  Antonia Trichopoulou <sup>19</sup>,  Andrea Poli <sup>20</sup>,  Arne Astrup <sup>21</sup>  Cyril W. C. Kendall <sup>3,4,22</sup>,  Marie-Anne Ha <sup>23</sup>  Sara Baer-Sinnott <sup>24</sup> and  Jennie C. Brand-Miller <sup>25</sup>  — Hide full author list

*Nutrients* **2019**, *11*(6), 1280; <https://doi.org/10.3390/nu11061280>

**Received: 2 May 2019 / Revised: 28 May 2019 / Accepted: 30 May 2019 / Published: 5 June 2019**

(This article belongs to the Special Issue **The Relationship between Glycemic Index and Human Health**)

### **1. Introduction**

According to the International Diabetes Federation, type 2 diabetes (T2D) is a huge and growing problem and costs to society are high and escalating [1]. Reducing the burden of diabetes by prevention is a major goal. Potential modifiable lifestyle choices that affect a person’s risk include being overweight or obese (particularly central obesity), smoking, low physical activity, and the consumption of diets rich in refined grains and alcohol, and low in dietary fiber and whole grains. Diets with a high glycemic index (GI) or load (GL) have also been reported to increase the risk of this metabolic condition [2]. (See endnote **a** after the Discussion for definitions of the glycemic index and glycemic load.)

Although T2D is a disease of abnormal carbohydrate metabolism, meta-analyses of results from prospective cohort studies have shown no clear association between the sum of all digestible carbohydrates ingested and incident T2D [3,4,5]. Likewise, no clear association is evident between the levels of starch [6] and sucrose [7] intake and T2D. However, added sugars have been reported to increase the risk of T2D when taken in a liquid form, such as soft drinks and fruit juice drinks—potentially due to an overconsumption of energy contributing to obesity [8].

<sup>25</sup>. Charles Perkins Centre and School of Life and Environmental Sciences, University of Sydney, Sydney NSW 2006, Australia

### **Conflicts of Interest**

Jennie Brand-Miller is President of the Glycemic Index Foundation, an international not-for-profit organization, which endorses healthy low GI food products by means of a certified GI symbol. She manages a glycemic index testing service at the University of Sydney and is the co-author of lay books about the glycemic index of foods.

<https://www.mdpi.com/2072-6643/11/6/1280>

JBM also hid her pro-T2D Novo Nordisk household income and wealth “External Interest” from every reader of this epic but-unhelpful University of Sydney **sci-marketing**: <https://open.sydneyuniversitypress.com.au/files/9781920899851.pdf>  
JBM deceived **BMJ and Harvard** gurus here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5996878/?report=reader>



***Taking the sweet with the sour, Sydney Morning Herald, April 19, 2003***

...Brand-Miller, a professor of human nutrition at the University of Sydney, took a similar approach to research.

For more than two decades she persisted in challenging medical wisdom about carbohydrates and health, building up evidence to show that starchy foods such as potatoes and some breads and breakfast cereals were more of a problem for people with diabetes than the sugary foods they had been told to avoid. Her adversaries were many, but scientific controversy does not faze her. Science is based on scepticism, she says. "We need doubters."

...A top student, she initially wanted to be a GP, like her father... As a teenager she had learnt the details on food labels by heart. And her university research showed the nutritional benefits of giving lactose-free milk to Aboriginal children with gastroenteritis who could no longer tolerate lactose. It not only led to a paper in a prestigious medical journal - a fillip for a young PhD student - it **threw her together with her future husband and collaborator, John Miller, a scientist and businessman [almost certainly Novo Nordisk businessman and its Australasian Medical Director Dr John Miller]** ...

...The young researcher was encouraged to challenge dietary dogma after watching **Professor Stewart Truswell, the university's head of nutrition**, happily adding a spoonful of "white death" to his coffee. He pointed Brand-Miller to research backing his choice to have sugar in moderation. "I realised views about sugar were not based on science."

**A diagnosis of diabetes was bad enough, she figured, without the directive to give up everything sweet. "I thought people would be more likely to have porridge if they could sprinkle sugar on it and more likely to eat wholemeal bread if it had a dollop of honey."**

Some of her most vocal early critics were hospital dieticians working on the same campus who were worried people might think they could eat lots of sugar. ...


<https://www.smh.com.au/world/taking-the-sweet-with-the-sour-20030419-gdgmis.html>

[RR: JBM's ignorance led to epic incompetence and towards T2D harm for millions of hapless Australians.]

YouTube

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**HOW TO STOP INSULIN**



Dr. Penny Figtree, Dr. Ron Schweitzer & Dr. Liz Fraser - 'De-Prescribing Case Reports'

Low Carb Down Under 476K subscribers

Subscribe

743

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15K views 3 months ago

Dr Penny Figtree graduated from the University of Sydney in 1993 with first class honours. With over 20 years in general practice she has now decided to focus on weight loss and diabetes.

Show more

69 Comments Sort by

Add a comment...

Noah Niang 3 months ago

This low carb down under is the best educational forum I have ever watched on the internet. It helps me reclaim my life.

28

Reply

bikeman 3 months ago

Many years ago I met this gentlemen on a flight. This was way before I had knowledge about T2D, carbs, injected insulin, etc. He informed me two of his toes were already amputated due to T2D, which made me very sad. He then asked the flight attendant a can of Coca Cola! He showed me how he adjusts the dosage on his insulin pump to counteract the (toxic) drink. So sad to think how many patients have gotten and continue to get bad medical advice.

<https://www.youtube.com/watch?v=BSKgPTsl7fw>

National

This was published 18 years ago

## Education meeting used to push drug

June 17, 2004 – 10:00am

They were diabetic patients targeted by the chemist who dispensed their insulin, and they accepted an invitation for an education day. What they got was a hard sell for a new drug.

Pharmaceutical manufacturer Novo Nordisk is investigating whether it breached national advertising guidelines by promoting a prescription-only medication directly to patients, and is liable for a \$200,000 fine.

The *Herald* has received documents suggesting a Novo Nordisk representative consulted diabetes patients last month at a meeting organised by a pharmacist in Quirindi, near Tamworth.

It is alleged promotional material developed for GPs and other health care professionals was presented to patients by the representative, who also advised them how and when to use the NovoMix 30 FlexPen drug and applicator combination.

The medical director of Novo Nordisk, John Miller, described the allegations as "disturbing" and "extremely serious" and said the company has initiated its own investigation.

"I think it highly appropriate that this matter has been referred to Medicines Australia," he said. "But we will also be looking at it ourselves. This is not a grey area. Any activity directed toward a member of the public which encourages them to seek a prescription for a product is prohibited. Our representatives are not there to give medical advice."

Companies in breach of the Medicines Australia Code of Conduct face fines of up to \$200,000.

Invitations to the May 26 "Diabetes Day" were distributed by Quirindi's sole pharmacist, Sel Brown.

The invitations asked patients to "Come and make your life a little easier and gain control of your diabetes. With [Novo Nordisk's] FlexPen, there is no easier way to inject insulin."

Mr Miller could not confirm whether Novo Nordisk or the pharmacist planned the meeting, nor could he say how often such promotion meetings took place.

The pharmacist, Mr Brown, would not take calls yesterday.

<https://www.smh.com.au/national/education-meeting-used-to-push-drug-20040617-gdj53q.html>

### THE AUSTRALIAN

15 February 2023

#### Shining spotlight on shadow weight-loss drug campaign

By NATASHA ROBINSON Health Editor and JOANNA PANAGOPOULOS

**The Australian Diabetes Society** – the nation's leading body for research, medical practice and education in diabetes – has been linked to a shadow advertising campaign for blockbuster new weight-loss drugs launched by a Danish pharmaceutical giant, which is accused of exerting a heavy influence on Australian obesity policy.

Novo Nordisk, the manufacturer of the drugs Ozempic and Wegovy, has been bombarding consumers on Facebook and in Instagram with ads about weight and exercise which link to a website that promises to reveal "the truth about weight".

Consumers are linked to a website – **truthaboutweight.global** – where articles state obesity is a chronic disease and people are urged to "find a local weight management provider" via a drop-down menu.

They are then directed to another site, entitled Find My GP, which is a joint initiative of the ADS and Novo Nordisk that links consumers with a network of "independent" doctors who have been trained in weight-management programs.

While doctors on the Find My GP site "are not incentivised by Novo Nordisk", all the GPs are said to have "expressed an interest and received training in weight management, according to criteria developed in collaboration with the National Association of Clinical Obesity Services and the ADS" which both get funding from Novo Nordisk. The website is branded with the ADS logo.

The medicines regulator has declared the advertising campaign to be "disease education" that does not fall foul of laws that ban advertising medicines directly to consumers.

Pharmaceutical companies are banned from advertising medicines directly to consumers in Australia but the Novo Nordisk ads are positioned as providing education and resources and do not mention specific drugs.

Novo Nordisk's Truth About Weight website states that obesity is a chronic disease, and "when you know the truth about weight, you can start getting the help you need". **"Chronic diseases require ongoing medication attention, or limit activities and daily living, or both," the website states.**

"The science is clear that obesity is not just a result of poor choices. While misinformation and stigma continue to impact society's understanding of obesity, more healthcare providers are beginning to recognise obesity as a chronic disease – one that demands medical attention and potentially treatment."

The ADS, which is a membership organisation made up of doctors and scientists and led by senior endocrinologists, did not respond to extensive questions regarding its collaboration with Novo Nordisk.

<https://www.theaustralian.com.au/science/shining-spotlight-on-shadow-weight-loss-drug-campaign/news-story/c1f8b1151638e72515d66961722822ec>



The New York Times

## Drug Maker's Efforts to Compete in Lucrative Insulin Market Are Under Scrutiny

Give this article

By Gardiner Harris and Robert Pear  
Jan. 28, 2006

WASHINGTON - For years, Novo Nordisk, a Danish company and one of the earliest makers of insulin, has raced behind Eli Lilly to capture the lucrative insulin market in the United States.

When in 1996 Lilly started selling Humalog, a synthetic insulin with speedier blood-sugar control, Novo needed four more years to get approval to market a similar product.

When Lilly's huge sales force put Novo at a disadvantage, Novo fought back. The company hired hundreds of sales representatives. When Lilly struck a marketing deal with the Eckerd pharmacy chain, Novo responded with a partnership with Rite Aid.

But in its race, several former Novo sales representatives say, Novo may have crossed the line. Sales representatives paid at least one Rite Aid pharmacist to encourage switches from Lilly products or Novo's own lower-priced versions to higher-priced ones, according to documents and former and present company officials. Novo also paid doctors' assistants when prescriptions were switched, according to two former sales representatives.

Novo Nordisk has been suspended from the Association of the British Pharmaceutical Industry for two years, after the prescription medicines watchdog found that the Danish company violated rules by sponsoring a "disguised" large-scale promotional campaign.

The UK industry group said the drugmaker was in breach of its code of practice and had acted in a way that was "likely to bring discredit on, or reduce confidence in, the pharmaceutical industry".

The watchdog found the company failed to disclose its sponsorship of weight management training courses for healthcare professionals, which preferentially included positive information on its drug Saxenda.

Susan Rienow, president-elect of the ABPI, said the board had carefully considered the report by the Prescription Medicines Code of Practice Authority and its audit of Novo Nordisk's compliance procedures.

"The board expressed significant concern about Novo Nordisk's compliance activities and the very serious issues identified," she said.

Rienow replaced Pinder Sahota, general manager of Novo Nordisk UK, who had been president of the industry group until he stepped down during the audit.

Novo Nordisk said it was "disappointed" but accepted the decision and remained committed to maintaining "the highest possible ethical standards". "Novo Nordisk will continue to focus our efforts on achieving better outcomes for, and improving the lives of, patients living with serious chronic conditions," it said.

<https://www.nytimes.com/2006/01/28/us/drug-makers-efforts-to-compete-in-lucrative-insulin-market-are-under-scrutiny.html>  
<https://www.ft.com/content/0b29e3f5-e456-44c2-a33a-57f5b0261d7e>

### Novo Nordisk apologises for not disclosing sponsorship of anti-obesity training

Hannah Kuchler in London and Jamie Smyth in New York

FEBRUARY 12 2023

The chief executive of pharma group Novo Nordisk has apologised for breaking the UK industry code by failing to disclose its sponsorship of obesity and weight management training courses for healthcare professionals that also promoted its weight loss drug.

Lars Fruergaard Jorgensen said the company "sincerely apologises" that its branding was missing from a LinkedIn post promoting online weight loss webinars and e-learning modules that Novo Nordisk said it sponsored from February 2020 to December 2021.

The webinars, which were viewed by thousands of healthcare professionals, preferentially included positive information about Novo's weight loss drug Saxenda that the self-regulatory watchdog deemed a "disguised" large-scale promotional campaign.

Jorgensen said Novo's failure to disclose its sponsorship was a "mistake". "It should have said that it was sponsored by Novo and it did not. And that of course, could make people draw the wrong conclusions," he told the Financial Times.

The industry self-regulatory body published a strongly worded reprimand last year, saying it was "concerned about the company's compliance culture . . . internal governance systems and processes, and a perceived naivety and lack of accountability from Novo Nordisk".

It also said it was concerned about "the potential impact on patient safety" because the webinars, which were run by a third-party provider but sponsored by Novo, showed a "lack of balance" in how they compared the side effects of Saxenda and its competitors. ...

Sidney Wolfe, a founder and senior adviser of health research group Public Citizen, said there is a long history of pharmaceutical companies running secretive marketing campaigns under the pretence of providing education.

"Unfortunately, because the penalties for engaging in such behaviour are rarely a deterrent for companies, these potentially illegal but profitable activities will continue to be part of companies' business model without larger penalties and successful prosecutions of company executives," he said. ...

<https://www.ft.com/content/591772df-0451-4348-9bad-f375ed4b7ede>

# Novo Nordisk

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From Wikipedia, the free encyclopedia

**Novo Nordisk A/S** is a **Danish** multinational **pharmaceutical company** headquartered in **Bagsværd, Denmark**,<sup>[3]</sup> with production facilities in nine countries and affiliates or offices in five countries. Novo Nordisk is controlled by majority shareholder **Novo Holdings A/S** which holds approximately 25% of its shares and a **relative majority** (45%) of its voting shares.<sup>[4]</sup>

Novo Nordisk manufactures and markets [pharmaceutical](#) products and services, specifically [diabetes](#) care medications and devices.<sup>[5]</sup> Novo Nordisk is also involved with [hemostasis](#) management, [growth hormone](#) therapy, and [hormone replacement therapy](#). The company makes several drugs under various brand names, including [Levemir](#), [Tresiba](#), [NovoLog](#), [Novolin R](#), [NovoSeven](#), [NovoEight](#), and [Victoza](#).<sup>[2]</sup>

Novo Nordisk employs more than 48,000 people globally, and markets its products in 168 countries.<sup>[2]</sup> The corporation was created in 1989, through a merger of two Danish companies which date back to the 1920s. The Novo Nordisk logo is the [Apis bull](#), one of the sacred animals of [ancient Egypt](#).

Novo Nordisk is a full member of the [European Federation of Pharmaceutical Industries and Associations \(EFPIA\)](#).<sup>[6]</sup>

The company was ranked 25th among the [100 Best Companies to Work For](#) in 2010 and 72nd in 2014 by [Fortune](#).<sup>[7]</sup> In January 2012, Novo Nordisk was named the most sustainable company in the world by the business magazine *Corporate Knights*, while spin-off company [Novozymes](#) was named fourth.<sup>[8]</sup>

Novo Nordisk is the largest pharmaceutical company in Denmark.<sup>[9]</sup>

History [ [edit](#) ]1923 [ [edit](#) ]

Nordisk Insulinlaboratorium commercialises the production of insulin.<sup>[10]</sup>

1000 1 of 1

[https://en.wikipedia.org/wiki/Novo\\_Nordisk](https://en.wikipedia.org/wiki/Novo_Nordisk)

**Novo Nordisk A/S**



The Novo Nordisk Company's logo (used for the past years to present), a bull with a sun disk between his horns, is based on the Egyptian deity Apis.

Type	Aktieselskab
Traded as	Nasdaq Copenhagen: <a href="#">NOVO B</a>  NYSE: <a href="#">NVO</a> 

**Industry** Pharmaceuticals, Health care

<b>Founded</b>	21 December 1923; 99 years ago
----------------	--------------------------------

**Headquarters** Novo Allé, DK-2880, Bagsværd, Denmark<sup>[1]</sup>

**Key people** [Helge Lund](#) (Chairman)  
Lars Fruergaard Jørgensen  
(President & [CEO](#))

**Products** Ozempic, Ryzodeg, Victoza,  
NovoEight, Activella, Novolin,  
Levemir, NovoSeven,  
Norditropin, Tresiba, Xultophy,  
NovoRapid, Fiasp, Saxenda

**Novo Nordisk A/S (NVO)** 

NYSE - NYSE Delayed price. Currency in USD

**158.05 -1.40 (-0.88%)      158.56 +0.51 (+0.32%)**

At close: 9 June 04:00PM EDT

⊕ Indicators
⊕ Comparison
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NVO 0.412



<https://au.finance.yahoo.com/quote/NVO?p=NVO&.tsrc=fin-srch>

## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Blatant research misconduct by University of Sydney "scientists" promoting harmful falsehoods**  
 Again, ongoing misconduct by a cabal of Charles Perkins Centre science careerists - "GI Jennie" Brand-Miller (JBM), Stephen Simpson (SJS), Stephen Colagiuri and Stewart Truswell - suppressing profound medical matters of fact: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. This misbehaving cabal's harmful misinformation - including insisting up is down and using fake sugar data in formal papers; putting "healthy" Low GI stamps on products up to 99.4% sugar; promoting low-protein, high-carb mouse diets that cause T2D, misery and early death in humans in Indigenous and aged-care communities; helping exclude critical word "Carbohydrate" from Canberra's diabetes documents; and faulty high-Carbohydrate ADGs - works to block the biggest advance in public health in over 50 years. Colagiuri today is misrepresenting profoundly impressive results from Virta's 2017-18 diabetes trial, blocking highly effective "Virta approach" that in US today - now! - is producing mass-reversal of T2D for health insurers such as Blue Shield of California, while collapsing unneeded spending on Novo Nordisk's insulin/drugs for T2D victims. JBM's infamous Australian Paradox sugar-and-obesity fraud continues to mislead, by dishonestly exonerating modern doses of sugar as a major driver of our modern obesity/T2D epidemics. Meanwhile, VC Mark Scott refuses to stop Charles Perkins' harmful 30-Diet Lifespan Fraud despite Simpson using it to steal \$13m from taxpayers over 2019-2023. Recall that USyd advertised low-protein, high carb (LPHC) mouse-killing diet to general public via SMH. Again, SJS hid five "killer" low P-C diets/143 dead mice, while avoiding critical fact that five of top seven diets for median lifespan are high not low in protein. Why? The wrong median mice died first and last! SJS's career-defining experiment falsified low-protein story he needs to tell: his pre-experiment book insisted low P-C diets would "extend lifespan" in mice as in insects, and thus humans. In the real world, SJS's sugary LPHC mouse diets cause T2D, misery and early death in our Indigenous and aged-care communities. Did I mention JBM's undisclosed multi-million-dollar Novo Nordisk "External Interest"?

**Novo Nordisk Australasia's business model has long involved giving easy money to influential science careerists to suppress key medical fact - T2D readily fixed via Carbohydrate Restriction - in order to expand unneeded sales of T1D medication Insulin/drugs to victims of T2D epidemic**  
 Being caught (illegally) "educating" T2D victims in after-hours 2004 meeting at Quirindi pharmacy helped NN to decide that best way to expand sales is giving easy money to "useful idiots" and otherwise corrupt "scientists", to suppress critical medical facts: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. USyd's eminent diabetes careerist Stephen Colagiuri has been an excellent "investment", helping to exclude the word "Carbohydrate" from several of Canberra's national diabetes documents, including AUSDRISK and National Diabetes Strategy 2016-20. NN now benefits from SC-driven misrepresentation of key clinical results from 2017-18 Virta trial, in Diabetes Australia's Statement on T2D. Notably, NN (employer of Dr John Miller) gave easy money to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS installed as Chair - while SJS sneakily protected Mrs John Miller's pro-T2D Australian Paradox fraud, expanding it into AJCN. Meanwhile, JBM has enjoyed decades of undisclosed NN "External Interest" involving millions of dollars of undisclosed household income/wealth via NN's T2D-drug sales. Max Gillies as "Minister for Everything" Russ Hinze reckoned: "That's not a conflict of interest, that's a CONVERGENCE of interest!" So, what is corruption?

**Dishonest management helping University and Novo Nordisk to steal billions from taxpayers**  
 Over the past decade, USyd Chancellor Belinda Hutchinson's senior management has used false and deceptive claims of "Research Excellence" to steer a disproportionate share of taxpayer funding to our USyd/Go8. Hutchinson's managers unethically prioritise "global rankings" over academic standards and "Research Excellence". Successive sets of Vice-Chancellors and Deputy Vice-Chancellors (Research) - VC Michael Spence and DVC(R) Jill Trehwell; VC Stephen Garton, DVC(R) Duncan Ivison and Provost Barbara Messerle; and now VC Mark Scott and shiny new DVC(R) Emma Johnston - have sneakily refused to honestly apply their Research Code of Conduct, in a dishonest effort to hide serious misconduct by their elite "scientists". The "suits" worry that the required formal retractions of influential, harmful and false research "findings" will harm USyd's (undeserved) shiny reputation. So, VC Scott continues to provide dishonest institutional support for two harmful research frauds and other pro-Novo Nordisk misconduct that fuel our T2D epidemic. In latest formal letter to me, dated 15 May, USyd refused to address its Australian Paradox fraud. Again, VC Scott won't address critical fact that Charles Perkins' pro-sugar Australian Paradox "finding" is blatantly false; and he's okay with JBM, Stephen Simpson and Stewart Truswell colluding to place fake sugar data into AJCN. Even JBM's unmanaged and undisclosed NN conflict of interest is no problem. So Chancellor Belinda Hutchinson's unethical "suits" continue to dishonestly squeeze billions of dollars of research funding from taxpayers. Tragically, USyd misconduct is fuelling our T2D epidemic, with Canberra duped into funding unhelpful T2D drugs. Alas, VC Scott's best "scientists" are Novo Nordisk's "useful idiots", using USyd prestige to block massive gains via "Virta approach", to keep pumping unneeded T1D medication insulin into T2D victims. VC Scott and DVC(R) Johnston simply play dead on key issues. **It's all so blatant:** JBM is exempt from External Interest Policy, not required to disclose multi-million-dollar NN "External Interest" to global scientific and diabetes communities, in COI disclosures in "peer reviewed" diet/health papers.

**Millions of vulnerable Australians and taxpayers harmed by this shameful multi-pronged scandal that exists only because USyd senior management is dishonest**

- Millions of everyday Australians are becoming T2D victims via USyd management's ongoing sneaky refusal to honestly implement USyd Research Code of Conduct and External Interests Policy. Elite "scientists" are exempt, their misconduct protected
- Taxpayers robbed of billions by dishonest USyd pretending "Research Excellence"
- Taxpayers robbed by Novo Nordisk and other drug companies duping Canberra into heavily subsidising unneeded mass purchases of insulin for victims of T2D epidemic
- Medicare and other health insurers are blocked from huge gains via "Virta approach"
- Tragically, ironically, misconduct by cabal of Charles Perkins' sci-shonks has delayed by decade our best chance of stopping Indigenous T2D victims dying by the truckload
- Priority: Retract harmful false claims, embracing Carbohydrate Restriction to fix T2D
- Aussie Champions: Dr Penny Fitgertree, Too Deadly for Diabetes and Defeat Diabetes

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**



## *A modern epidemic: Expert perspectives on obesity and diabetes*

### Preface

The start of 2012 is marked by the establishment of the Charles Perkins Centre at the University of Sydney, with Professor Stephen J Simpson as Academic Director, to support research and education programs that will lead to real-world solutions for obesity, diabetes and cardiovascular disease. The centre is the result of a remarkable conversation where groups of diverse researchers and educators have come together to consider how they might combine forces and contribute real-world solutions to mitigate the growing impacts of these chronic diseases that are of increasing global concern.

The conversation was stimulated in part by the commitment of the University, with a A\$95m grant from the Australian Government, to a A\$395m infrastructure investment that will provide state-of-the-art education and research facilities that will serve the centre. The year 2011 was marked by some memorable milestones in support of this compelling vision. We broke ground on the new 45,000 square metre building that will become the hub for the academic program, which is now under construction in a strategic position next to the Royal Prince Alfred Hospital and Centenary Institute. We celebrated the sale of Picasso's portrait of Marie-Thérèse Walter at Christie's auction house. The funds (A\$20.3m) generated through the generous act of an anonymous donor will support chair appointments in disciplines supporting the academic program's strategic goals.

A series of workshops including 'The mind-body interface', 'E-health and social media', and 'Corporate social responsibility and obesity, diabetes and cardiovascular disease' have brought focus to the conversation in high priority areas. More than 300 academics worked together during the genesis of our centre, led by Professor David Ian Cook with support from many, but especially from Professor Warwick Britton and Dr Mark Ainsworth. These researchers created the first draft strategic plan for what has become a truly University-wide academic program – bringing together the excellence and breadth needed to realise an ambitious and timely vision.

This volume is the product of the passion and commitment of the contributing researchers to push forward the frontier of knowledge, and ensure the new knowledge impacts on the health and quality of life for individuals and our communities in the future.

Jill Trehwella  
Deputy Vice-Chancellor (Research)

<https://ses.library.usyd.edu.au/bitstream/handle/2123/11827/Prelims-A-Modern-Epidemic.pdf?sequence=1&isAllowed=y>

OPEN ACCESS Freely available online

PLoS one

## Testing Protein Leverage in Lean Humans: A Randomised Controlled Experimental Study

Alison K. Gosby<sup>1\*</sup>, Arthur D. Conigrave<sup>2</sup>, Namson S. Lau<sup>3</sup>, Miguel A. Iglesias<sup>1,2</sup>, Rosemary M. Hall<sup>4</sup>, Susan A. Jebb<sup>4</sup>, Jennie Brand-Miller<sup>2,3</sup>, Ian D. Caterson<sup>2,3</sup>, David Raubenheimer<sup>5</sup>, Stephen J. Simpson<sup>1\*</sup>

<sup>1</sup> School of Biological Sciences, The University of Sydney, Sydney, Australia, <sup>2</sup> School of Molecular Bioscience, The University of Sydney, Sydney, Australia, <sup>3</sup> Boden Institute of Obesity, Nutrition and Exercise, University of Sydney, Sydney, Australia, <sup>4</sup> Medical Research Council, Human Nutrition Research, Cambridge, United Kingdom, <sup>5</sup> Institute for Natural Sciences, Massey University, Auckland, New Zealand

### Abstract

A significant contributor to the rising rates of human obesity is an increase in energy intake. The 'protein leverage hypothesis' proposes that a dominant appetite for protein in conjunction with a decline in the ratio of protein to fat and carbohydrate in the diet drives excess energy intake and could therefore promote the development of obesity. Our aim was to test the 'protein leverage hypothesis' in lean humans by disguising the macronutrient composition of foods offered to subjects under *ad libitum* feeding conditions. Energy intakes and hunger ratings were measured for 22 lean subjects studied over three 4-day periods of in-house dietary manipulation. Subjects were restricted to fixed menus in random order comprising 28 foods designed to be similar in palatability, availability, variety and sensory quality and providing 10%, 15% or 25% energy as protein. Nutrient and energy intake was calculated as the product of the amount of each food eaten and its composition. Lowering the percent protein of the diet from 15% to 10% resulted in higher (+12±4.5%,  $p=0.02$ ) total energy intake, predominantly from savoury-flavoured foods available between meals. This increased energy intake was not sufficient to maintain protein intake constant, indicating that protein leverage is incomplete. Urinary urea on the 10% and 15% protein diets did not differ statistically, nor did they differ from habitual values prior to the study. In contrast, increasing protein from 15% to 25% did not alter energy intake. On the fourth day of the trial, however, there was a greater increase in the hunger score between 1–2 h after the 10% protein breakfast versus the 25% protein breakfast (1.6±0.4 vs 25%: 0.5±0.3,  $p=0.005$ ). In our study population a change in the nutritional environment that dilutes dietary protein with carbohydrate and fat promotes overconsumption, enhancing the risk for potential weight gain.

**Citation:** Gosby AK, Conigrave AD, Lau NS, Iglesias MA, Hall RM, et al. (2011) Testing Protein Leverage in Lean Humans: A Randomised Controlled Experimental Study. PLoS ONE 6(10): e25929. doi:10.1371/journal.pone.0025929

**Editor:** Christopher Morrison, Pennington Biomedical Research Center, United States of America

**Received:** May 25, 2011; **Accepted:** September 13, 2011; **Published:** October 12, 2011

**Copyright:** © 2011 Gosby et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Funding:** This work was entirely funded by an Australian National Health and Medical Research Council project grant (no. 457522). DR is partly funded by the National Research Centre for Growth and Development. SJS is funded by an Australian Research Council Laureate Fellowship. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

**Competing Interests:** SAJ receives a fee from the Rosemary Conley Diet and Fitness Company for nutrition-related articles and lectures. This does not alter the authors' adherence to all the PLoS ONE policies on sharing data and materials. The authors have declared that no other competing interests exist.

\* E-mail: alison.gosby@sydney.edu.au (AG); stephen.simpson@sydney.edu.au (SJS)

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<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0025929&type=printable>

Please investigate Novo Nordisk (employer of JBM's husband) gifting "easy money" to Obesity Australia/The Obesity Coalition as SJS's Charles Perkins Centre absorbed OA – with SJS installed as Chair! – while SJS dishonestly protected JBM's career and pro-NN *Australian Paradox* fraud, expanding it into *AJCN* (pp. 44-49)

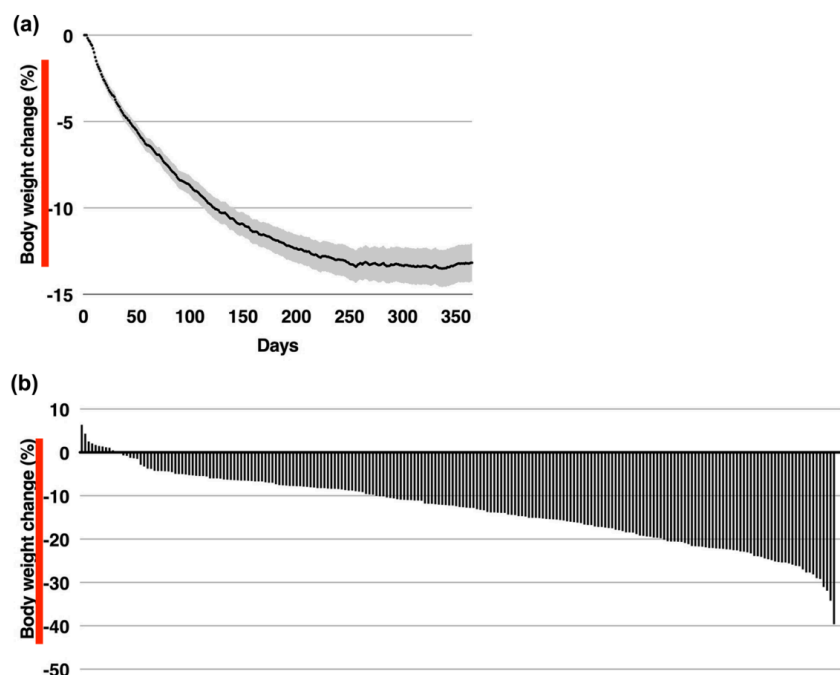


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**Simpson no interest in Virta despite massive success reversing obesity/T2D, collapsing Insulin/drug usage?**  
**Please see super-impressive drug de-prescribing results on pp. 5 and 8**

604

Diabetes Ther (2018) 9:583–612

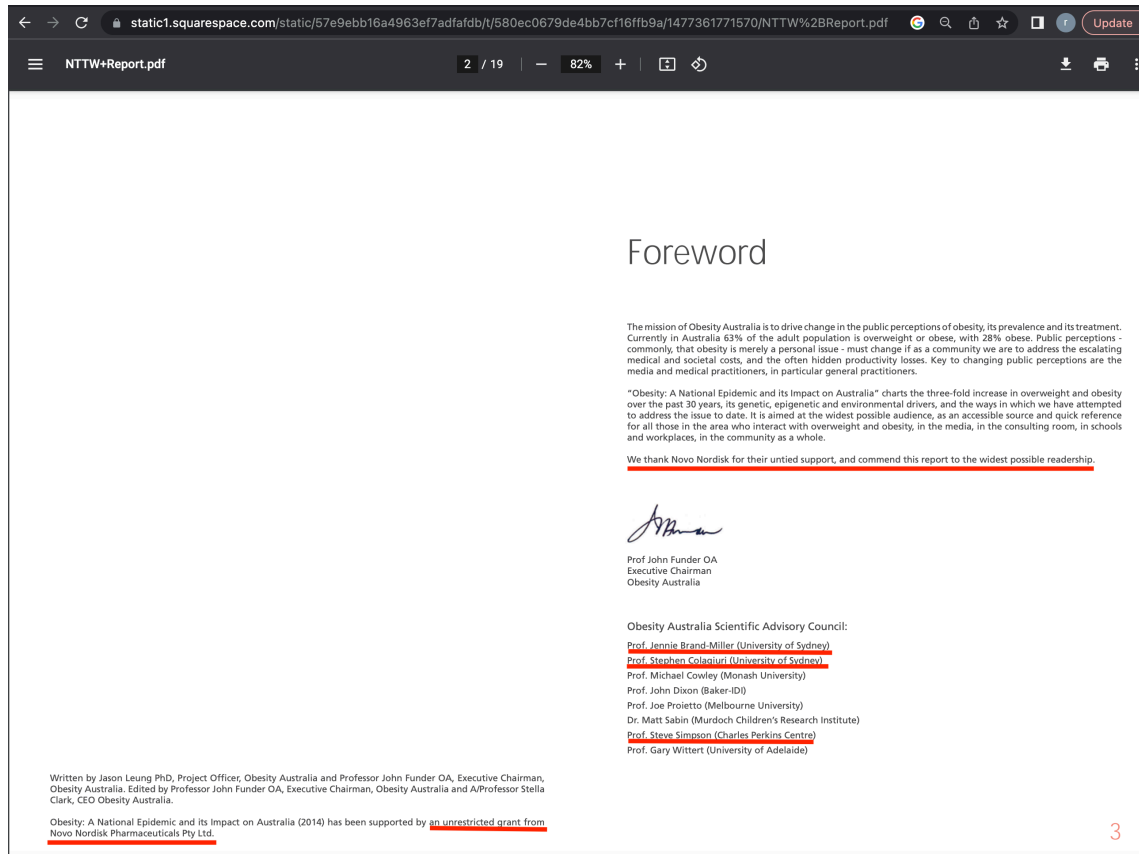


**Fig. 2** Body weight change over the course of 1 year in CCI completers. **a** Mean (95% CI) change in body weight for completers over the course of 1 year. For each individual, weight on a given day was computed as the 3-day trailing mean (to reduce day-to-day variation). On

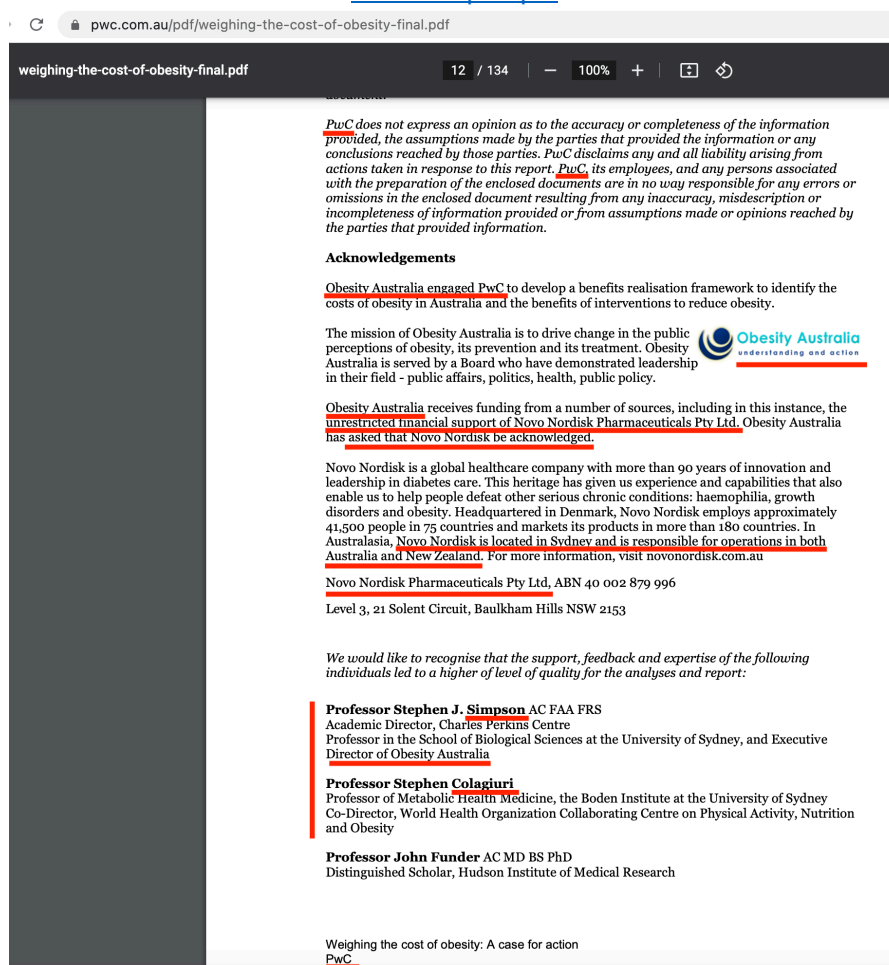
dates where no weights were recorded during the 3-day time window for a given participant, the most recent 3-day mean preceding the date was used. **b** Histogram depicting individual body weight changes at 1 year

<https://link.springer.com/article/10.1007/s13300-018-0373-9>; <https://www.virtahealth.com/reverseddiabetes>

Please investigate Novo Nordisk (employer of JBM's husband) gifting "easy money" to Obesity Australia/The Obesity Coalition as SJS's Charles Perkins Centre absorbed OA – with SJS installed as Chair! – while SJS dishonestly protected JBM's career and pro-NN *Australian Paradox* fraud, expanding it into *AJCN* (pp. 44-49)



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<https://www.pwc.com.au/pdf/weighing-the-cost-of-obesity-final.pdf>



This was published 11 years ago

## Research causes stir over sugar's role in obesity

Mark Metherell

March 31, 2012 - 3:00am

Save Share A A A

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.

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 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.

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.

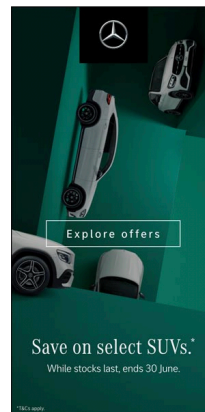
She and Dr Barclay are principals of the Sydney University-based Glycemic Index Foundation, a non-profit organisation that seeks to promote healthier carbohydrate foods - those that are digested slowly with benefits to blood glucose and insulin levels - among consumers and food suppliers.

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."



Illustration: Cathy Wilcox



## Summary of key aspects of Charles Perkins Centre's infamous *Australian Paradox* sugar-and-obesity fraud

In her original *Australian Paradox* paper, world-famous "GI Jennie" Brand-Miller (JBM) insists Australian added-sugar consumption per person over the 1980-2010 timeframe had suffered "**a consistent and substantial decline**", and so there existed "**an inverse relationship**" between Australians' (declining) sugar intake and (rising) obesity rates.

In coming pages, we see the "paradox" is solved by noting that several of JBM's own charts show valid sugar series trending UP not down over the 1980-2010 timeframe, falsifying her own "finding". So, we know JBM is incompetent.

Troublingly, JBM later told research-integrity Investigator Robert Clark AO that her preferred series – one discontinued as unreliable by the Australian Bureau of Statistics after 1998-99 (60 years after it began in 1938-39) and then faked by the United Nations' Food and Agriculture Organization (FAO) – is "robust and meaningful". I confirmed in writing with the FAO back in 2012 that the FAO had indeed faked JBM's preferred series after 1998-99. Here is the multiple-email exchange that I had with FAO officials in 2012: <https://www.australianparadox.com/pdf/FAOfalsifiedsugar.pdf>

**For a decade, JBM has known the key data are faked, and Stephen Simpson (SJS) has known those 2000-2003 data are faked. How do I know that they know? I told each of them in face-to-face conversations at an Obesity Australia annual summit at ANU in Canberra back in November 2013 (see letter, p. 42).** Accordingly, the original *Australian Paradox* paper and the several subsequent *Paradox* papers all still exist only because Australia's finest and most-distinguished diet-and-health "scientist" and her dishonest CPC boss Stephen Simpson are determined to recklessly pretend that modern doses of sugar consumption have nothing to do with our obesity and T2D epidemics.

Also outrageous is the fact that three successive sets of dishonest USyd senior management since 2012 have refused to stop the misconduct, by instructing JBM and Simpson to formally retract their extraordinarily faulty papers (standard scientific practice). Management chooses to dishonestly pretend a devotion to "Research Excellence" (see pp. 64-71)

**Red flags:** As an example of University of Sydney "Research Excellence", the original *Australian Paradox* paper is one of the greats. For starters, notice that JBM is the "Guest Editor" of the publishing MDPI journal.

### Special Issue Editor

Prof. Dr. Jennie Brand-Miller E-Mail Website

Guest Editor

School of Molecular Bioscience, The University of Sydney, NSW 2006, Australia

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



As Guest Editor, JBM self-published her own extraordinarily faulty paper, despite her submitting it five months late!

*Received: 4 March 2011; in revised form: 14 April 2011 / Accepted: 19 April 2011 /*

Deadline for manuscript submissions: closed (30 September 2010) *Published: 20 April 2011*

**Then, stunningly, we are advised:**

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

AWB is Dr Alan Barclay, another Charles Perkins Centre shonk who operated as JBM's sidekick and wrote harmful pro-sugar, high-carbohydrate nonsense-based advice for Diabetes NSW and ACT (aka Australian Diabetes Council).

Australian Diabetes Council, 26 Arundel Street, Glebe, NSW 2037, Australia;

E-Mail: [awbarclay@optusnet.com.au](mailto:awbarclay@optusnet.com.au)

### On JBM's conflicts disclosure, there is no mention of her multi-million-dollar Novo Nordisk "External Interest"

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.

[https://www.mdpi.com/journal/nutrients/special\\_issues/carbohydrates](https://www.mdpi.com/journal/nutrients/special_issues/carbohydrates)

All that before seeing that in all the important panels in her Figure 3, Figure 4 and Figure 5, the valid sugar indicators trend UP not down. Again, JBM's own charts demolish her "consistent and substantial decline" finding. Further, notice the **short, faked-flat line for "Refined sucrose" in Figure 2A (Australia) after 1999**, after the ABS discontinued its series as unreliable; that is, there are no valid data in Figure 2A (Australia) after 1998-99 and before 2010, more than one-third of the study's 1980-2010 timeframe. Again, that dead-ending-then-faked-then-non-existent series is the one that JBM dishonestly promoted as "robust and meaningful" to research-integrity investigator Robert Clarke AO in 2014: p. 59 of 86 at <https://www.australianparadox.com/pdf/australian-paradox-report-redacted.pdf>

## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**

**A. Professor "GI Jennie" Brand-MILLER AO:** Australia's globally famous diet-and-health "scientist" has spent decades falsely exonerating modern doses of sugar as a major driver modern obesity/T2D epidemics

1. *Australian Paradox* sugar-and-obesity fraud began with JBM's extraordinarily faulty "peer reviewed" original paper
2. Valid JBM sugar charts trend up 1980-2010, falsifying unsupported "finding" of "consistent and substantial decline"
3. JBM's preferred sugar series dead-ended 2003; discontinued as unreliable by ABS after 1999 then faked by FAO
4. In dishonest defence of false *Australia Paradox* "finding", several further papers were published avoiding key facts
5. Lied to formal Inquiry by Robert Clark AO, claiming shonky dead-ending ABS/FAO series "robust and meaningful"
6. Prof Clark Recommended JBM write a new paper overseen by "Faculty" (incl. boss SJS, below) that "specifically addresses and clarifies" key factual matters including RR's misrepresented-data critique above. Helped by USyd management (including via USyd security guard spoofed onto RR; p. 70), JBM, SJS and Stewart Truswell published new sham paper that dishonestly avoided Clark's Recommendation and knowingly placed fake sugar data in *AJCN*
7. Beyond scientific fraud, JBM (99.99% likely) in stunning breach of USyd's *External Interests Policy* (p. 30), hiding millions of dollars of undisclosed household income/wealth via spousal link to Novo Nordisk's T2D Insulin/drug sales

**Guide to arrows:**

**URM = University Research Misconduct**

**\$\$\$\$ = Financial support from Novo Nordisk**

**Arrows show direction of benefit**

**URM**

**C. Professor Stephen Colagiuri on "money train" moonlighting for Novo Nordisk while University of Sydney's most-eminent diabetes careerist**

1. Long-time paid part-timer for Novo Nordisk and various other drug companies
2. Co-author with JBM of millions-sold pop-sci Low GI Diet books falsely claiming "There is absolute consensus that sugar in food does not cause [T2] diabetes"
3. Helped exclude word "Carbohydrate" from *AUSDRISK* and *National Diabetes Strategy 2016-2020*; now assisting Novo Nordisk further by misrepresenting *Virtual Health's* profoundly impressive clinical data, in *Diabetes Australia T2D Statement*
4. Aiding JBM's misconduct by helping her hide Novo Nordisk "External Interest"

**URM**

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**NOVO NORDISK (NN long-time Medical Director Australasia is Dr John Miller, whose famous pro-sugar spouse Jennie Brand-MILLER promotes pro-NN false claim Carbohydrate Restriction does not fix T2D)**

1. Novo Nordisk (NN) business model for decades has involved expanding sales of T1D medication Insulin to victims of modern T2D epidemic, despite T2D victims being readily fixed via no-sugar, Carbohydrate Restriction
2. Poor strategy: "Educate" T2D patients *directly* via evening events at local pharmacies (see *SMH* report, 2004)
3. Effective strategy: Financial support to "useful idiots" and otherwise corrupt "scientists" to encourage them to suppress medical facts: (i) T2D caused by excess sugar/carbohydrate; (ii) Carbohydrate Restriction fixes T2D
4. Stephen Colagiuri was paid to help exclude word "Carbohydrate" from Canberra's diabetes documents; most recently he has misrepresented key clinical facts re "Virtual approach", in *Diabetes Australia's Statement* on T2D
5. NN provided "easy money" to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS as Chair - while SJS protecting Mrs John Miller's pro-NN *Australian Paradox* fraud, expanding it into *AJCN*

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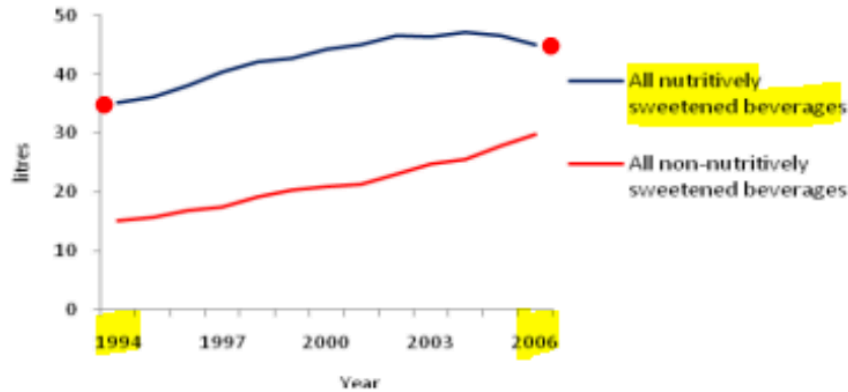
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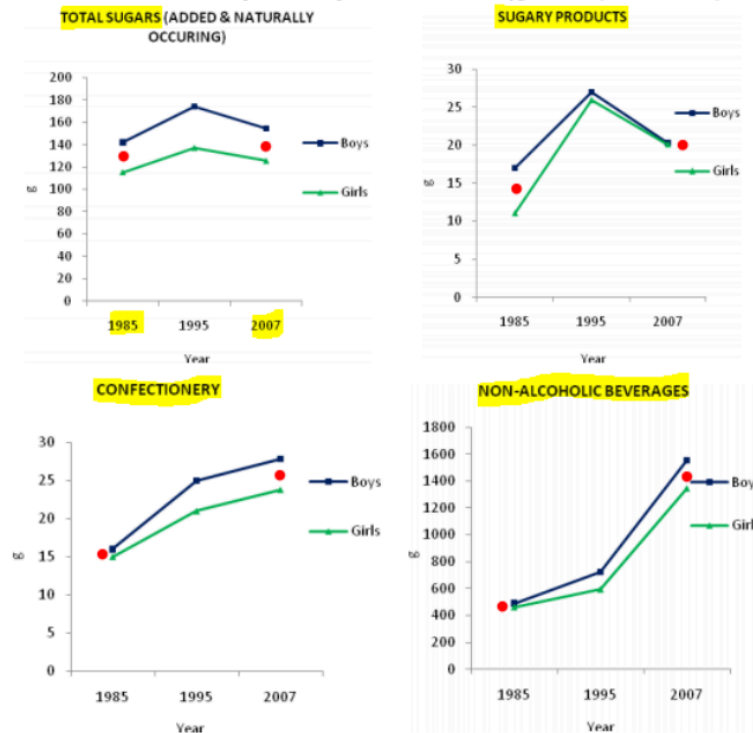


**Australian Paradox paper must be formally retracted: silly-from-the-start “finding” of a “consistent and substantial decline” in sugar intake over 1980-2010 unsupported by JBM’s evidence in own published charts**

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

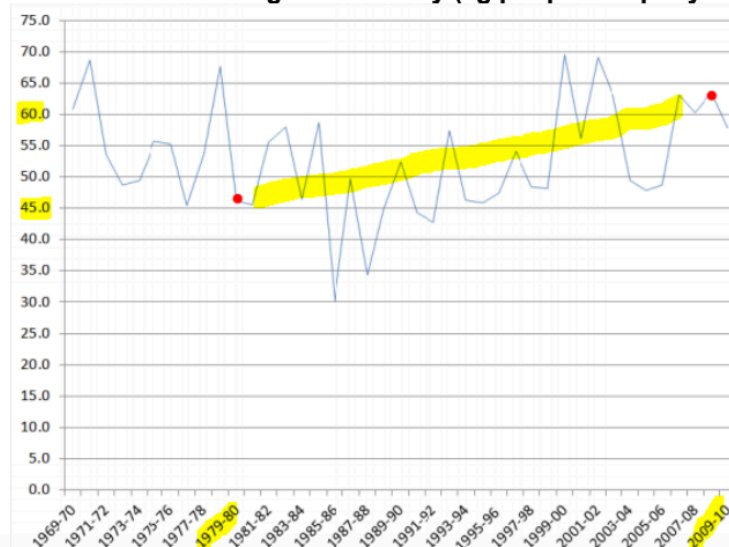


**Chart 2: National Dietary Surveys – Children (grams per child per day)**



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

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

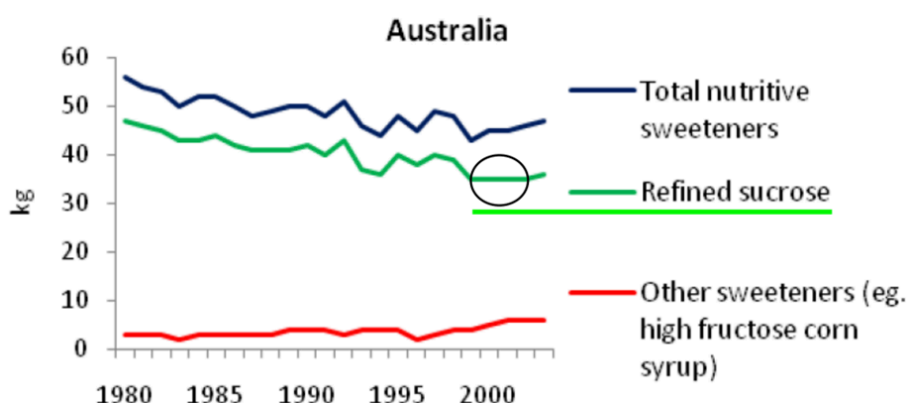


Source: <http://www.australianparadox.com/pdf/nutrients-03-00491-s003.pdf>

<https://www.mdpi.com/2072-6643/3/4/491>

p. 25 <https://www.australianparadox.com/pdf/USyd-Misconduct-June19.pdf>

Awkwardly, authors’ sucrose – green – series “exists” in 2003 despite underlying dataset discontinued as unreliable by ABS after 1998-99!??



FW: quick question on basic australian sugar data

Inbox x



**MorenoGarcia, Gladys (ESS)** <Gladys.MorenoGarcia@fao.org>  
to me, Kari ▾

Feb 13, 2012, 9:43 PM



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

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Fax: 00 39 06 57055615

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

**How come professional scientists were unaware - or deliberately didn’t say - that key series discontinued by ABS after 1998-99?!!**



1997-98 AND 1998-99

4306.0

## APPARENT CONSUMPTION OF FOODSTUFFS

AUSTRALIA

EMBARGO: 11:30AM (CANBERRA TIME) WED 25 OCT 2000

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Editorial

## The Australian Paradox

Peter Howe

*Editor-in-Chief of Nutrients*, Nutritional Physiology Research Centre, Sansom Institute for Health Research, School of Health Sciences, University of South Australia, Adelaide, South Australia 5001, Australia; E-Mail: peter.howe@unisa.edu.au; Tel.: +61-8-8302-1200; Fax: +61-8-8302-2178

Received: 25 March 2012 / Published: 10 April 2012

*Nutrients* recently became the target of an unprecedented internet campaign by an individual who disagrees with the content and conclusions of a paper published in the journal last year, viz. “The Australian Paradox: A Substantial Decline in Sugars Intake over the Same Timeframe that Overweight and Obesity Have Increased” by Alan W. Barclay and Jennie Brand-Miller, *Nutrients* 2011, 3, 491–504. Regrettably, his criticism has extended to the journal and its peer review processes for permitting publication of the article.

As you may know, *Nutrients* is one of an extensive series of on-line open access journals published by MDPI, who abide by internationally accepted standards of anonymous peer-review publication. Moreover, as one of the first MDPI journals addressing a field of biomedical/clinical sciences, our editorial team has endeavoured to adopt all appropriate conventions regarding ethics approvals, clinical trial registrations and declarations of perceived conflicts of interest. I have been grateful for the efforts made by members of the MDPI editorial team, our editorial board, our reviewers and our contributors for helping to ensure that the desired standards of publication are attained. I believe these standards were applied to the review of the paper in question and, despite inferences to the contrary, neither author had a role in the editorial process.

*Nutrients* does not have a policy of inviting correspondence to the Editor, nor has the journal received any formal correspondence regarding this manuscript. However, in view of the widely circulated criticism of the paper by Barclay and Brand-Miller, I believe that it is in the interest of the journal as well as the authors to afford them an opportunity to address these criticisms and provide further clarification of their research. This correspondence now appears on the *Nutrients* website at <http://www.mdpi.com/2072-6643/3/4/491/>.

I will leave our readers to judge for themselves.

<https://www.mdpi.com/2072-6643/4/4/258>

Correspondence

## The Australian Paradox Revisited

Jennie Brand-Miller <sup>1,\*</sup> and Alan W. Barclay <sup>2</sup>

<sup>1</sup> School of Molecular Bioscience and Boden Institute of Obesity, Nutrition and Exercise, University of Sydney, Sydney, NSW 2006, Australia

<sup>2</sup> Australian Diabetes Council, 26 Arundel Street, Glebe, NSW 2037, Australia;  
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\* Author to whom correspondence should be addressed; E-Mail: [jennie.brandmiller@sydney.edu.au](mailto:jennie.brandmiller@sydney.edu.au);  
Tel.: +61-2-9351-3759; Fax: +61-2-9351-6022.

Received: 25 March 2012 / Published: 30 March 2012

The *Australian Paradox* reported the observation that upward changes in the prevalence of overweight and obesity in Australia run counter to changes in refined sugars intake [1]. Economist, Rory Robertson claims there is no Australian Paradox, just unreasonable treatment of the available data [2]. Unfortunately, there are factual errors in Mr. Robertson’s essay 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. While the terminology, strengths and limitations of various nutrition data are readily understood by individuals trained in nutrition, some confusion may have been avoided if our original paper had referred to refined sugars in its title and described the terminology used.

Our peer-reviewed published analysis argued the case for a decline in refined sugar (sucrose) consumption by Australians over past decades. By several indicators, it has decreased over the same timeframe that the prevalence of overweight and obesity has risen strongly. This paradox challenges the current focus on sources of refined sugar, sucrose or fructose as primary players in the development of overweight and obesity in Australia.

The *Australian Paradox* relied on three independent lines of evidence: national dietary surveys, apparent consumption data from the United Nations Food and Agricultural Organisation (FAO) and beverage industry data.

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



## CPC Academic Director Stephen Simpson knew JBM's data were faked but then dishonestly expanded fraud

On Fri, Nov 29, 2013 at 1:56 PM, Stephen Simpson (CPC) <[stephen.simpson@sydney.edu.au](mailto:stephen.simpson@sydney.edu.au)> wrote:

Dear Rory,

It was a pleasure to meet you yesterday and to get a chance to talk about your concerns over Alan Barclay and Jennie Brand-Miller's paper<sup>1</sup>, as well as to share thoughts on some of the fascinating issues that will become the focus of a new approach to understanding the nutritional determinants of metabolic disease at the Charles Perkins Centre. Upon returning to Sydney this morning, I told Professor Jill Trehwella that we had spoken at the Obesity Australia Summit, and that you have kindly offered to send me a concise list of the factual concerns with the Barclay & Brand-Miller paper. Jill informs me that events have overtaken us, but in a manner that I hope you will find helpful: the University has initiated an independent enquiry into your claims of research misconduct in relation to the paper. I didn't know this, but Jill will be writing to explain what it will entail. With this in mind you may not feel it appropriate to send me a list of concerns with the paper as I will not be involved in the process, but I leave that to you. If you were to send me such a document, I would of course share it with the investigator.

I do hope you have enjoyed the Obesity Australia Summit, and the chance to get to meet some of the people doing their best to help alleviate the individual and societal burden of chronic disease.

Yours ever,  
Steve

<sup>1</sup> Barclay AW, Brand-Miller J: The Australian paradox: a substantial decline in sugars intake over the same timeframe that overweight and obesity have increased. *Nutrients* 2011, 3(4):491–504.

PROFESSOR STEPHEN J. SIMPSON FAA FRS  
ARC Laureate Fellow, School of Biological Sciences  
Academic Director, The Charles Perkins Centre

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W <http://sydney.edu.au/perkins>

**fyi: University of Sydney confirms formal investigation into "research misconduct" surrounding the extraordinarily faulty *Australian Paradox* paper**

Dear Professor Simpson (and observers),

Thanks for your update of the situation (attached). And thank you for spending most of an hour with me on Thursday at Obesity Australia's annual summit at the Australian National University in Canberra.

It was an absolute pleasure to meet you. I applaud your determination to ensure that the Charles Perkins Centre produces and promotes scientific research reflecting only the highest standards of competence and integrity. I wish I had met you sooner, in part because I came away greatly impressed, and in part because I might have saved myself a great deal of time and effort.

In terms of the concise critique of Professor Jennie Brand-Miller and Dr Alan Barclay's extraordinary faulty *Australian Paradox* paper you requested, the following piece best conveys my concerns about the lack of competent quality control in research at the University of Sydney in general, and at the new \$500 million Charles Perkins Centre in particular: <http://www.australianparadox.com/pdf/quickquizresearch.pdf>

My *GraphicEvidence* piece is a more-expansive version - Exhibit A for investigators - that features the authors' own published charts - a series of upward-sloping charts that obviously, if bizarrely, contradict their main "finding" of "a consistent and substantial decline". Clearly, the paper is a joke: <http://www.australianparadox.com/pdf/GraphicEvidence.pdf>

Importantly, I have documented what I consider to be a serious breach by the University of Sydney's influential scientists and senior management of the National Health and Medical Research Council's formal *Australian Code for the Responsible Conduct of Research*: scroll down to Sections 1-10 in <http://www.australianparadox.com/>

You may know that Professor Jill Trehwella and I had a detailed discussion of this serious matter over a year ago. But nothing came of it: (scroll down to page 4) <http://www.australianparadox.com/pdf/Sept2012-Conversations.pdf>

Steve, my apologies for feeling the need to provide this communication to outside observers. After spending a ridiculous amount of time and effort - since February 2012 - on what should have been a simple matter of the University insisting on the retraction of an extraordinarily faulty "peer reviewed" paper self-published by its influential food-industry service providers, I do feel a need to allow others - including my family, friends and colleagues, and my professional and media contacts - to see that the University now is, after an inexplicable delay, taking my concerns seriously. (So I'll take the rest of the weekend off!)

I've been arguing near and far for the retraction of the University of Sydney's "shonky sugar study" for such a long time. Obviously I'll be disappointed if Professor Trehwella's belated investigation somehow fails to make that happen.

Best wishes,  
Rory

--

**rory robertson**  
**economist and former-fattie**

<https://www.australianparadox.com/pdf/LettersCPCProfSimpson.pdf>  
<http://www.australianparadox.com/pdf/quiz.pdf>

Ignoring my correct critique, JBM, Simpson and Truswell chose to embrace scientific fraud, ignoring Prof Clark's AO's Recommendation to write credible new paper, instead choosing to place fake sugar data in AJCN

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

p. 4/86 <https://www.australianparadox.com/pdf/australian-paradox-report-redacted.pdf>

**Dishonest DVC(R) Jill Trehwella and VC Michael Spence gave "green light" to go down that path of fraud by embracing Robert Clark AO's recklessly false (dishonest?) claim that I had no evidence FAO faked sugar data**

***The Australian Paradox paper: FAO Apparent Consumption of Sugar Data 2000-2003***  
**[Figure 2]**

The Complainant draws specific attention to FAO data points shown in the Australian Paradox paper Figure 2 for the years 2000-2003, beyond the time at which the ABS ceased to publish apparent consumption of sugar data. This is the so-called 'flat line' data, also described as 'falsified' and 'erroneous' data by the Complainant; the implication being that the FAO simply re-issued the 1999 figure for these years in the absence of new ABS data, and that Professor Brand-Miller and Dr Barclay should have realised and checked this issue as part of their due-diligence.

**This one is stunning, reeking of shameful dishonestly by University of Sydney management: "The fix is in"**

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 evidence above).

**After all, my formal *Submission* to University of Sydney Inquiry included email interaction with FAO's Gladys**

#### **LETTER 4**

From: **MorenoGarcia, Gladys (ESS)** <[Gladys.MorenoGarcia@fao.org](mailto:Gladys.MorenoGarcia@fao.org)>  
Date: Mon, Feb 13, 2012 at 9:43 PM  
Subject: **FW: quick question on basic australian sugar data**  
To: "[strathburnstation@gmail.com](mailto:strathburnstation@gmail.com)" <[strathburnstation@gmail.com](mailto:strathburnstation@gmail.com)>  
Cc: "Rummukainen, Kari (ESS)" <[Kari.Rummukainen@fao.org](mailto:Kari.Rummukainen@fao.org)>

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

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? E-mail: [Gladys.MorenoGarcia@fao.org](mailto:Gladys.MorenoGarcia@fao.org)

É Phone: 00 39 06 57052548

Fax: 00 39 06 57055615

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

<https://www.australianparadox.com/pdf/FAOfalsifiedsugar.pdf>

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.*

13 April 2016

Complaint

*Lateline* breached the ABC's editorial standards for impartiality with its exclusive, critical focus on the Australian Paradox 2011 paper and failing to recognise updated and new data that supports the authors conclusions in that study. *Lateline* unduly favoured the perspective of that study's most prominent critic and adopted and promoted his critical assessment of the study. *Lateline* unduly favoured the perspectives of critics of the Australian Paradox, by presenting the strong criticism of data analytics expert Rory Robertson and a range of nutrition experts who all denounced its conclusions, and failed to present any dissenting view in support of the study.

OOOOOO

We have confirmed that in telephone calls with both the ABS head of health research and her deputy, *Lateline* established that the series was discontinued because the methodology was no longer considered reliable as an indicator of actual added sugar consumed. The ABS did not have the resources to establish a new methodology that could properly and reliably analyse consumption. This conclusion also brought into question the reliability of the data series the ABS had been producing over time, which the FAO relied upon for its conclusions on Australian sugar consumption.

We observe Professor Clark's acknowledgement that the ABS ceased its data collection in 1999 *"due to an unfunded need to update the methodology to account for changing consumption and production factors that were not captured (and which could presumably affect the accuracy of data points in years approaching this cessation point)"* and *"from my email exchange with ABS, I believe the ABS data collection ceased due to lack of resources to address an emerging data reliability issue."*

Audience and Consumer Affairs is also satisfied that *Lateline* made reasonable efforts to confirm that, despite the fact the FAO stopped receiving data from the ABS in 1999, it continued to publish a series for Australian sugar supply/consumption for the 2000s by re-producing the ABS series from the previous decade.

**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."*

<https://www.australianparadox.com/pdf/ABC-A-CA.pdf>



## 15 Public declaration of external interests

Staff members or affiliates whose external, personal or financial interests actually, or potentially, impact or might be perceived to impact upon the objectivity of any academic presentation or publication in which the staff member or affiliate is involved must ensure that the presentation or publication is accompanied by a public declaration of the relevant interest.

## 16 Failure to declare

- (1) Failure fully to disclose information about a conflict of interests may constitute misconduct and result in disciplinary action being taken by the University.
- (2) Failure fully to disclose and appropriately manage a conflict of interests may be regarded as corrupt conduct under the *Independent Commission Against Corruption (ICAC) Act 1988*.

p. 6 <https://www.sydney.edu.au/policies/showdoc.aspx?recnum=PDOC2011/75&RendNum=0>

The four named Charles Perkins Centre “scientists” are all breaching *Research Code of Conduct*

## 20 Definition of research misconduct

- (1) Research misconduct is a serious breach of this policy which is also:
  - (a) intentional;
  - (b) reckless; or
  - (c) negligent.
- (2) Examples of conduct which may amount to research misconduct include any of the following on the part of a researcher:
  - (a) fabrication, falsification, or deception in proposing, carrying out or reporting the results of research;
  - (b) plagiarism in proposing, carrying out or reporting the results of research;
  - (c) failure to declare or manage a serious conflict of interests;
  - (d) avoidable failure to follow research proposals as approved by a research ethics committee, particularly where this failure may result in unreasonable risk to humans, animals or the environment, or breach of privacy;
  - (e) wilful concealment or facilitation of research misconduct by others;
  - (f) misleading attribution of authorship;
  - (g) intentional, unauthorised taking, sequestration or material damage to any research-related property of another;
  - (h) deliberate conduct of research without required human ethics committee approval;
  - (i) conduct of research involving animals without required animal ethics committee approval;
  - (j) risking the safety of human participants or the wellbeing of animals or the environment; and
  - (k) deviations from this policy which occur through gross or persistent negligence.

p. 24 <https://www.sydney.edu.au/policies/showdoc.aspx?recnum=PDOC2013/321&RendNum=0>

# Review finds issues with 'The Australian Paradox' sugar paper

Wendy Carlisle

Posted 24 Jul 2014, updated 24 Jul 2014

## **Background Briefing** is investigative journalism at its finest, exploring the issues of the day...

It should have been a red letter day for Professor Jennie Brand-Miller when she and a research colleague were **cleared of research misconduct** in relation to a controversial study that exonerated sugar in Australia's obesity epidemic.

However, the well-known nutritionist, who developed the low GI diet and wrote the bestseller *The New Glucose Revolution*, could only say she was 'grateful' that the independent University of Sydney investigation had finally cleared her of the kind of offence known to sink careers.

This new paper should be written in a constructive manner that respects issues relating to data raised in the *Australian Paradox* paper by the complainant.

She certainly wouldn't have been grateful for the rest of what Professor Robert Clark AO (who had been appointed by the university to conduct an 'arm's length' investigation) had to say about the scholarship in her paper, *The Australian Paradox*.

While dismissing six of the seven allegations, which ranged from the intent to make sugar appear healthier than it is, to a conflict of interest by virtue of the authors' relationship with the food industry, it's apparent that Professor Clark was less than impressed with what he read.

He had a few words about sloppy writing and clearly had sympathy for the frustration of the complainant, Rory Robertson, who by dint of persistence and bloody-mindedness had forced the university to respond to his concerns.

Significantly, Professor Clark, who is one of Australia's top scientists, sent the original study to the shredder. He recommended that a new 'paper [be] prepared 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 data raised in the *Australian Paradox* paper by the complainant,' said Australia's former chief defence scientist.

Professor Clarke also wondered out loud why such a large and controversial policy paper was published in a 'soft channel' like the relatively obscure journal *Nutrients*, which was guest edited on this occasion by Professor Brand-Miller.

The more usual trajectory for big policy conclusions, he said, was to 'first publish important new results in high-impact, rigorously peer reviewed journals and subsequently discuss the results in special edition publications of conference journal format'.

However, after interviewing Professor Brand-Miller and her colleague Dr Alan Barclay, the investigator concluded: 'I do not consider this was a deliberate strategy on their part. It seems more likely they were busy responding to a special edition deadline, and hadn't really considered this to be an issue.'

So how did this unseemly academic stink around sugar, obesity and data integrity occur and who was the complainant?

Enter Mr Robertson, a former Reserve Bank of Australia economist and a self professed former 'fattie'. Two years ago, Mr Robertson read about the *Australian Paradox* study, which had concluded that while sugar was clearly in the frame in the obesity epidemics sweeping the UK and the USA, in Australia sugar was innocent.

Professor Brand-Miller and Dr Barclay argued there was an 'inverse relationship' between the consumption of sugar and the incidence of obesity. Their 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'.

The pair based these conclusions on Australian Bureau of Statistics (ABS) and Food and Agriculture Organisation (FAO) sugar consumption data and on national nutrition surveys. According to their analysis, sugar consumption had 'substantially declined', but Australians just kept getting fatter.

Mr Robertson read about this and thought it was nonsense. He called the study a 'menace to public health'. As an economist familiar with crunching numbers and data sets, Mr Robertson discovered that the ABS sugar data set had been discontinued in 1999 because the ABS could no longer reliably measure sugar in the Australian diet.

This was simply a money problem. The ABS was not resourced sufficiently to meet the task of figuring out how much sugar Australians were consuming.

Mr Robertson concluded that this raised substantial problems with relying on a downward trend found in an unreliable data set. He then examined the FAO sugar data and found that, since it was mostly based on the ABS data, it too should be junked.

He looked at the numbers and calculations on sugary drink consumption and called out the authors for confusing market share with per capita consumption, which had the effect of making it look like we were drinking less soft drink than before. He also discovered basic mathematical errors that put the usefulness of the entire study into doubt.

More than anything else, Mr Robertson's outrage was fuelled by the health status of Indigenous Australians, who suffer disproportionately from diseases linked to obesity, such as heart disease and diabetes.

For more than two years, Mr Robertson blogged and raged against the sugar study. He wrote reams of text, he bolded, he underlined, he CAPS LOCKED. He was shouty and he was a pest.

He even turned up at conferences and got in the faces of Deputy Vice Chancellor Professor Jill Trehwella and Professor Stephen Simpson, the new head of the university's Charles Perkins Centre for the Study of Obesity.

Success came when the university realised Mr Robertson wasn't going away. There was also persistent disquiet about the study being expressed by top shelf public health experts, including leading public health expert Professor Rob Moodie, and the NHMRC's Professor Amanda Lee. Both professors went public and nailed their colors to the mast, criticising the study.

In the end, it wasn't only the credibility of Professor Brand-Miller at stake, but that of the \$500m Charles Perkins Centre by association.

*The Australian Paradox* had become a liability and needed to be sorted.

At the same time, Mr Robertson's complaints were being reported by *Fairfax*. The *Sydney Morning Herald* was investigating his complaint that the study relied on dodgy ABS data. Mr Robertson complained the study was being shopped around by the beverage industry to support their opposition to a sugar tax and that Professor Brand-Miller was making media appearances asserting consumption of sugary drinks was down.

RN's **Background Briefing** also covered the story, and revealed that the authors could not substantiate the assertion that sugar consumption had declined; indeed, their own figures showed that consumption was up.

Days after *Background Briefing* went to air, a formal correction was **issued** to the paper, but the authors said that 'inadvertent errors ... had no material impact on the conclusions of our paper'.

Six months after this correction, Professor Clark handed the findings of his investigation to the university.

A **press release** published late last week by Professor Brand-Miller and Dr Barclay reported that they 'welcomed' the inquiry, which 'recommended the university dismiss the allegations'. It said the findings were a 'win for science and a loss for those who reject the scientific process'.

The release added that 'the report states that both Professor Brand-Miller and Dr Barclay presented as open, honest and well-intentioned academics' and that Professor Clark found it was reasonable to discuss per capita decline in sugar consumption from the United Nations FAO data.

The pair said they were 'preparing a paper for a major journal that updates *The Australian Paradox*' which would 'address the matters raised in the inquiry so that misunderstandings of the original paper are avoided'.

This article contains content that is not available.

An insight into how Professor Brand-Miller and Dr Barclay may have really felt about the investigation can be found in their response to the initial investigator's report, which Professor Clark has helpfully published as an appendix in his final report.

In a four page response to the initial draft report, Professor Brand-Miller and Dr Barclay outlined at least half a dozen objections to the findings. At the top of their list was the suggestion that they weren't being given a fair go.

*They said the 'subject expert' retained by Professor Clark to advise him was biased 'against sugar', and consequently 'her advice needs to be considered in the context of her academic and publicly expressed' views. They complained about the sympathy Professor Clark expressed for Mr Robertson on the indigenous question. They said it was a 'gratuitous' suggestion and 'not fair comment ... indeed there is nothing to suggest Mr Robertson is a fair minded person'. ...*

*The Australian Paradox debate might be over, but the public debate over sugar and obesity in Australia is only just beginning, and it's certain to get even stickier.*

<https://www.abc.net.au/radionational/programs/backgroundbriefing/independent-review-finds-issues-with-controversial-sugar-paper/5618490> .

JBM, Simpson and Truswell pretended that Investigator Clarke had asked for an update - dishonestly ignoring his formal Recommendation that the Charles Perkins Faculty oversee a new paper that “specifically addresses and clarifies” key factual matters including faked FAO data – and then chose to plonk fake sugar data in AJCN

## Declining consumption of added sugars and sugar-sweetened beverages in Australia: a challenge for obesity prevention<sup>1,2</sup>

Jennie C Brand-Miller<sup>3\*</sup> and Alan W Barclay<sup>4</sup>

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

Am J Clin Nutr 2017;105:854–63. Printed in USA. 2017 American Society for Nutrition

<https://www.sciencedirect.com/science/article/pii/S0002916522048316?via%3Dihub>  
<https://www.australianparadox.com/pdf/USyd-March-2017.pdf>

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

### ACKNOWLEDGMENTS

My first professor, Ron Edwards gave me my first taste of confidence; my next professor, Stewart Truswell, gave me more still. Dr Dorothy Mackerras showed me how to write an NHMRC application. Professor Wayne Bryden encouraged me to apply for Associate Professorship when it was the last thing on my mind. Professor Graeme Clark gave me the gift of hearing. Professor Stephen Simpson has stood quietly by me through the challenges of the last few years.

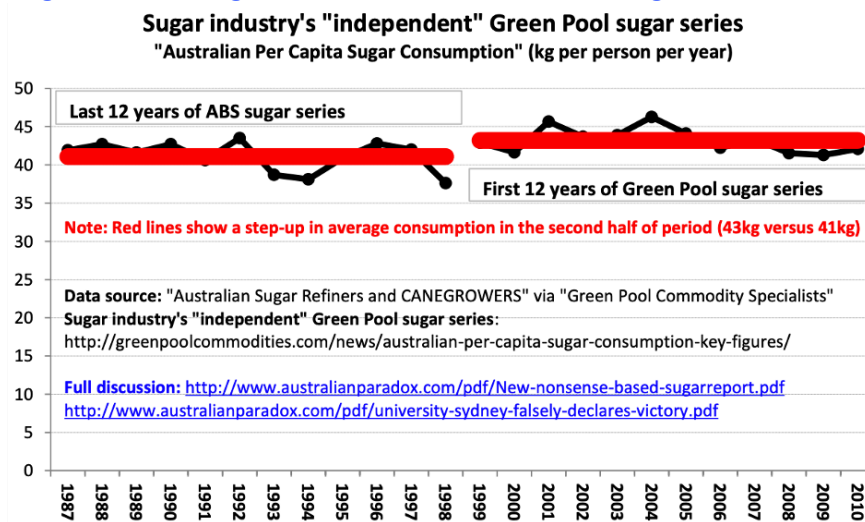
16

BRIEF CURRICULUM VITAE - The University of Sydney

Google: Brand Miller CV syd.edu

<https://www.australianparadox.com/pdf/USyd-Misconduct-June19.pdf>

Back in 2012-2015, I documented JBM's sugar-industry friend Bill Shrapnel and paid consultancy Green Pool invent new “robust” sugar series using broken and abandoned counting tool ABS had told them is unreliable



Please see 36-39 in <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf> and <http://www.australianparadox.com/pdf/New-nonsense-based-sugarreport.pdf>  
<http://www.australianparadox.com/pdf/GraphicEvidence.pdf>



## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Blatant research misconduct by University of Sydney "scientists" promoting harmful falsehoods**  
 Again, ongoing misconduct by a cabal of Charles Perkins Centre science careerists - "GI Jennie" Brand-Miller (JBM), Stephen Simpson (SJS), Stephen Colagiuri and Stewart Truswell - suppressing profound medical matters of fact: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. This misbehaving cabal's harmful misinformation - including insisting up is down and using fake sugar data in formal papers; putting "healthy" Low GI stamps on products up to 99.4% sugar; promoting low-protein, high-carb mouse diets that cause T2D, misery and early death in humans in Indigenous and aged-care communities; helping exclude critical word "Carbohydrate" from Canberra's diabetes documents; and faulty high-Carbohydrate ADGs - works to block the biggest advance in public health in over 50 years. Colagiuri today is misrepresenting profoundly impressive results from Virta's 2017-18 diabetes trial, blocking highly effective "Virta approach" that in US today - now! - is producing mass-reversal of T2D for health insurers such as Blue Shield of California, while collapsing unneeded spending on Novo Nordisk's insulin/drugs for T2D victims. JBM's infamous Australian Paradox sugar-and-obesity fraud continues to mislead, by dishonestly exonerating modern doses of sugar as a major driver of our modern obesity/T2D epidemics. Meanwhile, VC Mark Scott refuses to stop Charles Perkins' harmful 30-Diet Lifespan Fraud despite Simpson using it to steal \$13m from taxpayers over 2019-2023. Recall that USyd advertised low-protein, high carb (LPHC) mouse-killing diet to general public via SMH. Again, SJS hid five "killer" low P-C diets/143 dead mice, while avoiding critical fact that five of top seven diets for median lifespan are high not low in protein. Why? The wrong median mice died first and last! SJS's career-defining experiment falsified low-protein story he needs to tell: his pre-experiment book insisted low P-C diets would "extend lifespan" in mice as in insects, and thus humans. In the real world, SJS's sugary LPHC mouse diets cause T2D, misery and early death in our Indigenous and aged-care communities. Did I mention JBM's undisclosed multi-million-dollar Novo Nordisk "External Interest"?

**Novo Nordisk Australasia's business model has long involved giving easy money to influential science careerists to suppress key medical fact - T2D readily fixed via Carbohydrate Restriction**  
 - in order to expand unneeded sales of T1D medication Insulin/drugs to victims of T2D epidemic  
 Being caught (illegally) "educating" T2D victims in after-hours 2004 meeting at Quirindi pharmacy helped NN to decide that best way to expand sales is giving easy money to "useful idiots" and otherwise corrupt "scientists", to suppress critical medical facts: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. USyd's eminent diabetes careerist Stephen Colagiuri has been an excellent "investment", helping to exclude the word "Carbohydrate" from several of Canberra's national diabetes documents, including AUSDRISK and National Diabetes Strategy 2016-20. NN now benefits from SC-driven misrepresentation of key clinical results from 2017-18 Virta trial, in Diabetes Australia's Statement on T2D. Notably, NN (employer of Dr John Miller) gave easy money to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS installed as Chair - while SJS sneakily protected Mrs John Miller's pro-T2D Australian Paradox fraud, expanding it into AJCN. Meanwhile, JBM has enjoyed decades of undisclosed NN "External Interest" involving millions of dollars of undisclosed household income/wealth via NN's T2D-drug sales. Max Gillies as "Minister for Everything" Russ Hinze reckoned: "That's not a conflict of interest, that's a CONVERGENCE of interest!" So, what is corruption?

## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Dishonest management helping University and Novo Nordisk to steal billions from taxpayers**  
 Over the past decade, USyd Chancellor Belinda Hutchinson's senior management has used false and deceptive claims of "Research Excellence" to steer a disproportionate share of taxpayer funding to our USyd/Go8. Hutchinson's managers unethically prioritise "global rankings" over academic standards and "Research Excellence". Successive sets of Vice-Chancellors and Deputy Vice-Chancellors (Research) - VC Michael Spence and DVC(R) Jill Trehwell; VC Stephen Garton, DVC(R) Duncan Ivison and Provost Barbara Messerle; and now VC Mark Scott and shiny new DVC(R) Emma Johnston - have sneakily refused to honestly apply their Research Code of Conduct, in a dishonest effort to hide serious misconduct by their elite "scientists". The "suits" worry that the required formal retractions of influential, harmful and false research "findings" will harm USyd's (undeserved) shiny reputation. So, VC Scott continues to provide dishonest institutional support for two harmful research frauds and other pro-Novo Nordisk misconduct that fuel our T2D epidemic. In latest formal letter to me, dated 15 May, USyd refused to address its Australian Paradox fraud. Again, VC Scott won't address critical fact that Charles Perkins' pro-sugar Australian Paradox "finding" is blatantly false; and he's okay with JBM, Stephen Simpson and Stewart Truswell colluding to place fake sugar data into AJCN. Even JBM's unmanaged and undisclosed NN conflict of interest is no problem. So Chancellor Belinda Hutchinson's unethical "suits" continue to dishonestly squeeze billions of dollars of research funding from taxpayers. Tragically, USyd misconduct is fuelling our T2D epidemic, with Canberra duped into funding unhelpful T2D drugs. Alas, VC Scott's best "scientists" are Novo Nordisk's "useful idiots", using USyd prestige to block massive gains via "Virta approach", to keep pumping unneeded T1D medication insulin into T2D victims. VC Scott and DVC(R) Johnston simply play dead on key issues. **It's all so blatant:** JBM is exempt from External Interest Policy, not required to disclose multi-million-dollar NN "External Interest" to global scientific and diabetes communities, in COI disclosures in "peer reviewed" diet/health papers.

- Millions of vulnerable Australians and taxpayers harmed by this shameful multi-pronged scandal that exists only because USyd senior management is dishonest**
- Millions of everyday Australians are becoming T2D victims via USyd management's ongoing sneaky refusal to honestly implement USyd Research Code of Conduct and External Interests Policy. Elite "scientists" are exempt, their misconduct protected
  - Taxpayers robbed of billions by dishonest USyd pretending "Research Excellence"
  - Taxpayers robbed by Novo Nordisk and other drug companies duping Canberra into heavily subsidising unneeded mass purchases of insulin for victims of T2D epidemic
  - Medicare and other health insurers are blocked from huge gains via "Virta approach"
  - Tragically, ironically, misconduct by cabal of Charles Perkins' sci-shonks has delayed by decade our best chance of stopping Indigenous T2D victims dying by the truckload
  - Priority: Retract harmful false claims, embracing Carbohydrate Restriction to fix T2D
  - Aussie Champions: Dr Penny Fitgertree, Too Deadly for Diabetes and Defeat Diabetes

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**



THE UNIVERSITY OF  
**SYDNEY**

**Dr Susan Maastricht**

Director, Research Integrity and Ethics Administration

15 May 2023

Mr Rory Robertson

By email: [strathburnstation1@gmail.com](mailto:strathburnstation1@gmail.com)

**PRIVATE & CONFIDENTIAL**

Dear Mr Robertson,

**Concerns raised relating to Professor Emeritus Stephen Colagiuri**

I am writing in relation to your email correspondence received by the University on 29 October, 3 November, 8 December 2022 and 16 February 2023 regarding Professor Emeritus Stephen Colagiuri.

As you will know from Ms Kate Organ's email to you dated 7 December 2022, the concerns you raised have been referred to the Research Integrity Office for consideration in accordance with the University's *Research Code of Conduct 2019* (the **University Research Code**), a further copy of which is enclosed with this letter.

In my capacity as a Designated Officer under the University Research Code, I have considered the information you have provided in your emails and the various documents and videos to which you provided embedded links. This included previous correspondence between yourself and the University, book extracts, video links, documentation published by Diabetes Australia, links to two peer reviewed academic publications, a Medicines Australia report on payments made to practitioners and your correspondence with the Australian Competition and Consumer Commission (**ACCC**) and the Australian Parliament.

Australian Paradox Paper

At the outset, I should note that I have not considered any matters you have raised in relation to the 2011 paper "*The Australian Paradox: A Substantial Decline in Sugars Intake over the Same Timeframe that Overweight and Obesity Have Increased*" by Professor Jennie Brand-Miller and Dr Alan Barclay. Your concerns about that paper have been the subject of a previous investigation and I have not found any additional information or evidence in the material you have provided in 2022-23 that would warrant any revisiting of the matters that were examined in the earlier investigation.

Diabetes Australia Position Statement

The Diabetes Australia Position Statement on Type 2 diabetes remission (the **Position Statement**) to which you have referred includes an acknowledgement that it was "*prepared with the support of an expert advisory group*", whose membership is stated to include Professor Colagiuri and seven other named individuals. The Position Statement is not a paper to which authorship can be attributed to Professor Colagiuri in the sense contemplated by the University Research Code. Your concerns about the Position Statement are therefore outside the scope of the University Research Code, and should

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ABN 15 211 513 464  
CRICOS 00026A

<https://www.australianparadox.com/pdf/Letter-to-Mr-Robertson-exonerating-Colagiuri.pdf>



you wish to pursue these matters further, you may wish to raise them with Diabetes Australia.

Possible undisclosed conflicts of interest

As outlined above, the Diabetes Australia Position Statement is not a document to which the University Research Code applies, and should you wish to pursue your concerns about possible conflicts of interest that should have been disclosed in connection with that document, you will need to raise the matters with Diabetes Australia.

The document you have provided which I understand is an extract from Appendix 2 to the "*Case for action- Proposal to the National Health and Medical Research Council (NHMRC) A comprehensive type 2 diabetes prevention program*" lists relevant interests held by Professor Colagiuri and there is no evidence of him having failed to meet his disclosure obligations to either the University or NHMRC.

Nor is there any evidence that Professor Colagiuri may have received payments from pharmaceutical companies that he did not disclose. I note that information about payments made by pharmaceutical companies to researchers and health professionals is widely available via the ARDC Research Data Australia and Medicines Australia ([disclosureaustralia.com.au](https://disclosureaustralia.com.au)) websites. An examination of these websites has disclosed no evidence of any failure by Professor Colagiuri to make appropriate disclosures.

Issues raised with the ACCC in relation to Type 2 Diabetes Risk Assessment Tool and Australian National Diabetes Strategy

The Australian Type 2 Diabetes Risk Assessment Tool is attributed to 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.*" Professor Colagiuri is not named as an author of the document.

Similarly, neither the Australian National Diabetes Strategy 2016-2020 nor its successor document, the Australian National Diabetes Strategy 2021-2030, name Professor Colagiuri as an author. While Professor Colagiuri has been a member of the Expert Advisory Group that advised on each of the documents, he was one of eleven members of group that advised on the 2016-2020 document and one of over 20 members of the 2021-2030 advisory group.

The Risk Assessment Tool and the National Diabetes Strategies are not documents to which authorship can be attributed to Professor Colagiuri in the sense contemplated by the University Research Code, and accordingly there is no basis for any investigation of alleged breaches of the Code in connection with their development or content.

Conclusion

For the reasons outlined above, I do not consider that the information you have provided in your email and accompanying documentation discloses any possible breach of the University Research Code by Professor Colagiuri. Accordingly, I have determined that no further action is warranted in relation to the matters you have raised and therefore consider the matter to be closed.

Please contact the Research Integrity Office at [research.integrity@sydney.edu.au](mailto:research.integrity@sydney.edu.au) if you have any questions in relation to this matter.

Yours sincerely,



**Dr Susan Maastricht**  
Director, Research Integrity and Ethics Administration

CC: Research Integrity Office

Attachment: University of Sydney Research Code of Conduct 2019



RESEARCH

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

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

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

Progression to manifest type 2 diabetes in people with impaired glucose tolerance or impaired fasting glucose can be prevented or delayed by lifestyle and pharmaceutical interventions.<sup>4</sup> However, using the oral glucose tolerance test (OGTT) to identify high-risk individuals is impractical at the population level. Furthermore, nearly 40% of incident diabetes arises in people who had normal glucose tolerance 3–5 years earlier.<sup>5</sup> Hence, a simple approach to identifying people who are asymptomatic but at risk of developing diabetes would be an advantage.

A number of risk scores for predicting incident diabetes based on self-assessed information have been derived from cohorts in Europe and Asia.<sup>6–10</sup> However, the validity and applicability of these tools to the Australian population is questionable as they were derived from circumscribed populations with different risk-factor profiles and ethnicities.

Our aim was to use data from the 5-year follow-up of the Australian Diabetes, Obesity and Lifestyle study (AusDiab) to develop and validate a simple risk score to predict incident diabetes based on demographic, lifestyle and simple anthropometric information. Here, we describe this process.

## ABSTRACT

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

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

**Participants:** 6060 AusDiab participants aged 25 years or older who did not have diagnosed diabetes at baseline.

**Main outcome measures:** Incident diabetes at follow-up was defined by treatment with insulin or oral hypoglycaemic agents or by fasting plasma glucose level  $\geq 7.0$  mmol/L or 2-hour plasma glucose level in an oral glucose tolerance test  $\geq 11.1$  mmol/L. The risk prediction model was developed using logistic regression and converted to a simple score, which was then validated in two independent Australian cohorts (the Blue Mountains Eye Study and the North West Adelaide Health Study) using the area under the receiver operating characteristic curve (AROC) and the Hosmer–Lemeshow (HL)  $\chi^2$  statistic.

**Results:** 362 people developed diabetes. Age, sex, ethnicity, parental history of diabetes, history of high blood glucose level, use of antihypertensive medications, smoking, physical inactivity and waist circumference were included in the final prediction model. The AROC of the diabetes risk tool was 0.78 (95% CI, 0.76–0.81) and HL  $\chi^2$  statistic was 4.1 ( $P = 0.85$ ). Using a score  $\geq 12$  (maximum, 35), the sensitivity, specificity and positive predictive value for identifying incident diabetes were 74.0%, 67.7% and 12.7%, respectively. The AROC and HL  $\chi^2$  statistic in the two independent validation cohorts were 0.66 (95% CI, 0.60–0.71) and 9.2 ( $P = 0.32$ ), and 0.79 (95% CI, 0.72–0.86) and 29.4 ( $P < 0.001$ ), respectively.

**Conclusions:** This diabetes risk assessment tool provides a simple, non-invasive method to identify Australian adults at high risk of type 2 diabetes who might benefit from interventions to prevent or delay its onset.

MJA 2010; 192: 197–202

(1999–2000) was a cross-sectional, national, population-based survey of 11 247 adults aged 25 years or older from 42 completed a telephone questionnaire. The incidence of self-reported diabetes, after adjusting for age and sex, was the same in

As noted in the introduction, the AUSDRISK has been converted into a points-based, patient-friendly questionnaire<sup>11</sup> (available at [http://www.bakeridi.edu/aus\\_diabetes\\_risk](http://www.bakeridi.edu/aus_diabetes_risk)) and an online interactive risk assessment tool (available at <http://health.gov.au/internet/main/publishing.nsf/Content/diabetesriskassessmenttool>). These versions include a risk factor pertaining to fruit and vegetable consumption, which was not a significant predictor of diabetes in the final model but was added for its value as a public health message; one point is allocated for those who consume less than one serve of fruit or vegetable per day. The AUSDRISK was adopted for use by the Australian Government Department of Health and Ageing in July 2008 and attracts a Medicare rebate (Medicare Benefits Schedule item 713) for its application in people aged 40–49 years.

In conclusion, the AUSDRISK provides a valid and reliable method to estimate the risk of developing type 2 diabetes and also to identify asymptomatic individuals who are likely to have undiagnosed diabetes in cross-sectional settings.

[https://www.mja.com.au/system/files/issues/192\\_04\\_150210/che10062\\_fm.pdf](https://www.mja.com.au/system/files/issues/192_04_150210/che10062_fm.pdf)

## DIETARY GUIDELINES: THEORY AND PRACTICE

### A. STEWART TRUSWELL

When I first became a professor of human nutrition in 1971 at London University, public health nutrition seemed to be drifting without a compass (Truswell 1980). The first era of vitamin research was over. Some people thought there were no more nutritional problems to solve (Dubos 1979). Concern about meeting the protein gap for developing countries was thought by some to be a fiasco (McLaren 1974). Public advice on prevention of coronary heart disease was in conflict between the fat and sucrose theories (Lewis et al. 1974). The new dietary fibre hypothesis was attracting middle class interest ahead of a scientific structure for it. Carbohydrates had a bad press and low carbohydrate diets were fashionable for treating obesity!

When the first edition of *Dietary Goals for the USA* was published in February 1977 an early copy was brought across the Atlantic by Dr Hugh Trowell who gave it to the editor of the *Lancet*. The latter asked me to write an (unsigned) editorial and I welcomed the new goals (Anonymous 1977) without realizing the US political background. My editorial has pride of place in the 869 page volume of supplemental views (Select Committee on Nutrition and Human Needs 1977). It was the first international commentary to appear and a rare positive independent review to balance against a host of critics in the USA. In the next year I tried to pass on my enthusiasm for the US dietary goals to colleagues in Britain (Truswell 1977; Truswell 1978a) at the Nutrition Society and the British Nutrition Foundation. The British establishment was unmoved. Some of the ideas were, however, embodied in suggestions called 'the Better British Diet' (Passmore et al. 1979) published soon after I came to Australia.

## II. DEVELOPMENT OF DIETARY GOALS AND GUIDELINES IN AUSTRALIA

I came to Australia to start the Chair of Human Nutrition at Sydney University in May 1978 and one of the new ideas I brought with me from the north was dietary goals. I had the opportunity to explain them as opening speaker at a large seminar organized by the Dietitians' Association in Sydney in August (Truswell 1978b). The Association resolved at the end of the seminar to set up a committee to develop proposals for a national nutrition policy. The committee first tried to collect views from 150 people and organizations in Australia who might be interested or affected. But we received very few replies and so decided to draft ourselves a set of dietary guidelines for Australians (Australian Association of Dietitians 1979). Meanwhile I helped with the chapter on diet and health in the report by Davidson et al. (1979) on health promotion for the Commonwealth Department of Health. One of this report's main recommendations was that 'work on the formulation of a national nutrition policy with dietary goals for Australia be continued'.

'Dietary goals for Australia' were first presented on 27 April 1979 by Dr 'Spike' Langsford then First Assistant Director-General of the Public Health Division in the Commonwealth Department of Health. The setting was a two-day double conference on nutrition held at the Australian Academy of Science in Canberra, with support from dietitians' organizations, the food industry, consumer organizations, the National Heart Foundation and a postgraduate medical organization (Australian Commonwealth Department of Health 1979a; 1979b). Dr Langsford dealt with departmental publications, recommended dietary allowances, diet for pregnancy, infant feeding, etc. and concluded 'I would like to propose for your consideration a set of eight dietary goals for Australians, drawn from the Department's food and nutrition policy' (Langsford 1979). The setting was conducive to a positive reaction. These dietary goals were put together in small rooms in the Commonwealth Department of Health. I was the only nutritionist from outside the Department involved in the drafting. After they had been launched the goals were presented to the Nutrition Standing Committee of the National Health and Medical Research Council. They expressed disappointment that they had not been earlier involved, but adopted the goals unmodified (Australian Commonwealth Department of Health 1982). There was no background review of the scientific literature at the time, though several of the papers at the April 27, 28 conferences served this purpose in an indirect way (Truswell 1982).

## III. REACTION TO FIRST EDITION OF AUSTRALIAN DIETARY GUIDELINES

The first edition of the Australian dietary guidelines was widely accepted, adopted, approved or quoted by nearly all Australian organizations concerned with nutrition, food or health. They were close to the guidelines drafted by the Dietitians' Association — the main difference in the latter is encouragement of water as a drink. The Association did not push its own guidelines. Instead it gave full support to those of the Commonwealth Department of Health, which had more resources to distribute material. The guidelines were supported by the Royal Australasian College of Physicians; adopted by the Australian Nutrition Foundation; used by the Australian Consumers Association for grading nutritiousness of foods; adopted for home economics curricula in high schools; written into the standard biology textbook for schools. Dietary advice by the National Heart Foundation was harmonious and so was that of the cancer societies. The health departments of all the states adopted the federal Health Department's guidelines, some with minor changes (Queensland Health Department 1982; Department of Agriculture Victoria 1984) eg New South Wales added three extra guidelines (Department of Health NSW 1984) but these state versions seem to have gradually disappeared. The Commonwealth Department of Health evidently regarded their dietary guidelines as a success and used the words of the guideline headings, like a sort of wallpaper on the cover of the Annual Report of the Director-General of Health for 1982-83 (Commonwealth Department of Health 1983).

Why were the Australian dietary guidelines accepted so well by all concerned with nutrition here?

- i) The scientific nutrition establishment was small and new.
- ii) Australians are more receptive to new food ideas than people in the longer established countries. All the foods eaten by the white majority of the population are exotic. There is no deep rooted peasant agriculture or cuisine (Symons 1982).
- iii) Introduction of the Australian goals was well staged and tactfully presented.
- iv) The USDA/USDHHS dietary guidelines for Americans (US Department of Agriculture 1980) were published at about the same time and the seven elements in this booklet were very similar (minus the breast feeding) and gave international confirmation.
- v) The goals and guidelines were reinforced by public support of senior members of the nutrition establishment (Truswell 1980; 1983; Hetzel 1983; Wahlqvist 1981).
- vi) Most of the guidelines coincided with the recommendations of other bodies or committees in the country.
- vii) Dietary guidelines answered a deep need for the emerging profession of community nutritionists/dietitians.
- viii) The Australian guidelines were moderate, not stated in quantitative terms, not 'draconian' (English 1984).



## Meta-analysis of prospective cohort studies evaluating the association of saturated fat with cardiovascular disease<sup>1-5</sup>

Patty W Siri-Tarino, Qi Sun, Frank B Hu, and Ronald M Krauss

### ABSTRACT

**Background:** A reduction in dietary saturated fat has generally been thought to improve cardiovascular health.

**Objective:** The objective of this meta-analysis was to summarize the evidence related to the association of dietary saturated fat with risk of coronary heart disease (CHD), stroke, and cardiovascular disease (CVD; CHD inclusive of stroke) in prospective epidemiologic studies.

**Design:** Twenty-one studies identified by searching MEDLINE and EMBASE databases and secondary referencing qualified for inclusion in this study. A random-effects model was used to derive composite relative risk estimates for CHD, stroke, and CVD.

**Results:** During 5–23 y of follow-up of 347,747 subjects, 11,006 developed CHD or stroke. Intake of saturated fat was not associated with an increased risk of CHD, stroke, or CVD. The pooled relative risk estimates that compared extreme quantiles of saturated fat intake were 1.07 (95% CI: 0.96, 1.19;  $P = 0.22$ ) for CHD, 0.81 (95% CI: 0.62, 1.05;  $P = 0.11$ ) for stroke, and 1.00 (95% CI: 0.89, 1.11;  $P = 0.95$ ) for CVD. Consideration of age, sex, and study quality did not change the results.

**Conclusions:** A meta-analysis of prospective epidemiologic studies showed that there is no significant evidence for concluding that dietary saturated fat is associated with an increased risk of CHD or CVD. More data are needed to elucidate whether CVD risks are likely to be influenced by the specific nutrients used to replace saturated fat. *Am J Clin Nutr* 2010;91:535–46.

fat to saturated fat (P:S), a hypothesis supported by a recent pooling analysis conducted by Jakobsen et al (24).

The goal of this study was to conduct a meta-analysis of well-designed prospective epidemiologic studies to estimate the risk of CHD and stroke and a composite risk score for both CHD and stroke, or total cardiovascular disease (CVD), that was associated with increased dietary intakes of saturated fat. Large prospective cohort studies can provide statistical power to adjust for covariates, thereby enabling the evaluation of the effects of a specific nutrient on disease risk. However, such studies have caveats, including a reliance on nutritional assessment methods whose validity and reliability may vary (25), the assumption that diets remain similar over the long term (26) and variable adjustment for covariates by different investigators. Nonetheless, a summary evaluation of the epidemiologic evidence to date provides important information as to the basis for relating dietary saturated fat to CVD risk.

### SUBJECTS AND METHODS

#### Study selection

Two investigators (QS and PS-T) independently conducted a systematic literature search of the MEDLINE (<http://www.ncbi.nlm.nih.gov/pubmed/>) and EMBASE (<http://www.embase.com>) databases through 17 September 2009 by using the following search terms: ("saturated fat" or "dietary fat") and ("coronary" or "cardiovascular" or "stroke") and ("cohort" or "follow up").

<https://pubmed.ncbi.nlm.nih.gov/20071648/>

### 3. Unscientific origins and fatal flaws of NHMRC's *Australian Dietary Guidelines* should be acknowledged before any next version

CEO Kelso, your 19 April letter outlined your plan to revamp the 2013 *Australian Dietary Guidelines* (ADGs): "As part of the review, NHMRC will establish and appoint members to an Expert Committee that will provide advice on the review of the Australian Dietary Guidelines. This review will review and **update the Guidelines to ensure they are supported by the most recent, relevant and high-quality evidence**".

Again, I did not ask for a review (or retraction) of your ADGs. But since your letter to me featured your plan, I will provide NHMRC with some basic matters of fact. Most obviously, the ADGs have always been fatally flawed, not ever "supported by the most recent, relevant and high-quality evidence". They remain dominated by harmful false information and other made-up nonsense promoted by your unreliable "experts".

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

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

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

**January 1971:** Ancel Keys delivered a false and unscientific smackdown of English scientist John Yudkin's (correct) claim that refined sugar (sucrose) - not total dietary fat or saturated fat - is the main dietary evil. The infamous journal article is called *SUCROSE IN THE DIET AND CORONARY HEART DISEASE*: [https://www.australianparadox.com/pdf/keys\\_1971.pdf](https://www.australianparadox.com/pdf/keys_1971.pdf)

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

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

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

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

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

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

**Overleaf, influential Professor Stewart Truswell explains how back in 1978 he took over our fledgling diet "science" community.**

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>



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

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

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

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

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

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

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

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

### How the Guidelines were developed

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

p. 5 [https://www.eatforhealth.gov.au/sites/default/files/files/the\\_guidelines/n55\\_australian\\_dietary\\_guidelines.pdf](https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines.pdf)

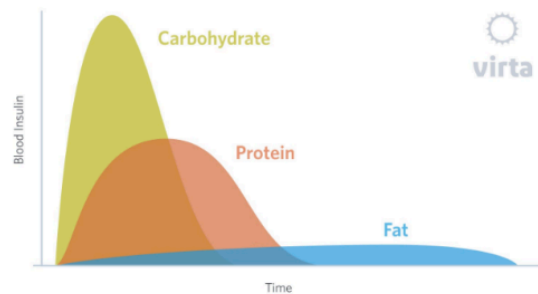
<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>

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

## Carb Intolerance, Insulin Resistance, Reversing Diabetes

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!



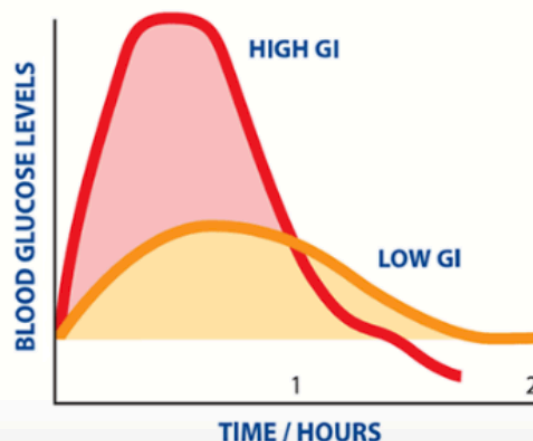
Carbs and fats provide energy for the body. When carbs are limited in the diet, fat becomes the preferred and efficient fuel source. When you reduce your intake of one macronutrient, you have to increase your intake of at least one other macronutrient—otherwise you'll feel hungry and not have enough 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>

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



## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**

**A. Professor "GI Jennie" Brand-MILLER AO:** Australia's globally famous diet-and-health "scientist" has spent decades falsely exonerating modern doses of sugar as a major driver modern obesity/T2D epidemics

1. *Australian Paradox* sugar-and-obesity fraud began with JBM's extraordinarily faulty "peer reviewed" original paper
2. Valid JBM sugar charts trend up 1980-2010, falsifying unsupported "finding" of "consistent and substantial decline"
3. JBM's preferred sugar series dead-ended 2003; discontinued as unreliable by ABS after 1999 then faked by FAO
4. In dishonest defence of false *Australia Paradox* "finding", several further papers were published avoiding key facts
5. Lied to formal Inquiry by Robert Clark AO, claiming shonky dead-ending ABS/FAO series "robust and meaningful"
6. Prof Clark Recommended JBM write a new paper overseen by "Faculty" (incl. boss SJS, below) that "specifically addresses and clarifies" key factual matters including RR's misrepresented-data critique above. Helped by USyd management (including via USyd security guard spoofed onto RR; p. 70), JBM, SJS and Stewart Truswell published new sham paper that dishonestly avoided Clark's Recommendation and knowingly placed fake sugar data in *AJCN*
7. Beyond scientific fraud, JBM (99.99% likely) in stunning breach of USyd's External Interests Policy (p. 30), hiding millions of dollars of undisclosed household income/wealth via spousal link to Novo Nordisk's T2D Insulin/drug sales

**Guide to arrows:**

**URM = University Research Misconduct**

**\$\$\$\$ = Financial support from Novo Nordisk**

**Arrows show direction of benefit**

**URM**

**C. Professor Stephen Colagiuri on "money train" moonlighting for Novo Nordisk while University of Sydney's most-eminent diabetes careerist**

1. Long-time paid part-timer for Novo Nordisk and various other drug companies
2. Co-author with JBM of millions-sold pop-sci Low GI Diet books falsely claiming "There is absolute consensus that sugar in food does not cause [T2] diabetes"
3. Helped exclude word "Carbohydrate" from *AUSDRISK* and *National Diabetes Strategy 2016-2020*; now assisting Novo Nordisk further by misrepresenting *Virtual Health's* profoundly impressive clinical data, in *Diabetes Australia T2D Statement*
4. Aiding JBM's misconduct by helping her hide Novo Nordisk "External Interest"

**URM**

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**NOVO NORDISK (NN long-time Medical Director Australasia is Dr John Miller, whose famous pro-sugar spouse Jennie Brand-MILLER promotes pro-NN false claim Carbohydrate Restriction does not fix T2D)**

1. Novo Nordisk (NN) business model for decades has involved expanding sales of T1D medication Insulin to victims of modern T2D epidemic, despite T2D victims being readily fixed via no-sugar, Carbohydrate Restriction
2. Poor strategy: "Educate" T2D patients *directly* via evening events at local pharmacies (see *SMH* report, 2004)
3. Effective strategy: Financial support to "useful idiots" and otherwise corrupt "scientists" to encourage them to suppress medical facts: (i) T2D caused by excess sugar/carbohydrate; (ii) Carbohydrate Restriction fixes T2D
4. Stephen Colagiuri was paid to help exclude word "Carbohydrate" from Canberra's diabetes documents; most recently he has misrepresented key clinical facts re "Virtual approach", in *Diabetes Australia's Statement on T2D*
5. NN provided "easy money" to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS as Chair - while SJS protecting Mrs John Miller's pro-NN *Australian Paradox* fraud, expanding it into *AJCN*

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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>

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

Belated fake correction March 2020: Simpson still sneakily misrepresenting 30 diets' median lifespans (p. 60)

CellPress

Cell Metabolism  
**Correction**

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

Samantha M. Solon-Biet, Aisling C. McMahon, J. William O. Ballard, Kari Ruohonen, Lindsay E. Wu, Victoria C. Cogger, Alessandra Warren, Xin Huang, Nicolas Pichaud, Richard G. Melvin, Rahul Gokarn, Mamdouh Khalil, Nigel Turner, Gregory J. Cooney, David A. Sinclair, David Raubenheimer, David G. Le Couteur,\* and Stephen J. Simpson\*

\*Correspondence: [david.lecouteur@sydney.edu.au](mailto:david.lecouteur@sydney.edu.au) (D.G.L.C.), [stephen.simpson@sydney.edu.au](mailto:stephen.simpson@sydney.edu.au) (S.J.S.)  
<https://doi.org/10.1016/j.cmet.2020.01.010>

(Cell Metabolism 19, 418–430; March 4, 2014)

In the originally published version of this article, the number of mice stated to be used for analysis was mistakenly given as 858 instead of 715. This error does not affect the data, analysis, or conclusions reported in the paper. The authors apologize for any confusion that this error may have caused.

p. 15 <https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

## RESULTS

The data we present derive from 858 mice fed one of 25 diets differing systematically in protein, carbohydrate, and fat content and energy density. By their nature, these data are complex, and <https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

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

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

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

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."

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

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

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

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





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



AUDIO: Listen to Professor David Le Couteur (AM)

# Uni challenged on high-carb research claims

## EXCLUSIVE

By ADAM CREIGHTON  
WASHINGTON CORRESPONDENT  
Follow @Adam\_Creighton

UPDATED 6:45PM AUGUST 19, 2019, FIRST  
PUBLISHED AT 12:00AM AUGUST 8, 2019  
126 COMMENTS



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

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

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

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

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

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

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

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

"According to the independent veterinary office overseeing the study, (they) would soon have died from malnutrition," Professor Simpson said in statement. "These diets were not viable for a young, growing mouse."

The results revealed the two groups of mice that ended up having the longest median lifespans, 139 and 127 weeks, were fed high-protein diets. "Median lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate," the authors concluded in the study published in the journal Cell Metabolism, arguing that it was "wrong to pick out one of two diets for special attention".

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

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

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

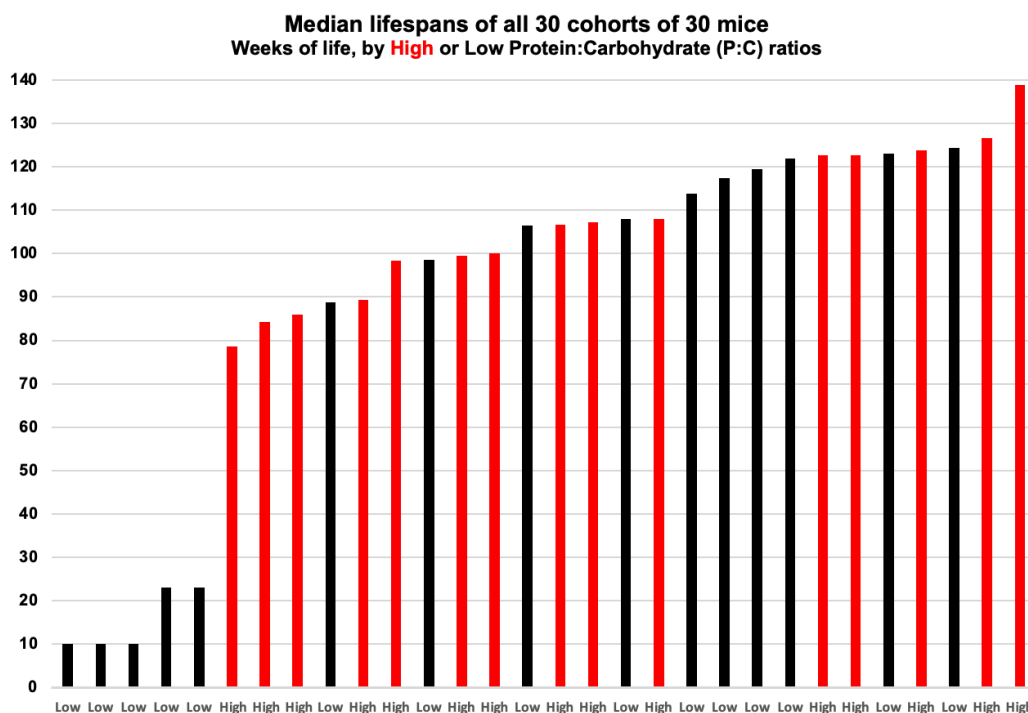
<https://www.theaustralian.com.au/higher-education/uni-challenged-on-highcarb-research-claims/news-story/dc3afcd39b4fc4b0ce7d67d8372148d8>

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>



In his widely cited "peer reviewed" paper, Simpson claims: "**Median lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate**.... The results are consistent with recent reports in invertebrates showing that the ratio of protein to carbohydrate in the diet influences lifespan (Lee et al., 2008; Piper et al., 2011). The survival curves for the different ratios of protein to carbohydrate (Figure 2B) show that **the longest median survival occurred in cohorts of mice on the lowest [P:C] ratio diets**, and there was a clear correlation between the ratio and lifespan. Median lifespan increased from about 95 to 125 weeks (approximately 30%; Table S2) as the protein-to-carbohydrate ratio decreased." <https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5>

Alas, as can be seen from the chart below, Simpson's preferred story is falsified by the experiment's actual median-lifespan data, data carefully hidden by Simpson *et al* from the scientific community. Unreasonably, Simpson's shonky paper does not allow casual readers to observe that **the longest-lived median mouse** across all 30 cohorts of 30 mice was fed a **high P:C diet (42% protein, 29% carbohydrate)**. That cohort's median lifespan was **~139 weeks or 10% greater – a full decade in "human years" – than the next best, also a high P:C diet. Five of the top seven are high not low P:C diets.** Simpson hid the data to keep telling the story he "needed" to tell, the one in his pre-experiment book.



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

**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

#### SUPPLEMENTAL TABLES

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

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

Diet	1	2 <sup>a</sup>	3 <sup>b</sup>	4	5	6 <sup>a</sup>	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 <sup>-1</sup>	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	4.02	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 <sup>-1</sup>	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	6.02	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 <sup>-1</sup>	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

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

Formal investigation confirmed my claim that Charles Perkins boss Stephen Simpson and Harvard “Lifespan” superstar David Sinclair hid ~150 dead mice fed five killer low P:C diets, diets supposed to extend lifespan. Simpson then lied – the 143 dead mice “were not sick when culled” – despite “independent veterinary office” assessing that they “would soon have died from malnutrition”. Then-DVC-and-historian Garton clownishly overruled vet’s assessment, claiming mice “may well have lived long and healthy lives, albeit as smaller mice”

## EXHIBITS

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

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

3/7



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

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

- (a) In the 2014 Cell Metabolism paper the authors referred to ‘weight loss ( $\geq 20\%$ ), rectal prolapse or failure to thrive’ as reasons why the mice were euthanised;
- (b) The authors provided additional submissions to Professor Koopman regarding this issue to the effect that the mice on discontinued diets were not sick when culled, and those that were not losing weight may well have lived long and healthy lives, albeit as smaller mice;

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

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

### Comment 3:

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

### Response 3:

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

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

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

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

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

**Rory Robertson: Unassailable evidence that 143 mice on Simpson's five killer low P:C diets suffered severe malnutrition:**

according to the independent veterinary office overseeing the study, would soon have died from malnutrition. Under the terms of the ethics protocol this mandated their immediate removal from the experiment.

In short, these diets were not viable.

pp. 21-24 <https://www.australianparadox.com/pdf/USyd-Misconduct-June19.pdf>

See p. 21 below to review the emails from Simpson to a local journalist, *Cell Metabolism* officials and me on 18 and 30 January 2019

**University of Sydney fabricated new, false, fake "evidence" that the 143 hidden dead mice were doing just fine, healthy as horses:**

Professor Garton noted that as euthanasia of the mice in the 2014 study was mandated by the responsible ethics committee, it could not be known whether mice fed these diets would have died, or whether they would have lived long and healthy lives had they not been euthanased.

p. 7 <https://www.australianparadox.com/pdf/2014-2019-USyd-enquiry-report.pdf>

**Three of Vice-Chancellor Michael Spence's direct reports – DVCs Garton, Ivison and Messerle – all accept Simpson's desperate and plainly ridiculous new story that 143 mice perishing of malnutrition on his five killer low P:C diets "were not sick when culled"**

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

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

**University of Sydney management insists mice suffering rectal prolapse, severe weight-loss and/or failure to thrive "were not sick"**

- (e) Professor Garton's report largely relied on that of Professor Koopman. In turn, Professor Ivison's decision largely relied on Professor Garton's report. As such, it can be said that the substantive assessment was made by Professor Koopman.

Assessment

39. It is understandable that you have queried how Professors Koopman, Garton and Ivison have made or supported the conclusion that the lifespan of the relevant mice was unknown. This issue arises in part because, while in the *Cell Metabolism* paper itself the authors mentioned multiple reasons for the exclusion of the mice, in their initial written response they only referred to malnutrition and also stated that the mice would soon have died. As discussed above, it appears that this was a cursory response that did not address the full reasons for the exclusion.

8 May 2020

Page 7

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

**After hiding five insect-friendly killer diets and 143 dead mice that falsified key hypothesis, Simpson began duping the rest of us**

**Guests**

Professor Steve Simpson

Academic Director

Charles Perkins Centre

**Transcript**

Norman Swan: Hello and welcome to the Health Report with me, Norman Swan.

Today, could the bugs inside you and me be making us fat and giving us diabetes? And if that's true, you might want to go out and find some thin people to do something unspeakable with their poo.

More wasted money in healthcare that could be spent more wisely.

And, speaking of fat, a story on diet and nutrition that ran prominently last week which could have left you confused or misled, so I thought I'd give you a chance to hear about it in detail. It was a large study in mice basically looking at whether living longer is about what you eat or how much you eat.

One of the study's leaders was Professor Steve Simpson, who's director of the Charles Perkins Centre at the University of Sydney.

**Steve Simpson:** It was the most complicated study and indeed the most ambitious study ever to look at macronutrition in any animal, particularly any mammal. What we 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>



## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Blatant research misconduct by University of Sydney "scientists" promoting harmful falsehoods**  
 Again, ongoing misconduct by a cabal of Charles Perkins Centre science careerists - "GI Jennie" Brand-Miller (JBM), Stephen Simpson (SJS), Stephen Colagiuri and Stewart Truswell - suppressing profound medical matters of fact: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. This misbehaving cabal's harmful misinformation - including insisting up is down and using fake sugar data in formal papers; putting "healthy" Low GI stamps on products up to 99.4% sugar; promoting low-protein, high-carb mouse diets that cause T2D, misery and early death in humans in Indigenous and aged-care communities; helping exclude critical word "Carbohydrate" from Canberra's diabetes documents; and faulty high-Carbohydrate ADGs - works to block the biggest advance in public health in over 50 years. Colagiuri today is misrepresenting profoundly impressive results from Virta's 2017-18 diabetes trial, blocking highly effective "Virta approach" that in US today - now! - is producing mass-reversal of T2D for health insurers such as Blue Shield of California, while collapsing unneeded spending on Novo Nordisk's insulin/drugs for T2D victims. JBM's infamous Australian Paradox sugar-and-obesity fraud continues to mislead, by dishonestly exonerating modern doses of sugar as a major driver of our modern obesity/T2D epidemics. Meanwhile, VC Mark Scott refuses to stop Charles Perkins' harmful 30-Diet Lifespan Fraud despite Simpson using it to steal \$13m from taxpayers over 2019-2023. Recall that USyd advertised low-protein, high carb (LPHC) mouse-killing diet to general public via SMH. Again, SJS hid five "killer" low P-C diets/143 dead mice, while avoiding critical fact that five of top seven diets for median lifespan are high not low in protein. Why? The wrong median mice died first and last! SJS's career-defining experiment falsified low-protein story he needs to tell: his pre-experiment book insisted low P-C diets would "extend lifespan" in mice as in insects, and thus humans. In the real world, SJS's sugary LPHC mouse diets cause T2D, misery and early death in our Indigenous and aged-care communities. Did I mention JBM's undisclosed multi-million-dollar Novo Nordisk "External Interest"?

**Novo Nordisk Australasia's business model has long involved giving easy money to influential science careerists to suppress key medical fact - T2D readily fixed via Carbohydrate Restriction - in order to expand unneeded sales of T1D medication Insulin/drugs to victims of T2D epidemic**  
 Being caught (illegally) "educating" T2D victims in after-hours 2004 meeting at Quirindi pharmacy helped NN to decide that best way to expand sales is giving easy money to "useful idiots" and otherwise corrupt "scientists", to suppress critical medical facts: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. USyd's eminent diabetes careerist Stephen Colagiuri has been an excellent "investment", helping to exclude the word "Carbohydrate" from several of Canberra's national diabetes documents, including AUSDRISK and National Diabetes Strategy 2016-20. NN now benefits from SC-driven misrepresentation of key clinical results from 2017-18 Virta trial, in Diabetes Australia's Statement on T2D. Notably, NN (employer of Dr John Miller) gave easy money to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS installed as Chair - while SJS sneakily protected Mrs John Miller's pro-T2D Australian Paradox fraud, expanding it into AJCN. Meanwhile, JBM has enjoyed decades of undisclosed NN "External Interest" involving millions of dollars of undisclosed household income/wealth via NN's T2D-drug sales. Max Gillies as "Minister for Everything" Russ Hinze reckoned: "That's not a conflict of interest, that's a CONVERGENCE of interest!" So, what is corruption?

**Dishonest management helping University and Novo Nordisk to steal billions from taxpayers**  
 Over the past decade, USyd Chancellor Belinda Hutchinson's senior management has used false and deceptive claims of "Research Excellence" to steer a disproportionate share of taxpayer funding to our USyd/Go8. Hutchinson's managers unethically prioritise "global rankings" over academic standards and "Research Excellence". Successive sets of Vice-Chancellors and Deputy Vice-Chancellors (Research) - VC Michael Spence and DVC(R) Jill Trehwell; VC Stephen Garton, DVC(R) Duncan Ivison and Provost Barbara Messerle; and now VC Mark Scott and shiny new DVC(R) Emma Johnston - have sneakily refused to honestly apply their Research Code of Conduct, in a dishonest effort to hide serious misconduct by their elite "scientists". The "suits" worry that the required formal retractions of influential, harmful and false research "findings" will harm USyd's (undeserved) shiny reputation. So, VC Scott continues to provide dishonest institutional support for two harmful research frauds and other pro-Novo Nordisk misconduct that fuel our T2D epidemic. In latest formal letter to me, dated 15 May, USyd refused to address its Australian Paradox fraud. Again, VC Scott won't address critical fact that Charles Perkins' pro-sugar Australian Paradox "finding" is blatantly false; and he's okay with JBM, Stephen Simpson and Stewart Truswell colluding to place fake sugar data into AJCN. Even JBM's unmanaged and undisclosed NN conflict of interest is no problem. So Chancellor Belinda Hutchinson's unethical "suits" continue to dishonestly squeeze billions of dollars of research funding from taxpayers. Tragically, USyd misconduct is fuelling our T2D epidemic, with Canberra duped into funding unhelpful T2D drugs. Alas, VC Scott's best "scientists" are Novo Nordisk's "useful idiots", using USyd prestige to block massive gains via "Virta approach", to keep pumping unneeded T1D medication insulin into T2D victims. VC Scott and DVC(R) Johnston simply play dead on key issues. **It's all so blatant:** JBM is exempt from External Interest Policy, not required to disclose multi-million-dollar NN "External Interest" to global scientific and diabetes communities, in COI disclosures in "peer reviewed" diet/health papers.

**Millions of vulnerable Australians and taxpayers harmed by this shameful multi-pronged scandal that exists only because USyd senior management is dishonest**

- Millions of everyday Australians are becoming T2D victims via USyd management's ongoing sneaky refusal to honestly implement USyd Research Code of Conduct and External Interests Policy. Elite "scientists" are exempt, their misconduct protected
- Taxpayers robbed of billions by dishonest USyd pretending "Research Excellence"
- Taxpayers robbed by Novo Nordisk and other drug companies duping Canberra into heavily subsidising unneeded mass purchases of insulin for victims of T2D epidemic
- Medicare and other health insurers are blocked from huge gains via "Virta approach"
- Tragically, ironically, misconduct by cabal of Charles Perkins' sci-shonks has delayed by decade our best chance of stopping Indigenous T2D victims dying by the truckload
- Priority: Retract harmful false claims, embracing Carbohydrate Restriction to fix T2D
- Aussie Champions: Dr Penny Fitgertree, Too Deadly for Diabetes and Defeat Diabetes

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**

Not Secure | honisoit.com/archive/print/2014/Honi%20Soit%202014%20Semester%201%20O-Week.pdf

Honi Soit 2014 Semester 1 O-Week.pdf 3 / 15 63

## NEWS

### Sweet research goes sour

*Tom Gardner explores the controversy surrounding a Sydney University sugar research project.*

The University of Sydney has launched an investigation into a high-profile academic paper published by University nutritionists.

The paper, titled *'The Australian Paradox'*, contends that sugar has no connection to Australia's obesity crisis, and has been appropriated by the food industry and Australian Beverage Council to fight government regulation. Authors, Professor Jennie Brand-Miller and Dr Alan Barclay, have faced intense criticism of their data and methodology for the past two years.

The report appeared in a 2011 issue of the pay-for-publication journal *Nutrients*. In early 2012, Westpac economist Rory Robertson began to publicly criticise the paper, which he called a "menace to public health".

The main criticism of the research is that it used sugar consumption statistics extrapolated from an Australian Bureau of Statistics data series that was discontinued due to its unreliability, and that the authors ignored contradictory statistics.

His initial complaint to the university was dismissed by Vice Chancellor Michael Spence, who said that due to the peer-reviewed nature of the research, there was no action the University could or should take in regards to his concerns. But in December 2013, the Deputy Vice Chancellor (Research), Professor Jill Trehwella, appointed a scientist to ascertain whether Mr Robertson has a prima facie case.

"I think heads should roll," Mr Robertson told *Honi Soit*, "starting with the removal of the person in charge of overseeing competence and integrity in research, Professor Trehwella."

Although Professor Brand-Miller said her paper has not been criticised by any scientist, a study by five scientists from the University of Western Australia found the assertions made in *The Australian Paradox* to be based on incomplete data.

"[There is] a substantially increasing trend in sugar available for consumption in Australia," the group said.

Mr Robertson has offered \$40,000 to anybody who proves that Australian sugar consumption has declined over the past 30 years.

Mr Robertson also alleges that the report is shadowed by undisclosed conflicts of interest. The University earns millions of dollars through its GI Foundation, which certifies sugary products as low-GI. Dr Barclay and a former Coca Cola Australia director are both senior officers of the GI Foundation. Dr Barclay also speaks at Coca Cola Australia seminars.

Earlier this year, Professor Brand-Miller conceded to ABC Radio National that her consumption statistics might have been flawed. Two weeks ago, *Nutrients* published a formal correction of the "inadvertent errors" identified in the radio interview, but maintained that this had "no material impact on the conclusions of our paper".

Professor Brand-Miller is part of the University's \$500 million Charles Perkins Centre for research into diabetes and obesity, which now faces controversy almost before it has opened its doors.

"The Australian Paradox is an extraordinarily shoddy piece of work," said Mr Robertson. "It is unworthy of an influential Charles Perkins Centre scientist."

Professor Brand-Miller and Dr Barclay refused to discuss the matter before the investigation concluded. Professor Trehwella declined to comment.

p. 3/15 <http://honisoit.com/archive/print/2014/Honi%20Soit%202014%20Semester%201%20O-Week.pdf>

### Rory Robertson

August 2017

### University of Sydney misconduct in ANU PhD on "research silencing" and "academic freedom"

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



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

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

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

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

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



## 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)
<b>Federal government operating and capital grants</b>	<b>305.7</b>	<b>306.4</b>	<b>(0.7)</b>	<b>(0.2)</b>
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
<b>Federal research funding</b>	<b>402.5</b>	<b>413.2</b>	<b>(10.7)</b>	<b>(2.6)</b>
<b>Total federal funding</b>	<b>708.2</b>	<b>719.6</b>	<b>(11.4)</b>	<b>(1.6)</b>

p. 79 <http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2016.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>

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



The University of Sydney and its Group of Eight partners promise "excellence" in order to squeeze billions of dollars of research funding each year from Australian taxpayers. Unfortunately, there is no competent, honest quality control when it matters. Indeed, University of Sydney DVC Garton's "initial inquiry" report is dishonestly supportive of Professor Simpson's 30-diet lifespan fraud



## commitment to excellence Excellence & results



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.

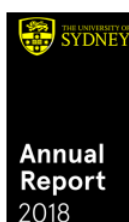
**Dr Michael Spence**  
Chair

2016

**Go8 members have the long tradition of being Australia's first, and still premier, group of universities. ... Australia's leading research intensive universities. ...Importantly we ensure that we lead. In research we account for two-thirds of all research funding to Australian Universities. ...The Go8 receives more than 60% of Australia's National Health and Medical Research Council (NHMRC) funding. In 2015 the Go8 received research funding to the value of \$2.5 billion.**

[https://go8.edu.au/files/docs/page/commitment-to-excellence\\_web\\_0.pdf](https://go8.edu.au/files/docs/page/commitment-to-excellence_web_0.pdf) ;

[https://www.go8.edu.au/oldcontent/sites/default/files/docs/page/go8\\_in\\_profile\\_brochure.pdf](https://www.go8.edu.au/oldcontent/sites/default/files/docs/page/go8_in_profile_brochure.pdf)



### 1.2 Federal government funding

Declining federal financial support in real terms has continued to intensify pressure on the University and has increased the University's reliance on fee-paying students. Federal operating and capital support decreased by \$4.2 million, although research funding increased by \$11.1 million. The decrease in operating grants is mainly attributable to a \$5.8 million decrease in Partnership and Participation Program funding.

	2018	2017	Change	Change
	\$M	\$M	\$M	%
Teaching and learning operating grants	304.9	309.1	(4.2)	(1.4)
Capital funding	0.0	0.0	0.0	0.0
<b>Federal government operating and capital grants</b>	<b>304.9</b>	<b>309.1</b>	<b>(4.2)</b>	<b>(1.4)</b>
Research program funding	185.8	184.5	1.3	0.7
Australian Research Council	45.8	55.1	(9.3)	(16.9)
National Health and Medical Research Council	85.5	92.2	(6.7)	(7.3)
Other federal agencies - research	50.0	24.9	25.1	100.8
Other federal agencies - non-research	38.3	37.6	0.7	1.9
<b>Federal research funding</b>	<b>405.4</b>	<b>394.3</b>	<b>11.1</b>	<b>2.8</b>
<b>Total federal funding</b>	<b>710.3</b>	<b>703.4</b>	<b>6.9</b>	<b>1.0</b>

**While soliciting billions of dollars from hapless taxpayers and politicians, the University of Sydney and its Group of Eight partners promised to pursue "excellence" in research; yet post-funding, they actively support blatantly false, harmful research "findings"!**

**The Group of Eight:** 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>

<https://www.australianparadox.com/pdf/RR-letter-CEO-NHMRC-May-2021.pdf>



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2032 Strategy

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Vision and values

Governance and structure

Faculties and schools

Campuses

Careers at Sydney

Working with the University

## Our world university rankings

Share

We're regularly in the top 50 for the world's university rankings

Our excellence in research and teaching makes the University of Sydney one of the top universities in Australia and highly ranked among the best universities in the world.

We excel across an incredible breadth and depth of subjects and disciplines in university rankings, from arts to architecture, engineering to education, geography to technology, and business.

### QS world rankings

Facts\_

1

in Australia and 4th in the world for graduate employability

Facts\_

41

in the world for 2023 university rankings

### Other university rankings that really matter

We are ranked in the top 70 for four of the other most credible and influential world university rankings.

[Our world university rankings - The University of Sydney](#)



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EI ASSESSMENT

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## Excellence in Research for Australia

### Future ERA Directions

The ARC is prioritising development of a modern data driven approach for Excellence in Research for Australia (ERA) informed by expert review, for implementation from 2024-25.

[Excellence in Research for Australia | Australian Research Council](#)



**PART 7:** Why was the legitimate public scrutiny of Professor Jennie Brand-Miller and Dr Alan Barclay's latest *Australian Paradox* paper – now published in the *American Journal of Clinical Nutrition* (AJCN), again featuring fake data - aggressively shut down in 2016 by the University of Sydney sooling a security guard on to Rory Robertson? Is it ethical for University Vice-Chancellor Michael Spence to threaten to ban Robertson from campus for publicly highlighting the facts surrounding the *Australian Paradox* fraud? Why not simply stop the blatant scientific fraud on campus and leave it at that? What does the video-action-reply show? And what should we make of Provost Stephen Garton's threat to ban Robertson from campus on the basis of a series of made-up false claims provided to him...by whom? When will Robertson receive a letter of apology from the University to atone for its reckless misrepresentation of events?

RR's series of Tweets at the time, documenting the key events of 3 November 2016, at USyd's Food Governance Conference

**rory robertson** @OzParadoxdotcom · 2 Nov 2016  
Tragedy  
#Diabetes experts know less than in 1923 [australianparadox.com/pdf/1923-Medic...](http://australianparadox.com/pdf/1923-Medic...) after hijacked in 1960s by shonky sci [nytimes.com/2016/09/13/wel...](http://nytimes.com/2016/09/13/wel...) #USyd

**anahad oconnor** @anahadoconnor  
Nearly 86 million Americans have prediabetes. That's one quarter of the country. We are fast becoming a diabetic nation. [twitter.com/ClevelandClini...](https://twitter.com/ClevelandClini...)

**rory robertson** @OzParadoxdotcom · 3 Nov 2016  
Wow!  
Today  
#USyd relaunches #AustralianParadox fraud

p14 [sydney.edu.au/law/health/foo...](http://sydney.edu.au/law/health/foo...) [abc.net.au/lateline/conte...](http://abc.net.au/lateline/conte...) @anahadoconnor #foodgovernance2016

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
As new #AustralianParadox delivered, #USyd asked if I had paid \$80 (Yes) #ProfJBM's Q&A cancelled, as everyone needed full hour for lunch

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
Audience invited to seek out #ProfJBM afterwards Quietly waiting in line, #USyd security guard asked me to leave, as JBM feels "threatened"!

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
I didn't, so #ProfJBM ushered out. I made point to #USyd officials that JBM refusing to correct false info on sci-record is scientific fraud

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
#ProfJBM's new #AustralianParadox does not correct dominating errors featured on #Lateline [abc.net.au/lateline/conte...](http://abc.net.au/lateline/conte...) #USyd #foodgovernance2016

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
#USyd #VCMichaelSpence & Go8 solicit \$bns from taxpayers & pollies via promise of research "excellence" [go8.edu.au/sites/default/...](http://go8.edu.au/sites/default/...) What a scam!

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
#ProfJBM told #foodgovernance2016 she has NO sugar COIs False [gisymbol.com/csr-logicane-s...](http://gisymbol.com/csr-logicane-s...) [abc.net.au/cm/lb/5258294/...](http://abc.net.au/cm/lb/5258294/...) #LowGI #USyd #DrAWB @albericie

**rory robertson** @OzParadoxdotcom · 4 Nov 2016  
#AustralianParadox relaunch sad day for #USyd science @anahadoconnor @Wendycarlisle @gillespi @MarikaSboros @MichaelPascoe01 @1petermartin

<https://twitter.com/OzParadoxdotcom>

pp 64-80 <https://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>



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



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

Vice Chancellor <vice.chancellor@sydney.edu.au>  
to me

Mon, May 28, 2012 1:11 PM

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

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<http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>  
<https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf>

## JBM, Simpson, Truswell, VC Michael Spence, VC Stephen Garton and now VC Mark Scott all protecting fraud On 3 November 2016, Brand-Miller and Barclay launched new *Australian Paradox* paper, not addressing blatant problems in original

### Review finds issues with 'The Australian Paradox' sugar paper

Thursday 24 July 2016 10:42AM  
Wendy Carlisle

It should have been a red letter day for Professor Jennie Brand-Miller when she and a research colleague were cleared of research misconduct in relation to a controversial study that exonerated sugar in Australia's obesity epidemic.

However, the well-known nutritionist, who developed the low GI diet and wrote the bestseller *The New Glucose Revolution*, could only say she was 'grateful' that the independent University of Sydney investigation had finally cleared her of the kind of offence known to sink careers.

She certainly wouldn't have been grateful for the rest of what Professor Robert Clark AO (who had been appointed by the university to conduct an 'arm's length' investigation) had to say about the scholarship in her paper, *The Australian Paradox*.

While dismissing six of the seven allegations, which ranged from the intent to make sugar appear healthier than it is, to a conflict of interest by virtue of the authors' relationship with the food industry, it's apparent that Professor Clark was less than impressed with what he read.

He had a few words about sloppy writing and clearly had sympathy for the frustration of the complainant, Rory Robertson, who by dint of persistence and bloody-mindedness had forced the university to respond to his concerns.

Significantly, Professor Clark, who is one of Australia's top scientists, sent the original study to the shredder. He recommended that a new 'paper [be] prepared for publication in consultation with the faculty that specifically addresses and clarifies the key factual issues examined in this inquiry'.

<http://www.abc.net.au/radionational/programs/backgroundbriefing/independent-review-finds-issues-with-controversial-sugar-paper/5618490>

This new paper should be written in a constructive manner that respects issues relating to data raised in the *Australian Paradox* paper by the complainant.

PROFESSOR ROBERT CLARK AO, INQUIRY HEAD

In July 2014, research-integrity Investigator Professor Robert Clark AO advised Professor Jennie Brand-Miller and Dr Alan Barclay to write a new paper that "specifically addresses" my observations that their *Australian Paradox* "finding" relies on a conspicuous flat line (1999-2003) that clearly is based on fake FAO data, and also is contradicted by valid data trending up in their published charts (Part 3).

Brand-Miller and Barclay said, yes, we're already "preparing" that new paper for a "major journal". More than two years...nothing! Then, on 3 November, the Charles Perkins Centre's finest expanded their *Australian Paradox* fraud by pretending there are no issues with fake data in their original paper, nor with the blatant contradiction of their original "finding" by valid data in their own published charts. Moreover, they now also promote the sham Green Pool series that was contrived and funded by the sugar industry and published by paid agents of industry (p. 37).

#### NEWS

##### Statement from Professor Jennie Brand-Miller and Dr Alan Barclay

18 July 2014

Share This

The following is a statement from the University of Sydney's Professor Jennie Brand-Miller and Dr Alan Barclay from the [Glycemic Index Foundation](#) (Ltd).

We welcome the report (PDF) of an independent inquiry into a complaint against us as authors of the *Australian Paradox*: A Substantial Decline in Sugars Intake over the Same Timeframe that Overweight and Obesity Have Increased (Nutrients 2011) and *The Australian Paradox Revisited* (Nutrients 2012).

The inquiry recommended that the University dismiss the allegations. This is a win for science and a loss for those who reject the scientific process.

The report states that both Professor Brand-Miller and Dr Barclay presented as open, honest and well-intentioned academics.

At the centre of the debate is whether or not, in Australia, there has been a consistent and substantial decline in added sugar intake over the same timeframe that obesity has increased.

The inquiry established that the methodology of the Australian Bureau of Statistics includes added sugars contained in highly processed foods, including the factoring in of imports and exports of manufactured foods containing added sugars, in addition to domestic sugar deliveries to manufacturers.

The inquiry concluded that the data do exhibit a steady decline over the period 1980 to 1999-160.

Furthermore, it was considered reasonable to discuss a nationally-averaged per capita decline in total added sugar intake in Australia from the United Nations Food and Agricultural Organisation data (referenced in the 2011 article).

Professor Brand-Miller and Dr Barclay are preparing a paper for a major journal that updates *The Australian Paradox*, and specifically addresses the matters raised in the inquiry so that the misunderstandings of the original paper are avoided.

#### Please note:

Professor Brand-Miller and Dr Barclay will not be making any further comment on this issue.

Media enquiries: Kirsten Andrews, 02 9114 0748, 0413 777 404, [kirsten.andrews@sydney.edu.au](mailto:kirsten.andrews@sydney.edu.au)

<http://sydney.edu.au/news/84.html?newsstoryid=13780>

## Vice-Chancellor Spence responded by falsely claiming "...there is no video", and running implicit line that there is no scientific fraud

From: Vice Chancellor <[vice.chancellor@sydney.edu.au](mailto:vice.chancellor@sydney.edu.au)>  
Date: Tue, Feb 14, 2017 at 4:23 PM  
Subject: RE: Video replay please... Re: Correspondence from Professor Stephen Garton  
To: "strathburnstation@gmail.com" <[strathburnstation@gmail.com](mailto:strathburnstation@gmail.com)>

Dear Mr Robertson,

I refer to your e-mail of 30 January 2017.

So far as I have been able to gather, there is no video of the event held at Charles Perkins Centre, 1 March 2016. There is a transcript and I attach an extract which records your remarks.

As you did in your above email and as you have done on previous occasions, it appears that at that event you made allegations of fraud and "shoddy science". In the circumstances, the University reserves the right, as Professor Garton did in his letter of 13 January 2017, to secure and maintain an environment in which there is appropriate and respectful discourse even about matters in respect of which the participants disagree profoundly.

If it appears that on some occasion at the University in the future you are not prepared to conduct yourself consistently with that standard, then, as Professor Garton has foreshadowed, the University may exercise its right to terminate your licence to come on to its campus.

Yours sincerely,

Michael Spence

DR MICHAEL SPENCE AC  
Vice-Chancellor and Principal  
THE UNIVERSITY OF SYDNEY  
Main Quadrangle A14 | The University of Sydney | NSW | 2008

## BUT THERE IS A VIDEO! USyd provided key video to ABC TV's *Lateline* team, and A&CA confirmed my critique, including re fake data

### Analysing The Australian Paradox: experts speak out about the role of sugar in our diets



Australian Broadcasting Corporation  
Broadcast: 13/04/2016  
Reporter: Emma Alberici

Health and nutrition experts continue to dispute a research paper by two of Sydney University's leading health scientists titled, *The Australian Paradox*.  
<http://www.abc.net.au/lateline/content/2015/s4442720.htm>

### 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 *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 secure, 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.

pp 64-80 <https://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf>

Given that neither the University of Sydney's senior management nor its most-influential diet-and-health "research" can be trusted – and indeed are causing massive societal harm by fuelling our T2D epidemic – why isn't the "right amount" of taxpayer funding for Sydney Uni's research exactly \$0? Why shouldn't Sydney Uni be made to repay taxpayers' billions stolen over past decade via its faked devotion to "Research Excellence"?



### 1.2 Commonwealth Government funding

Declining Commonwealth financial support in real terms for teaching and learning operations (as highlighted on page 50 and in the table below) continues to place financial pressure on the University and has made it critical for the University to broaden alternate revenue sources. One financial imperative in this context is increasing the number of full fee-paying students. Without this response, the University would not be able to maintain the size and scale of its research activities. In 2022 Commonwealth support for teaching and learning support decreased by \$5.4 million and research revenue also decreased by \$80.7 million, largely due to the non-recurrent nature of the Commonwealth's \$95.1 million one-off Research Support Program contribution in 2021.

	2022 \$M	2021 \$M	Change \$M	Change %
Teaching and learning operating grants	326.3	331.7	(5.4)	(1.6)
Capital funding	0.0	0.0	0.0	0.0
<b>Commonwealth Government operating and capital grants</b>	<b>326.3</b>	<b>331.7</b>	<b>(5.4)</b>	<b>(1.6)</b>
Research program funding	178.4	274.5	(96.1)	(35.0)
Australian Research Council	47.0	41.5	5.5	13.3
National Health & Medical Research Council and the Medical Research Future Fund	101.5	77.9	23.6	30.3
Other Commonwealth agencies – research	68.7	83.1	(14.4)	(17.3)
Other Commonwealth agencies – non-research	24.3	23.6	0.7	3.0
<b>Commonwealth research funding</b>	<b>419.9</b>	<b>500.6</b>	<b>(80.7)</b>	<b>(16.1)</b>
<b>Total Commonwealth funding</b>	<b>746.2</b>	<b>832.3</b>	<b>(86.1)</b>	<b>(10.3)</b>

### 1.3 NSW Government grants

Grants provided by the NSW Government increased by \$9.2 million (24.6 percent) to \$46.6 million in 2022.

	2022 \$M	2021 \$M	Change \$M	Change %
NSW Government operating grants	8.6	4.2	4.4	104.8
<b>NSW Government research grants</b>	<b>38.0</b>	<b>33.2</b>	<b>4.8</b>	<b>14.5</b>
<b>Total NSW Government grants</b>	<b>46.6</b>	<b>37.4</b>	<b>9.2</b>	<b>24.6</b>

### 1.4 Research and consultancy activities

Income received by the University for research and consultancy activities decreased by \$58.7 million (8.6 percent). In 2022 Commonwealth research funding of \$419.9 million represented 67.3 percent of the total funding in this category. Contributions by the Commonwealth Government decreased by \$80.7 million, largely due to the one-off \$95.1 million Research Support Program grant in 2021, offset by a \$14.4 million net increase in other Commonwealth research funding in 2022. In 2022, local collaborative research funding grants were higher than 2021 by \$0.8 million and overseas collaborative research funds were higher than 2021 by \$9.2 million.

	2022 \$M	2021 \$M	Change \$M	Change %
<b>Commonwealth research funding</b>	<b>419.9</b>	<b>500.6</b>	<b>(80.7)</b>	<b>(16.1)</b>
NSW Government research grants	38.0	33.2	4.8	14.5
Industry research grants	18.1	14.2	3.9	27.5
Foundations and individual research grants	65.1	65.4	(0.3)	(0.5)
Local collaborative research funds	15.5	14.7	0.8	5.4
Overseas collaborative research funds	57.1	47.9	9.2	19.2
Consultancies	10.1	6.5	3.6	55.4
<b>Non-Commonwealth research and consultancy funding</b>	<b>203.9</b>	<b>181.9</b>	<b>22.0</b>	<b>12.1</b>
<b>Total research and consultancy income</b>	<b>623.8</b>	<b>682.5</b>	<b>(58.7)</b>	<b>(8.6)</b>



## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**

**A. Professor "GI Jennie" Brand-MILLER AO:** Australia's globally famous diet-and-health "scientist" has spent decades falsely exonerating modern doses of sugar as a major driver modern obesity/T2D epidemics

1. *Australian Paradox* sugar-and-obesity fraud began with JBM's extraordinarily faulty "peer reviewed" original paper
2. Valid JBM sugar charts trend up 1980-2010, falsifying unsupported "finding" of "consistent and substantial decline"
3. JBM's preferred sugar series dead-ended 2003; discontinued as unreliable by ABS after 1999 then faked by FAO
4. In dishonest defence of false *Australia Paradox* "finding", several further papers were published avoiding key facts
5. Lied to formal Inquiry by Robert Clark AO, claiming shonky dead-ending ABS/FAO series "robust and meaningful"
6. Prof Clark Recommended JBM write a new paper overseen by "Faculty" (incl. boss SJS, below) that "specifically addresses and clarifies" key factual matters including RR's misrepresented-data critique above. Helped by USyd management (including via USyd security guard spoofed onto RR; p. 70), JBM, SJS and Stewart Truswell published new sham paper that dishonestly avoided Clark's Recommendation and knowingly placed fake sugar data in *AJCN*
7. Beyond scientific fraud, JBM (99.99% likely) in stunning breach of USyd's *External Interests Policy* (p. 30), hiding millions of dollars of undisclosed household income/wealth via spousal link to Novo Nordisk's T2D Insulin/drug sales

**Guide to arrows:**

**URM = University Research Misconduct**

**\$\$\$\$ = Financial support from Novo Nordisk**

**Arrows show direction of benefit**

**URM**

**C. Professor Stephen Colagiuri on "money train" moonlighting for Novo Nordisk while University of Sydney's most-eminent diabetes careerist**

1. Long-time paid part-timer for Novo Nordisk and various other drug companies
2. Co-author with JBM of millions-sold pop-sci Low GI Diet books falsely claiming "There is absolute consensus that sugar in food does not cause [T2] diabetes"
3. Helped exclude word "Carbohydrate" from *AUSDRISK* and *National Diabetes Strategy 2016-2020*; now assisting Novo Nordisk further by misrepresenting *Virtual Health's* profoundly impressive clinical data, in *Diabetes Australia T2D Statement*
4. Aiding JBM's misconduct by helping her hide Novo Nordisk "External Interest"

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**NOVO NORDISK (NN long-time Medical Director Australasia is Dr John Miller, whose famous pro-sugar spouse Jennie Brand-MILLER promotes pro-NN false claim Carbohydrate Restriction does not fix T2D)**

1. Novo Nordisk (NN) business model for decades has involved expanding sales of T1D medication Insulin to victims of modern T2D epidemic, despite T2D victims being readily fixed via no-sugar, Carbohydrate Restriction
2. Poor strategy: "Educate" T2D patients *directly* via evening events at local pharmacies (see *SMH* report, 2004)
3. Effective strategy: Financial support to "useful idiots" and otherwise corrupt "scientists" to encourage them to suppress medical facts: (i) T2D caused by excess sugar/carbohydrate; (ii) Carbohydrate Restriction fixes T2D
4. Stephen Colagiuri was paid to help exclude word "Carbohydrate" from Canberra's diabetes documents; most recently he has misrepresented key clinical facts re "Virtual approach", in *Diabetes Australia's Statement* on T2D
5. NN provided "easy money" to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS as Chair - while SJS protecting Mrs John Miller's pro-NN *Australian Paradox* fraud, expanding it into *AJCN*

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**URM**

**D. Professor Stewart Truswell; main scientific author of *Australian Dietary Guidelines* (ADGs) since he wrote ADGs for/in/with our Department of Health in 1978 and 1979**

1. As dishonest boss of Charles Perkins, SJS is devoted to suppressing "Virtual approach" that in US is delivering mass T2D-reversal, collapsing use of T1D drug Insulin by T2D victims (~70%)
2. SJS's 30-Diet Lifespan fraud misrepresents results **career-defining 900-mouse** experiment
3. Pushes low-protein *high-carb* diet that fuels T2D in Indigenous and aged-care communities
4. Promoted misrepresented results involving **715 mice** to rob taxpayers of \$13m via NHMRC
4. SJS as "Faculty" head protected JBM's fraud, and helped JBM to place fake data in *AJCN*
5. As SJS dishonestly protected JBM's fraud, JBM's husband's firm Novo Nordisk financially supported SJS's **career-expanding** move into Chair of Obesity Australia/The Obesity Coalition
6. SJS also assisting JBM's research misconduct by helping hide her (their) "External Interest"

**URM**

**URM**

**URM**

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**URM**

**URM**

## Please investigate University of Sydney's "Research Excellence" corruption, a scandal fuelling T2D epidemic and Novo Nordisk's T2D drug fraud

**Blatant research misconduct by University of Sydney "scientists" promoting harmful falsehoods**  
 Again, ongoing misconduct by a cabal of Charles Perkins Centre science careerists - "GI Jennie" Brand-Miller (JBM), Stephen Simpson (SJS), Stephen Colagiuri and Stewart Truswell - suppressing profound medical matters of fact: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. This misbehaving cabal's harmful misinformation - including insisting up is down and using fake sugar data in formal papers; putting "healthy" Low GI stamps on products up to 99.4% sugar; promoting low-protein, high-carb mouse diets that cause T2D, misery and early death in humans in Indigenous and aged-care communities; helping exclude critical word "Carbohydrate" from Canberra's diabetes documents; and faulty high-Carbohydrate ADGs - works to block the biggest advance in public health in over 50 years. Colagiuri today is misrepresenting profoundly impressive results from Virta's 2017-18 diabetes trial, blocking highly effective "Virta approach" that in US today - now! - is producing mass-reversal of T2D for health insurers such as Blue Shield of California, while collapsing unneeded spending on Novo Nordisk's insulin/drugs for T2D victims. JBM's infamous Australian Paradox sugar-and-obesity fraud continues to mislead, by dishonestly exonerating modern doses of sugar as a major driver of our modern obesity/T2D epidemics. Meanwhile, VC Mark Scott refuses to stop Charles Perkins' harmful 30-Diet Lifespan Fraud despite Simpson using it to steal \$13m from taxpayers over 2019-2023. Recall that USyd advertised low-protein, high carb (LPHC) mouse-killing diet to general public via SMH. Again, SJS hid five "killer" low P-C diets/143 dead mice, while avoiding critical fact that five of top seven diets for median lifespan are high not low in protein. Why? The wrong median mice died first and last! SJS's **career-defining experiment** falsified low-protein story he needs to tell: his pre-experiment book insisted low P-C diets would "extend lifespan" in mice as in insects, and thus humans. In the real world, SJS's sugary LPHC mouse diets cause T2D, misery and early death in our Indigenous and aged-care communities. Did I mention JBM's undisclosed multi-million-dollar Novo Nordisk "External Interest"?

**Novo Nordisk Australasia's business model has long involved giving easy money to influential science careerists to suppress key medical fact - T2D readily fixed via Carbohydrate Restriction**  
 - in order to expand unneeded sales of T1D medication Insulin/drugs to victims of T2D epidemic  
 Being caught (illegally) "educating" T2D victims in after-hours 2004 meeting at Quirindi pharmacy helped NN to decide that best way to expand sales is giving easy money to "useful idiots" and otherwise corrupt "scientists", to suppress critical medical facts: (i) T2D caused by excess sugar/carbohydrate; and (ii) Carbohydrate Restriction fixes T2D. USyd's eminent diabetes careerist Stephen Colagiuri has been an excellent "investment", helping to exclude the word "Carbohydrate" from several of Canberra's national diabetes documents, including AUSDRISK and National Diabetes Strategy 2016-20. NN now benefits from SC-driven misrepresentation of key clinical results from 2017-18 Virta trial, in Diabetes Australia's Statement on T2D. Notably, NN (employer of Dr John Miller) gave easy money to Obesity Australia/The Obesity Coalition as Charles Perkins absorbed OA - with SJS installed as Chair - while SJS sneakily protected Mrs John Miller's pro-T2D Australian Paradox fraud, expanding it into AJCN. Meanwhile, JBM has enjoyed decades of undisclosed NN "External Interest" involving millions of dollars of undisclosed household income/wealth via NN's T2D-drug sales. Max Gillies as "Minister for Everything" Russ Hinze reckoned: "That's not a conflict of interest, that's a CONVERGENCE of interest!" So, what is corruption?

**Dishonest management helping University and Novo Nordisk to steal billions from taxpayers**  
 Over the past decade, USyd Chancellor Belinda Hutchinson's senior management has used false and deceptive claims of "Research Excellence" to steer a disproportionate share of taxpayer funding to our USyd/Go8. Hutchinson's managers unethically prioritise "global rankings" over academic standards and "Research Excellence". Successive sets of Vice-Chancellors and Deputy Vice-Chancellors (Research) - VC Michael Spence and DVC(R) Jill Trehwell; VC Stephen Garton, DVC(R) Duncan Ivison and Provost Barbara Messerle; and now VC Mark Scott and shiny new DVC(R) Emma Johnston - have sneakily refused to honestly apply their Research Code of Conduct, in a dishonest effort to hide serious misconduct by their elite "scientists". The "suits" worry that the **required formal retractions** of influential, harmful and false research "**findings**" will harm USyd's (undeserved) shiny reputation. So, VC Scott continues to provide dishonest institutional support for two harmful research frauds and other pro-Novo Nordisk misconduct that fuel our T2D epidemic. In latest formal letter to me, dated 15 May, USyd refused to address its Australian Paradox fraud. Again, VC Scott won't address critical fact that Charles Perkins' pro-sugar Australian Paradox "finding" is blatantly false; and he's okay with JBM, Stephen Simpson and Stewart Truswell colluding to place fake sugar data into AJCN. Even JBM's unmanaged and undisclosed NN conflict of interest is no problem. So Chancellor Belinda Hutchinson's unethical "suits" continue to dishonestly squeeze billions of dollars of research funding from taxpayers. Tragically, USyd misconduct is fuelling our T2D epidemic, with Canberra duped into funding unhelpful T2D drugs. Alas, VC Scott's best "scientists" are Novo Nordisk's "useful idiots", using USyd prestige to block massive gains via "Virta approach", to keep pumping unneeded T1D medication insulin into T2D victims. VC Scott and DVC(R) Johnston simply play dead on key issues. **It's all so blatant:** JBM is exempt from External Interest Policy, not required to disclose multi-million-dollar NN "External Interest" to global scientific and diabetes communities, in COI disclosures in "peer reviewed" diet/health papers.

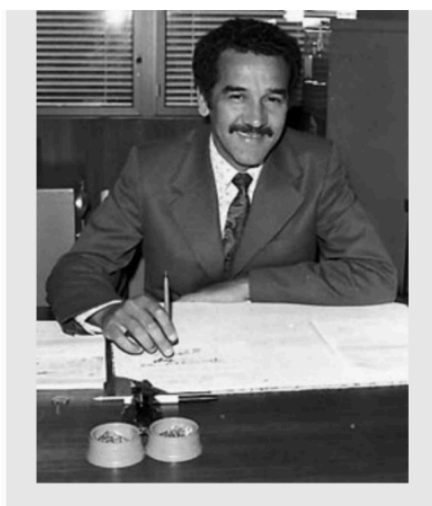
**Millions of vulnerable Australians and taxpayers harmed by this shameful multi-pronged scandal that exists only because USyd senior management is dishonest**

- Millions of everyday Australians are becoming T2D victims via USyd management's ongoing sneaky refusal to honestly implement USyd Research Code of Conduct and External Interests Policy. Elite "scientists" are exempt, their misconduct protected
- Taxpayers robbed of billions by dishonest USyd pretending "Research Excellence"
- Taxpayers robbed by Novo Nordisk and other drug companies duping Canberra into heavily subsidising unneeded mass purchases of insulin for victims of T2D epidemic
- Medicare and other health insurers are blocked from huge gains via "Virta approach"
- Tragically, ironically, misconduct by cabal of Charles Perkins' sci-shonks has delayed by decade our best chance of stopping Indigenous T2D victims dying by the truckload
- Priority: Retract harmful false claims, embracing Carbohydrate Restriction to fix T2D
- Aussie Champions: Dr Penny Fitgertree, Too Deadly for Diabetes and Defeat Diabetes

**Evidence supporting all statements by Rory Robertson at [www.australianparadox.com](http://www.australianparadox.com)**



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



*Charles Perkins, 1974*  
National Archives of Australia,

### Life Summary [details]

#### Birth

16 June 1936  
Alice Springs, Northern Territory, Australia

#### Death

18 October 2000  
Sydney, New South Wales, Australia

#### Cause of Death

kidney disease

#### Cultural Heritage

- Indigenous Australian

#### Education

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

#### Occupation

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

#### Awards

- Officer of the Order of Australia

#### Key Events

- Freedom Ride, 1965

#### Key Organisations

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

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

Stephen J. Simpson



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



## Dedication

Charlie Perkins was born in Alice Springs near the red centre of Australia in June 1936. I was born there 30 years later in March 1966. I dedicate my decade's worth of efforts exposing the Charles Perkins Centre's disastrous high-carbohydrate advice for diabetes to my now-dead parents. My wonderful, kind indefatigable mother, **Elaine Lucas** (14 March 1937 to 14 March 2021) nursed Aboriginal and other Australians in remote places - including Katherine, Alice Springs, Balcanooka, Woorabinda and Baralaba - from the early 1960s to the late 1980s, while my father, **Alexander "Sandy" Robertson** (2 October 1933 to 26 April 2015) grew up on a farm near Peebles in Scotland, and in the Scots Guards, then shipped briefly to Melbourne and Coogee in Sydney, before working with cattle, sheep and wheat across country Australia for half a century. He taught me (and my brother and sister) much about what is right and much about what is wrong, often by example. (A longer piece on Dad's life and times can be found in one of the links below.)

I also have firmly in mind people like Bonita and Eddie Mabo, Faith Bandler, Charlie Perkins (who Dad often said he knew briefly - so too his brother Ernie - in The Territory over half a century ago), Waverley Stanley and Lou Mullins of Yalari, and especially Noel Pearson, all of whom worked or are working indefatigably for decades to improve the lot of their mobs, their peoples left behind. Finally, I wonder whatever happened to the many Aboriginal boys and girls I met across country Australia when I was a boy, especially the big Woorabinda mob with whom I shared classrooms and sports fields back in Baralaba, central Queensland, in the late 1970s. Much of the news over the years has been tragic and depressing. <https://www.australianparadox.com/baralaba.htm>

**Please note:** In this and other documents, I have detailed influential incompetence and much worse in nutrition and health "science", and by Group of Eight university senior management. Importantly, if you read anything here or elsewhere from me that is factually incorrect or otherwise unreasonable, please contact me immediately and, if I agree, I will correct the text as soon as possible. This all matters because up to 2 million or more Australians today already have type 2 diabetes, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate diabetes advice promoted by a range of respected entities advised by highly influential Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

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

Best wishes,  
Rory

June 2023

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

I have written to University of Sydney Vice-Chancellor Mark Scott, asking him to please stop Charles Perkins Centre research misconduct that is working to suppress medical science's most-effective fix for type 2 diabetes, thus promoting misery and early death for millions of vulnerable Australians: <https://www.australianparadox.com/pdf/RR-letter-to-new-USyd-VC-Scott-July-2021.pdf>

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

Here's the diet advised by Dr Peter Brukner, formerly the Australian cricket team's doctor: <https://www.australianparadox.com/pdf/PeterBrukner.pdf>

A life in our times: Vale Alexander "Sandy" Robertson (1933-2015): <http://www.australianparadox.com/pdf/AlecRobertson-born2oct33.pdf>

Comments, criticisms, questions, compliments, whatever welcome at [strathburnstation@gmail.com](mailto:strathburnstation@gmail.com)

**[www.strathburn.com](http://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>