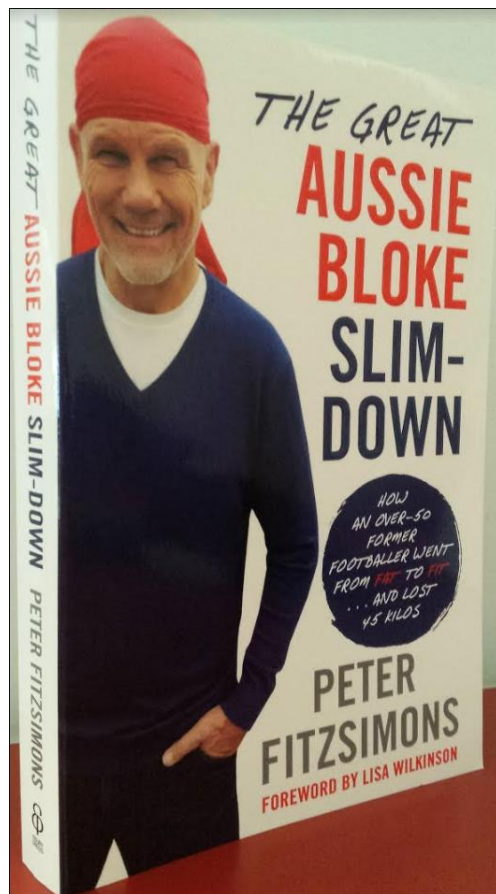
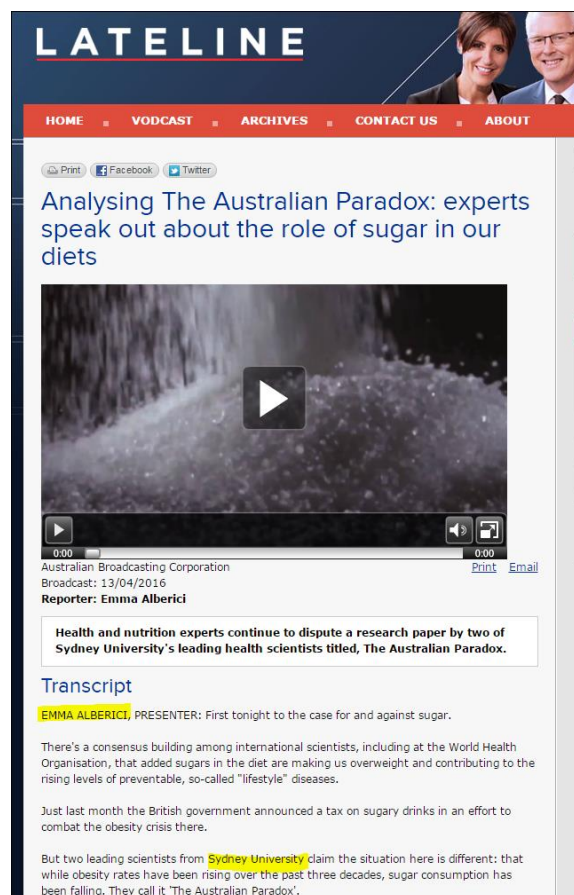


Christmas 2016 update on University of Sydney's *Australian Paradox* fraud, and associated harm to public health

In the fifth year of this academic and public-health scandal, the main developments included:

- (i) **Emma Alberici** on ABC TV's *Lateline* presented the key aspects of my time-tested critique of the extraordinarily faulty *Australian Paradox* paper;
- (ii) **Peter FitzSimons, a Fellow of the University of Sydney Senate**, featured the *Australian Paradox* scandal in Chapter 7 of his new bestseller;
- (iii) **Professor Jennie Brand-Miller** wrote a 36-page letter of complaint to ABC re *Lateline*. The ABC confirmed my critique, including the fake-data issue;
- (iv) **Michael Spence, Vice-Chancellor of the University of Sydney and Chair of the Group of Eight**, in an epic failure of leadership, ditched the promise to taxpayers of Go8 research "excellence", and embraced academic freedom, as he refused to correct blatantly false information harming public health;
- (v) **Rory Robertson** documented more clearly the research misconduct, the defrauding of taxpayers and the scandal of ongoing harm to public health.

Read on!



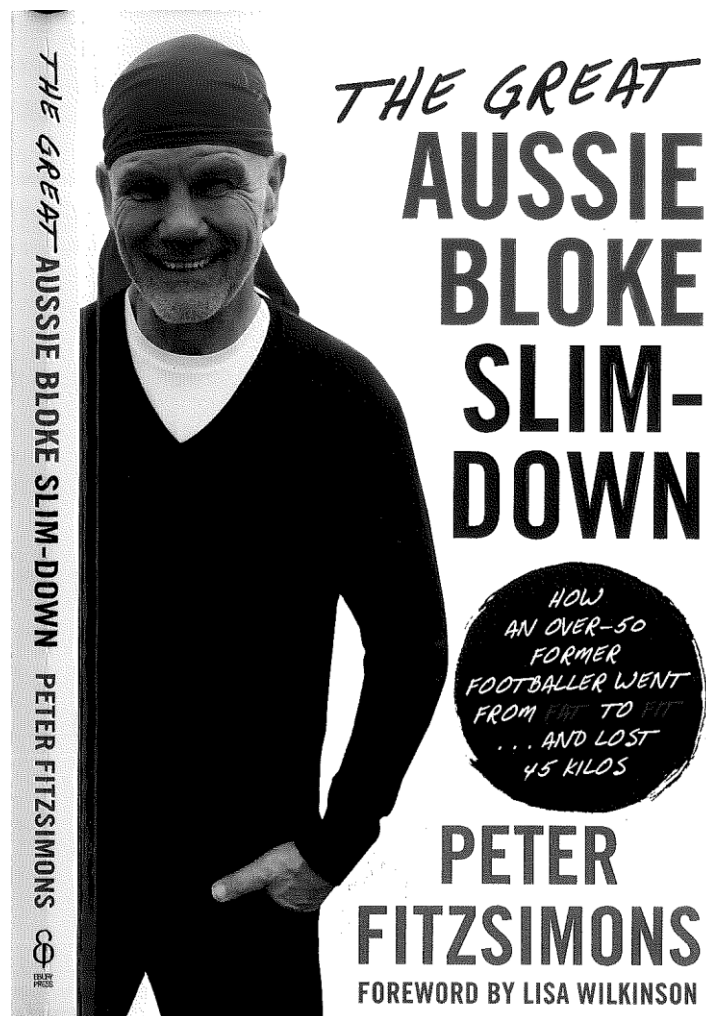
ABC's Audience and Consumer Affairs (A&CA) Unit confirms *Australian Paradox* paper dominated by extraordinary errors

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 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 15-page final Investigation Report. In my opinion, the University of Sydney's Academic Board should take the time to assess those two documents – the 36-page complaint and the A&CA's 15-page response – then force the retraction of the academic disgrace and menace to public health that is the infamous *Australian Paradox* paper.

Journalist, prolific author, "footballer who can type" and Fellow of the University of Sydney Senate, Peter FitzSimons, shines a bright light on the Charles Perkins Centre's *Australian Paradox* scandal, in Chapter 7 of his new best-seller:



The story of one man who had the guts to lose his gut. This is a book that will finally help an ordinary bloke lose weight.

(Don't worry, it has nothing to do with wearing a red bandana.)

Ever struggled with your weight? Or did you stop struggling years ago and let the pies win? Peter FitzSimons has been there and eaten that. In *The Great Aussie Bloke Slim-Down*, he will lead you through the fads that failed him, the diets that died fast and left him furious, and the ways his waistline kept the belt industry in business.

Take tips from someone who knows how to eat and drink way too much – and has finally learnt how to stop. Peter FitzSimons was a large lad with little self-control who has found the light and eventually become lighter. In this book, written in fluent Aussie-bloke, he tells you how to live a better, healthier and happier life, while showing you who is responsible for your getting fat in the first place. So if you're serious about losing weight, sobering up and all the rest, what you have to do is this: face the truth,

the elephant in the room . . . is YOU.

SELF-HELP

Cover design by Christa Moffitt, Christabella Designs
Cover photo by Lisa Wilkinson



The University of Sydney's Charles Perkins Centre and (50% owned) Glycemic Index Foundation are world leaders in defending modern doses of added sugar as harmless. Why? And why do Australian Diabetes entities falsely insist it's a "myth" that added sugar (100% carbohydrate) causes type 2 diabetes? Below, Rory Robertson presents graphic evidence on the University of Sydney's *Australian Paradox* fraud, highlighting how shonky science is harming public health.

news stories? I accept that it doesn't come close to the excitement of the Duchess of Cambridge opening a garden fete in a pretty dress, but in terms of putting your head above the parapet and inviting people to take a shot – which I do on many other subjects, like the republic, gun control, same-sex marriage, climate change, maintaining \$10 million was too much to pay for Buddy Franklin etc., – it simply *never* occurred to me that my views on sugar could attract flak.

I mean, what are the bad things you could say about, 'Fat bloke, who used to be fit bloke, becomes fit and healthy again, and humbly offers clues to other fat blokes how they can become fit again too'?

Where, pray tell, is the downside?

Alas, no. I was to be exposed, even named and shamed, in *The Australian Women's Weekly*, in an article titled 'THE FIVE WORST CELEBRITY BACKED DIETS'. And by gawd, they didn't miss me *or* my mates, either:

'Eva Longoria, Megan Gale, Tom Hanks ... Peter FitzSimons and Alec Baldwin are among high-profile followers of sugar-free diets.'

My goodness! How did they find out about us?

How did they *know*, that just three months earlier, while eating celery sticks down at the Carrot Club, there we were ... Eva, Megan, Tommy, Smart Alec and me, standing around, lamenting lamingtons, decrying donuts and wondering just when our embarrassing pastime of not loading up on sugar would be found out. Little did we know ... the *Weekly* had already put their best and brightest on our tail, and were right onto us, as this particular story showed.

'People are looking for a prescription,' a Dietitians Association of Australia's spokesperson was quoted by the *Weekly*. 'But you can eat a healthy balanced diet including all food groups and lose weight. It's about cutting your portion sizes and getting outside and exercising.'

It actually also might help if, instead of the two kilograms a year of sugar that humans are equipped to eat without damage, we didn't have the 20 to 30 times that amount that so many of us do now. And if I know one thing from all this, it is that sugar is *not* just another 'food group'.

The DAA (that's the Dietitians Association of Australia, Boomka – acronyms are used throughout this book as they are very low in calories), mind, is the same organisation that, as documented by Gillespie, once put out a press release, titled 'Sweet truths: Eating sugar may not make you fat.'¹ I am serious! The Dietitians Association of Australia actually put out that press release because it was so important that Australians know that sugar is *not* the great white enemy!

Representing the DAA on the subject was their spokesperson, Dr Alan Barclay, who was the co-author of the study the press release was based on, a study that he had co-authored with Professor Jennie Brand-Miller, first published in the E-journal *Nutrients* that Dr Brand-Miller – from my own Sydney University, where I am a Fellow of the Senate – was guest editor of at the time.²

As the Kiwis say, the plot *thickens* ...

As Alan Barclay told the DAA conference, 'consumption of fructose has decreased by nearly 20 per cent in Australia

Lead author and Guest Editor

Great for quality control!

since the early 1970s, while overweight and obesity has doubled'.

Odd.

'Much to everyone's surprise, it looks as if, unlike in the US, sugar is not the culprit here . . .'³

Ah-HA!

Now we are getting somewhere!

Enter the notorious 'Australian Paradox', which started out as a can of worms, but frankly more resembles – and I say this respectfully to all concerned – a nest of vipers, at least in terms of the hissing venom that has been hurled because of it.

The study purports to show that while 'research from the USA has demonstrated a positive relationship between sugars consumption and prevalence of obesity',⁴ no such relationship exists here.

That is, while 'prevalence of obesity has increased three-fold in Australians since 1980 . . .' in this country, 'per capita consumption of refined sucrose decreased by 23% . . .'

Yes, as Professor Brand-Miller would tell *The Australian*, even though 'Australians have been eating less and less sugar . . . rates of obesity have been increasing . . .'⁵

True! (Yes, here is the most paradoxical part of the 'Australian Paradox'.) Even as sugar consumption had declined, obesity levels had tripled!

In sum . . .

'The findings confirm an "Australian Paradox" – a substantial decline in refined sugars intake over the same

timeframe that obesity has increased. The implication is that efforts to reduce sugar intake may reduce consumption but may not reduce the prevalence of obesity . . .'⁶

Who cares anyway, you say?

Well, Big Sugar in Australia does.

This report was manna from heaven to them, because from the moment that you can demonstrate in this country that the crippling rise in obesity – which saps the population of energy and the taxpayers' purse of funds for hospitals – is directly linked to an equivalent rise in sugar consumption, it is bleeding obvious that the duty of the Federal Government is to bloody well do something, starting with a sugar tax, to start to lower that consumption, and also to change their official dietary guidelines to encourage the population to consume less sugar.

But the Australian Paradox says that is not the case, that no such link can be established!

How could that be? While we all have our thinking caps on I think it fair to observe that the DAA's 'corporate partners' include Nestlé chocolate, Arnott's biscuits and Unilever, the maker of Street's ice-cream?⁷ Over the years, such partners, and other food companies, have lent a helpful hand with the DAA's activities, with the likes of Kellogg's – purveyors of staggeringly sugary breakfast cereals – sponsoring the DAA's promotion of⁸ Breakfast Week.⁹

Meanwhile the DAA's 2014 conference was *partly sponsored* by 'The Healthier Australia Commitment', which sounds great, until you realise they are an alliance of Nestlé, Coca-Cola South Pacific, Campbell Arnotts, Sugar Australia,

General Mills, Lion, Unilever and PepsiCo. What is wrong with this picture?

At another recent DAA conference, attendees were offered a free McDonald's Deli Choices Wrap, so long as they visited the Heart Foundation booth to get their food voucher and, sure enough, the Macca's Wrap had the tick of approval from the Australian Heart Foundation too.¹⁰ (More on that, shortly.) Seriously, Dr Ronald McDonald is making a house call to the Dietitians conference? Does anybody at the DAA ever use the phrase, 'This is not going to look good' at conference planning meetings?

One of the features of the DAA website is an 'Accredited Practising Dietitian in the Spotlight'. Recently,¹¹ one dietitian they were bathing in warm attention proved to be the Director of Communications and Public Affairs at Kellogg's. Another was PepsiCo Australia's – and I am not making this up – 'Nutrition Manager'. (The mind boggles. And if you think your boss doesn't care what you think, try being the Nutrition Manager at PepsiCo!) Meanwhile, one of those on the board of the DAA is also the Director of the Australian Breakfast Cereal Forum of the Australian Food and Grocers Council.¹²

Now, and I mean this seriously, I don't call into question the integrity and professionalism of the individual dietitians who make up the membership of the DAA. I am actually close to several and know their dedication to the cause and the great work they do. But I can't help but wonder if the likes of Nestlé and Kellogg's and PepsiCo might be, just a bit, maybe, using the organisation of those dietitians, the

DAA, to make their products look a tad more healthy than they actually are? Friends, to my eyes, this is like developers getting themselves elected to local councils. Lots of those developers now running the show are lovely people, of impeccable integrity. But give them serious input into council deliberations on what the urban environment should look like, when the decisions they make for council affect their own profits? You can call me a visionary of stupendous wisdom if you like, but wouldn't it be better if they were one step removed.

And if you heard your local council was in a 'corporate partnership' with Big Bob's Development Inc, their motto being 'Every tree looks more beautiful with a block of flats on top of it', wouldn't you suggest to the council that it might look better, and be better, if they, like, DIDN'T DO THIS?

And I do say that any organisation devoted to promoting health that puts out pro-sugar press releases like 'Sweet truths: Eating sugar may not make you fat', which takes money from companies with that much sugar in their products, that has that level of integration between the companies and their organisation, has a case to answer.

If you care to google 'Rory Robertson and Australian Paradox' you will get a taste of just how strongly the Sydney economist – whose particular skill is picking apart statistics to discover truths – worked to help the DAA sleuths solve this puzzling 'Australian Paradox'. (Robertson, like me, had read Gillespie, dropped sugar out of his diet, and quickly and fairly effortlessly went from being a fat man to close to

the weight he was when he was 20 and fit. Unlike me, he had an intellectual focus that would kill a brown dog, and was determined to find a solution to the paradox, which *has not shown up anywhere else in the world*). Just to spell it out again for the slow Boomkas, here is the paradox, according to DAA members Dr Alan Barclay and Professor Jennie Brand-Miller. Everywhere else in the world people are eating more sugar and getting fatter. But in Australia, we're eating less sugar and getting fatter. A paradox!

Can you guess the solution?

Robertson is a fiend on the subject: the analysis of their data is wrong. Not just wrong in the sense of relying on out-of-date sugar consumption figures that – Robertson quickly discovered – the Australian Bureau of Statistics had *themselves* acknowledged as so unreliable they had stopped using them and in fact stopped gathering from 1999 on;¹³ but some of the figures they used were wrong in the sense of being self-contradicting. *4 series trend UP!*

For instance, the paper stated that Australians were drinking ten per cent less sugary soft drink per capita now than in previous years, while also including a chart showing that consumption had risen by 30 per cent.¹⁴ And Professor Brand-Miller had to admit that part of the report was wrong when interviewed on ABC radio, explaining, under some pressure, that a 'key word' had been left out of the report.¹⁵

But back to those paradoxical sugar consumption figures; Robertson actually went to the trouble of ringing some of the sources cited in 'The Australian Paradox' like ... the United Nations Food and Agriculture

|| ABS series discontinued as unreliable, then faked by FAO (see charts below)

Organization (FAO). Now, they sound like a wonderfully reliable collection of chaps and chapesses. And they are. Usually. But this time ... well, it got interesting. You see, as he delights in recounting, they told him that they were relying on the Australian Bureau of Statistics figures! Rory told them those figures stopped being counted after 1999 because they were unreliable. The FAO confirmed with Rory that its 1999–2003 sugar figures for Australia – which feature in the 2011 Australian Paradox paper as a conspicuously dead-end, flat-line segment – are based on an algorithm, based on the last ABS figure published from 1999, not actual, real-world measurements.¹⁶ You got it, Boomka. Rory insists they had reported figures that did not exist, based on an algorithm, based on figures so inaccurate that they were discontinued, that were then cited in an academic report ...

*FAKE
FAO
data*

For my money, we have found the solution to the 'Paradox'. And this silly sugar falsehood would have been on a self-perpetuating loop if the likes of Robertson had not called it out.

By analysing the figures from the Australian Bureau of Agricultural and Resource Economics – which is, in any case, precisely the kind of figures he has crunched through in his adult life to become a leading economist – Robertson contends that, in fact, in Professor Brand-Miller and Dr Barclay's own published chart, 'sugar availability' – based on figures from the Australian Bureau of Agricultural and Resource Economics – increased by about 20 per cent between 1980 and 2010.¹⁷

Inquiry
"buried" fake
data issue
(see below)

THE GREAT AUSSIE BLOKE SLIM-DOWN

To be fair, as detailed by the ABC *Lateline* program in 2016, an external 'inquiry cleared Professor Brand-Miller and Dr Barclay of misconduct, but the report did observe that Dr Barclay's acceptance of a fee from Coca-Cola might not have demonstrated good judgement'.¹⁸

FAKE
FAO
data

You can also read Brand-Miller and Barclay's robust defence of their position by googling, 'Trends in added sugar supply and consumption in Australia: there is an Australian Paradox ...' Both have made it clear they will be saying more about it.

And I might note in passing, I do not accuse any of the aforementioned of misconduct either, and in any case am not remotely academically qualified to do so. But what I do believe, upon investigation, is that those scientists and academics who do hold such views can count on enormous support from the sugar companies, while a sure source of generous funding for those who want to ring alarm bells on sugar is not obvious.

Either way, if you google 'Lateline and the Sugar Paradox', it completely demolishes the whole nonsense of the Paradox.

The dispute goes on, though it is worth noting that the dietitian with the most impeccable credentials in the country, Dr Rosemary Stanton of the University of NSW – who has graciously helped me a great deal with this book – has come down on the side of Robertson, in saying there is 'no evidence that sugar consumption in Australia has fallen and I have many objections to that particular paper and to the idea that sugar is not a problem'. For her

THE POLITICS OF FOOD

part, Professor Brand-Miller has not backed off a jot, telling *Lateline* the findings in the Australian Paradox paper were more valid than ever.¹⁹

Personally, I remain more sceptical than ever. I just hope that health conscious companies PepsiCo and Kellogg's and Nestlé can form new corporate partnerships with people like Rory and others who want to ring alarm bells on sugar.

Still, the DAA is not alone when it comes to an influential health organisation steering us into very strange territory on the subject of sugar and our health.

The Australian Diabetes Council appear very careful not to point the finger of doom at sugar as one of the prime causes of diabetes.

Curious, Watson. I think this may be a three-pipe problem ...

Meanwhile, the Head of Research for the Australian Diabetes Council from 1998 to 2014 – well, *hullo!* – Dr Alan Barclay, steadfastly maintains, as he told the *Today* program, that the way to prevent diabetes is, in fact, to cut intake of fat and salt, while eating more fish. In that interview, mention of sugar – regarded by an ever-growing nucleus of scientists globally as a key cause of Type 2 diabetes – did not make the cut.

In June, 2016, Dr Barclay wrote an article for SBS, where he sought to correct two 'Myths'.

Myth 1: Sugar causes diabetes.

*Myth 2: People with diabetes should not have sugar.*²⁰

The official position of the former Australian Diabetes Council – which recently changed its name to the Diabetes

Council of NSW – is the same, maintaining that ‘We want to end the myth that sugar causes diabetes’.²¹

Now I am no fan of myths. (Except the one about when St George slayed the Loch Ness Monster with a golden thread before he turned into a pumpkin at midnight – that was a cracker.) But I, and plenty of people who actually know what they are talking about, was extremely surprised to find out that the link between sugar and diabetes was a myth. But let’s go with it for the moment. What should diabetics eat then?

Well, the Diabetes Council’s official recommendation is ‘that people with diabetes choose at least one serve of a low G.I. food at each meal and snack’.²²

Okay, good to know. To find out about dietary GI let’s go over to the Glycemic Index Foundation, keepers of the medical construct that, very broadly, it is possible to form a ‘relative ranking of carbohydrate in foods according to how they affect blood glucose levels’.

If only we had someone we knew to explain further . . .

Their spokesperson – goodness! – Dr Alan Barclay, maintains that losing weight and countering diabetes has nothing to do with the sugar that ill-educated nuts like I and the Mayo Clinic (more on them shortly) are obsessed with, either, and much to do with buying foods with ticks for Low GI.

Those foods include Nestlé Muesli Bars, with 25 per cent sugar, and Nestlé’s Milo, with 47 per cent sugar.

Look, they could only be more dismissive of the effects of specifically fructose on diabetes sufferers if they endorsed

a product that was 100 per cent fructose, correct? Well, they do. Danisco puts out a product called Fruisana Fruit Sugar ‘the low GI alternative to cane sugar’,²³ which, of course, comes with the Low GI tick of approval.

I know, I was stunned, too. And confused. How could something that is pure fructose – *the* killer nutrient identified by Lustig and scientists around the world as doing terrible damage to our health – get a big thumbs-up from the Low GI crowd, that the Diabetes Council had steered us to? And then I remembered, fructose is metabolised by your liver to fat, not glucose, so, whatever else, it doesn’t mean there is an immediate spike in your blood sugar, so, according to Low GI people, all good.

In fact, Dr Alan Barclay and, yes, Professor Jennie Brand-Miller, are among co-authors of a book titled *Low GI Diet Diabetes Handbook*, which makes the extraordinary claim, ‘There is absolute consensus that sugar in food does not cause diabetes’.²⁴

This news did not reach Dr Stanton, who says, in a consensus-ruining response, ‘The people who eat the most sugar have by far the highest risk of Type 2 diabetes. So I think that evidence is now compelling.’²⁵ And it is. In fact, in recent times, medical research has only cranked the siren up louder in warning of the dangers of sugar, especially sugared drinks, for Type 2, and many other health conditions for that matter, most particularly affecting the heart, liver and kidneys.

In 2015, the *British Medical Journal* – drawing on 17 previously published studies on links between sugary

drinks and diabetes risk – found that drinking one sugar-sweetened beverage each day led to an 18 per cent increased risk of diabetes over a decade.²⁶

In 2015, one of the most highly regarded medical establishments in the world, the Mayo Clinic, conducted a comprehensive review of all available animal and human trials on fructose and concluded: 'Added fructose in particular (e.g. as a constituent of added sucrose or as the main component of high-fructose sweeteners) may pose the greatest problem for incident diabetes, diabetes-related metabolic abnormalities, and [Cardio-Vascular] risk.'²⁷

How is that 'absolute consensus' travelling now?

And yes, there are reputable scientists who still deny that link, but to say there is universal consensus is, I humbly submit, demonstrable nonsense.

There also proved to be something of another curious paradox in that the Glycemic Index Foundation are receiving up to \$6000 per product from food and drink companies for a low-GI health tick.²⁸ Some of the products that get a tick have high levels of added sugar, including that excellent 99.4 per cent sugar Lo GI sugar.

(All up, it won't surprise you that when I interviewed Dr Barclay for the Channel Seven *Sunday Night* program, it did not end well.)

In sum, even as some of the leading members of the Dietitians Association of Australia maintain – against scant evidence and more common sense than you could jump over – that sugar consumption is falling and is not the key problem in any case, the highest diabetes councils in the

land are steering those with diabetes to the Glycemic Index Foundation, who are giving the okay to foods and products loaded to the gunnels with the very substance that other reputable medical science has identified as a key cause of Type 2 diabetes in the first place!

(In the course of writing this book, I happened to be addressing 300 medical professionals – most of whom dealt with the consequences of diabetes – in an after-dinner speech. In question time, I took the liberty of asking them how many believed, in 2016, that sugar was the primary cause of Type 2 diabetes. An entire forest of hands went up around the room. And how many of you don't? Just four hands went up. When I asked the senior one of them why he said that, he maintained the cause was obesity. 'Which comes mostly from sugar?' I asked. 'Yes,' he said.)

Go figure.

Still, the pro-sugar forces continue to go hard and they don't just get help from GI fans like the aforementioned Dr Barclay and Professor Brand-Miller. Just last year one report was published which argued not just that 'Australia's sugar consumption has fallen by 16.5 per cent from 1970 to 2011, according to Australian research published in this month's *European Journal of Clinical Nutrition*', but that per capita sugar consumption peaked in Australia at 57 kilograms per year in – wait for it – 1951.²⁹

Yes, if you believe the research, all of us Boomkas waddling down the street in recent years were actually having less sugar than those lean Aussies from 60 years ago. According to the study, Australians never consumed

as much sugar as they did in 1951, back when there basically were no sugary breakfast cereals, the very year *before* Kellogg's introduced Frosties (29 per cent sugar) in 1952!

So, from the very year extra sugary cereals were introduced, sugar consumption dropped from its peak the year before?

I can smell another Paradox.

That year of the peak, 1951, was also a time, of course, before service stations also became confectionary emporiums, before the science of getting sugar into so many food and drink products became so corporately sophisticated and pervasive; before school canteens in Australia served things like soft drinks and ice-creams; before ubiquitous vending machines on every corner pumped out soft drinks and products packed with sugar; before every urban environment in the country became heavily occupied by takeaway food franchises serving up fizzy sugar-water by the tanker-load. Dr Stanton notes there were 600 to 800 food products available for sale in the 1950s and 60s and over 30,000 now. All of the above have only accelerated as phenomena as the decades have rolled on, and yet, somehow, despite all that, our sugar consumption has *fallen*? As Robertson points out, the under-appreciated issue here is that no-one is reliably measuring the consumption of added sugar in Australia. Sure, some claim to be doing so, but on closer inspection it turns out that they are doing something quite different.

The study in question, titled 'Apparent Consumption of Refined Sugar in Australia (1938-2011)', purported to

show that 'Sugar consumption in Australia appears to have been relatively stable in the three decades following the end of World War 2 but since the late 1970s there has been a substantial decline.'

One of the authors of the study, Bill Shrapnel, even made the point: 'The downward trend in sugar consumption observed in our study is interesting because it runs counter to recent assumptions that sugar intake is rising and driving increasing rates of overweight and obesity in Australia. However, cause and effect conclusions cannot be drawn from our study. Given the current attention being paid to sugar, we thought it was essential that healthcare professionals and policy makers had access to recent and accurate data on trends in sugar consumption. Informed policies can now be developed from such studies.'³⁰

Oh, by the way, Shrapnel works for the 'Sugar Research Advisory Service', which is funded by the sugar industry, which 'aims to provide an evidence-based view of the role of sugars in nutrition and health'.

His co-author, Tom McNeill, who formerly worked for Queensland Sugar, is a director of Greenpool Commodities, which is a consultancy employed by the sugar industry.

Interestingly, the Australian sugar series they published is based on the counting methodology that the Australian Bureau of Statistics (ABS) itself abandoned as unreliable after 1998-99. (Is this all starting to sound strangely familiar? Almost like we are wandering in a big sugary loop, rather like a donut?) Indeed, the ABS advised Rory Robertson in 2012 that its sugar series was discontinued as unreliable. That was

confirmed in 2014 by ABC investigative journalist Wendy Carlisle: 'The ABS has also told [Radio National] *Background Briefing* it could no longer rely on that data because they didn't have the resources to properly count how much sugar we were eating because sugar was now embedded in our food and drink.'^{31, 32}

Sham! Bill Shrapnel and Tom McNeill disagreed, and maintain that the ABS methodology they used was not broken and abandoned, but is rather a 'reliable and trusted reference for policy makers, health professionals, industry and others'.³³

Without impugning the academic integrity of either man, can you forgive me for thinking that the dynamic which so maligned the work of John Yudkin all those decades ago – financed by the corporate power of those who sell sugar – is still alive and well in Australia in the 21st century, and it is not even restricted to those organisations specifically devoted to diet.

Let's look at the Australian Heart Foundation.

Surely, if they give a tick to a food product, you can count on it being healthy for your heart?

In a word, no.

In the case of the Australian Heart Foundation,³⁴ I was stunned by the observation by Gillespie that they gave the tick of approval 'to products which are sold to children which contain 70 per cent sugar', checked it out, and discovered he was right!

Look at Uncle Tobys Fruit Fix. Before it was recently withdrawn from sale after the outcry, an extraordinary 7/10ths of it was pure sugar – and yet the Australian Heart

Foundation had given it the big tick! One wonders, in passing, if a product that has 70 per cent sugar is okay with our Heart Foundation, just what percentage of sugar would have been too much for them? At what point would they withhold the tick? 80 per cent? 90 per cent?

Where exactly would they draw the line?

Does it trouble you, as it troubles me, that those companies who wish for their products to receive a tick had to first pay a 'licence fee' to the Australian Heart Foundation for the trouble of being assessed? Does it seem right to you that in so many of these health organisations, far from being removed from matters of base commerce, the money passes between the companies and the very organisation asked to give their products a clean bill of health? And that they know that if they do give it the tick, they will be able to collect an annual licence fee for as many years as that same product is on the market?

Does it trouble you, as it troubles me, that the Australian Heart Foundation is giving ticks to products loaded with the very substance that as reputable an institution as the Mayo Clinic has *specifically identified* as one that 'may pose the greatest problem for incident diabetes, diabetes-related metabolic abnormalities, and [Cardio-Vascular] risk'?³⁵

I know, I know, I am merely – as one of my many critics once fabulously noted – 'a footballer who can type', but to my eyes something is seriously amiss here.

A rough equivalent would be paying *Choice* magazine to review your product, with most readers completely clueless of any money changing hands between you and the

Graphic and other evidence on the *Australian Paradox* fraud, and the mis-treatment of obese and/or diabetic Australians

Hello. I'm Rory Robertson. I'm campaigning near and far for the formal retraction of the University of Sydney's *Australian Paradox* paper. Retraction is the usual scientific response to extraordinarily faulty papers published without proper quality control, especially if their false "findings" become a menace to public health:

<http://retractionwatch.com/2016/12/05/retractions-holding-steady-650-fy2016/>

Following Peter FitzSimon's excellent summary, in this section I present clear evidence of serious problems with competence and integrity at the highest levels of University of Sydney and Group of Eight science **and management**. This lack of competent quality control *when it matters* is working to poison the public debate - including in Parliament - on obesity and diabetes, with false information promoting harmful advice to Australians, especially those fat, sick, young and/or Indigenous.

In more detail, the main invalid "finding" presented in the *Australian Paradox* paper is that there was "**a consistent and substantial decline**" in the consumption of added sugar (per person) in Australia **between 1980 and 2010**. The authors thus claimed "**an inverse relationship**" between sugar consumption and obesity.

Professor Jennie Brand-Miller and Dr Alan Barclay use their invalid "Australian Paradox" finding to promote far and wide the false claim that added sugar is **not** a key driver of Australia's growing obesity epidemic. **Thus, they insist, taxes and other measures to reduce sugar consumption will be unhelpful in reducing obesity:**

5. Conclusions

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

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

Nor do modern doses of added sugar have anything to do with type 2 diabetes, the authors falsely claim - "**There is absolute consensus that sugar in food does not cause [type 2] diabetes**" - in the multi-million sold copies of their big-selling pop-sci Low-GI diet books: <http://www.australianparadox.com/pdf/diabetes.pdf>

Importantly, Professor Jennie Brand-Miller and Dr Alan Barclay's high-profile fiction of "a consistent and substantial decline" in sugar consumption between 1980 and 2010 is **falsified not be me, but by their own published charts!** (pp. 13-15 below)

In short, Professor Brand-Miller and her sidekick Dr Barclay present **five** main indicators of sugar consumption. **Four of those five indicators trend up not down**, directly contradicting their (false) conclusion of "decline". **The fifth series - their preferred series - was discontinued as unreliable by the ABS after 1998-99 and then faked** by the Food and Agriculture Organization of the United Nations (FAO).

Again, almost all of the available data presented by Professor Brand-Miller and Dr Barclay trend *up* not down. Their preferred series was discontinued as unreliable by the ABS after 1998-99, then for 2000 to 2003 is **faked** by the FAO (see pp.15-16).

Readers, these catastrophic problems are blindingly obvious once you consider the charts and other evidence reproduced on the following pages. **Please email me at strathburnstation@gmail.com if you think I'm wrong. I'm not. This is simple stuff.**

My summary is that the Charles Perkins Centre's *Australian Paradox* research is both an academic disgrace and a menace to public health. The "**peer review**" that Vice-Chancellor Michael Spence in 2012 assured me was properly conducted (p.23), **clearly was a sham**: <http://www.australianparadox.com/pdf/quickquizresearch.pdf>

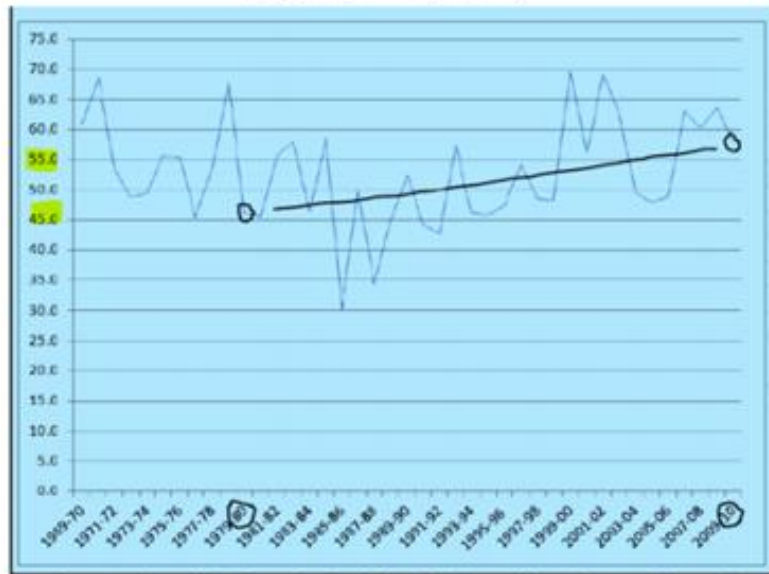
How could this happen? Well, believe it or not, the *Australian Paradox* paper was (self) published by the lead author operating as a "**Guest Editor**" of the publishing journal: http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates
In the history of the world, how many times has a Guest Editor said to herself - as the lead author - "No, I couldn't possibly publish *my* paper, because it is dominated by blatant errors, small and large, and features an obviously invalid conclusion"?

Readers, I have advised Vice-Chancellor Michael Spence and the University of Sydney's Academic Board of these serious problems multiple times. Yet Michael Spence and his Academic Board have been happy for nearly five years to simply pretend that everything is fine. After five years, I'm confident that University of Sydney management is soft on scientific fraud, is a menace to public health, and is defrauding taxpayers on a massive scale. Please consider my evidence, below.

Regards,
Rory (ph. +61 414 703 471)

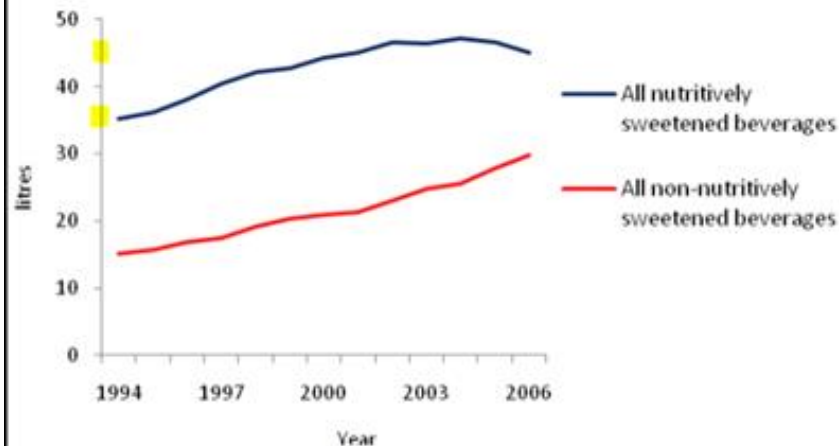
Charles Perkins Centre scientists' own published graphic evidence of “a consistent and substantial decline”, 1980-2010

**Figure 1: Australian sugar availability
(kg per person per year)**



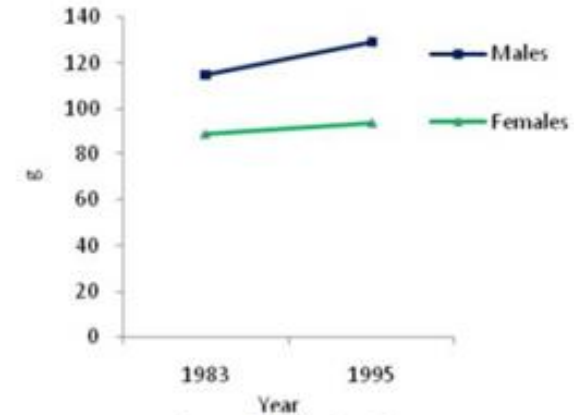
Source: Australian Paradox Revisited ; My "trend" for "the past 30 years"

**Figure 2: Australian softdrink sales; Top (dark) line is sugary softdrinks
(Litres per person per year)**



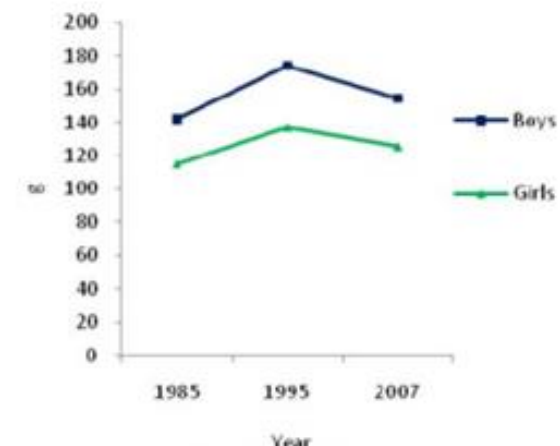
Source: Australian Paradox

**Figure 3: National surveys - Adults
TOTAL SUGARS (ADDED & NATURALLY OCCURRING)**



Source: Australian Paradox

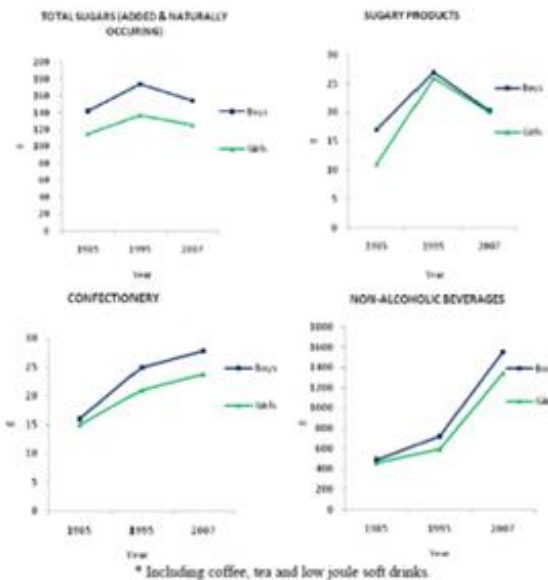
**Figure 4: National surveys - Children
TOTAL SUGARS (ADDED & NATURALLY OCCURRING)**



Source: Australian Paradox

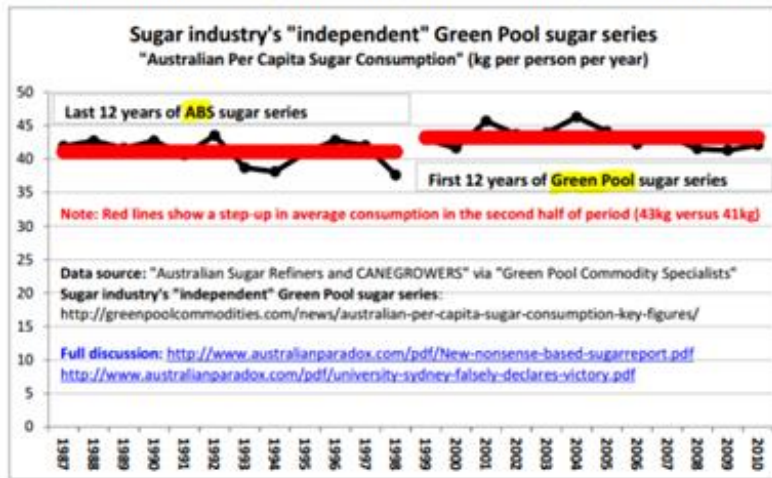
Charles Perkins Centre scientists' graphic evidence of "a consistent and substantial decline", 1980-2010 (continued)

Figure 4a: National surveys - **Children**



Source: Australian Paradox

Figure 5: Australian sugar industry's measure of sugar consumption

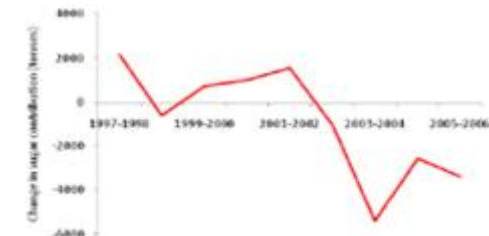


<http://www.australianparadox.com/pdf/GraphicEvidence.pdf>

Figure 6: Annual change in sugar via sugary drinks (**tonnes** per year)

Figure 6 shows the annual change in the contribution of sugar from nutritively sweetened carbonated soft drinks (sugar-sweetened soft drinks) to the Australian food supply [30]. Levy and Tapsell [30] reported a concurrent increase in sugar from other nutritively sweetened beverages (e.g., sports drinks, flavored waters and iced teas). However, the increase in sugar contribution to the food supply from these beverages did not contribute enough volume to match the decline in nutritively sweetened carbonated soft drinks. Overall, there was a decrease in sugar contribution from nutritively sweetened carbonated soft drinks to the Australian food supply, amounting to 12,402 tons (~600 g per person per year, Figure 6) from 2002 to 2006.

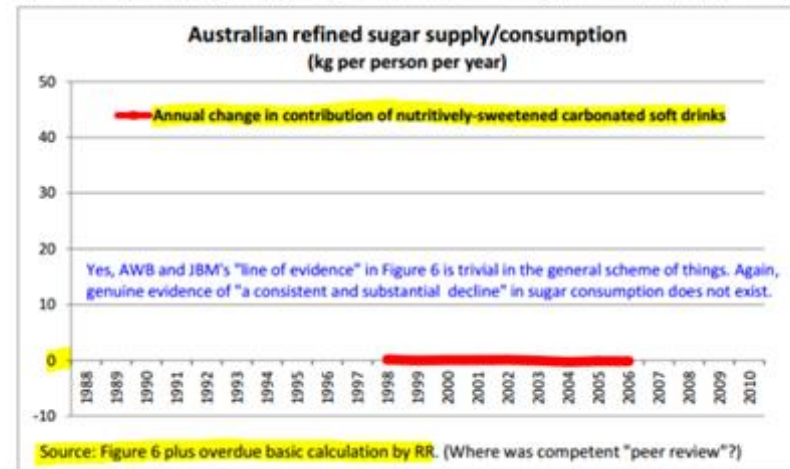
Figure 6. Annual change in contribution of nutritively-sweetened carbonated soft drinks to total added sugar in the Australian food supply [30].



Source: Australian Paradox

Figure 6a: Annual change in sugar via sugary drinks (**kg per person** per year)

(Calculated by multiplying readings in Figure 6 by 1000, then dividing by our ~20,000,000 population)



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

RR's formal submission featured issue of FAO's faked flat line

RR's submission to formal inquiry into competence and integrity surrounding University of Sydney's *Australian Paradox* research

By Rory Robertson
March 2014

On 29 November 2013, I was advised by the head of the Charles Perkins Centre, Professor Stephen Simpson, that the University of Sydney had opened - after nearly two years of encouragement from me - a formal inquiry into the competence and integrity of the extraordinarily faulty *Australian Paradox* research:
<http://www.australianparadox.com/pdf/LettersCPCProfSimpson.pdf>

In any case, the underlying facts are as follows. The ABS stopped even pretending to count apparent consumption of sugar after 1998-99. Then, extraordinarily, instead of writing "Not available" in its global spreadsheets, the FAO recklessly began pretending that the Australian sugar series for the 2000s is a flat line. That is, the FAO series for the 2000s has no basis in reality; no-one is actually doing any real counting; there are no underlying data beyond 1998-99. The conspicuous flat line in the authors' preferred chart was a big red flag hinting strongly that their key series for the 2000s is invalid/falsified/made up (see pp. 12-13 in <http://www.australianparadox.com/pdf/GraphicEvidence.pdf>).

In neither scientific nor economic studies of human behaviour is it valid to assume a straight line and then pretend it represents genuine information. I have documented that the FAO is pretending to do something that, clearly, it is not: <http://www.australianparadox.com/pdf/FAOfalsifiedsugar.pdf>

So, again, "falsified" - not "estimated", "extrapolated" or "interpolated" - is indeed the appropriate description. Readers, it is unreasonable to insist that a made-up series with no basis in reality trumps signals from a range of valid indicators. Moreover, any credible study investigating trends in added or refined sugar consumption would discuss the particular difficulties faced by statisticians in measuring modern sugar consumption. That is, the worldwide trend over recent decades towards the consumption of highly processed foods and drinks meant that statisticians' sugar-counting exercises morphed from counting bags of sugar to counting grains of added sugar in many thousands of kinds of processed foods and drinks: <http://www.australianparadox.com/pdf/New-nonsense-based-sugarreport.pdf> ; <https://www.youtube.com/watch?v=Q4CZ81EmAsw>

This glaring omission of any such discussion tells us a great deal about the authors' lack of competence in this matter. They now have steered well clear of this basic data-reliability issue, in one, then two, and now three published papers.

p. 4 <http://www.australianparadox.com/pdf/RRsubmission2inquiry.pdf>

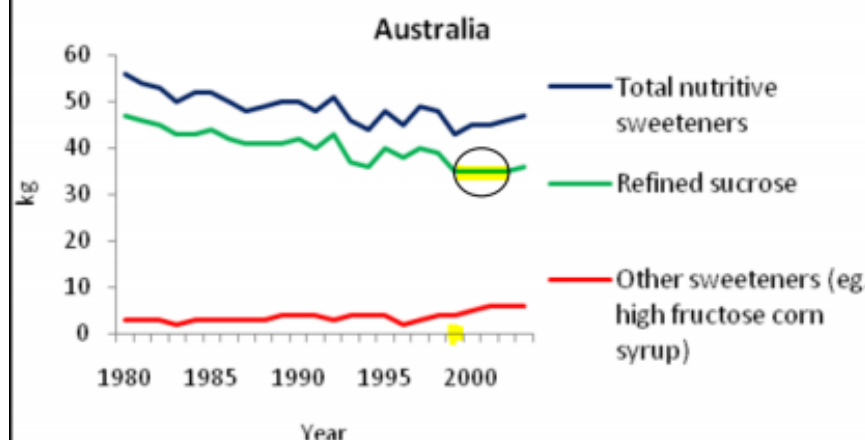
University of Sydney noted FAO fake-data issue, later buried it!

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.

p. 9 <https://ses.library.usyd.edu.au/bitstream/2123/15705/2/australian-paradox-report-redacted.pdf>

ABS series discontinued as unreliable 1998-99, then FAO faked

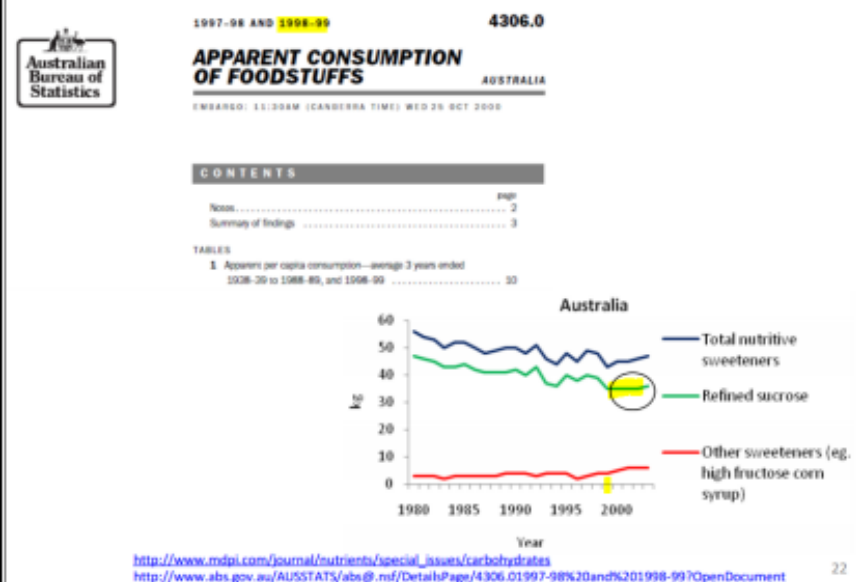
Awkwardly, authors' sucrose - green - series "exists" in 2003 despite underlying dataset discontinued as unreliable by ABS after 1998-99!??



http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4306.01997-98%20and%201998-99?OpenDocument>

21

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



http://www.mdpi.com/journal/nutrients/special_issues/carbohydrates
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4306.01997-98%20and%201998-99?OpenDocument>

22

pp. 21-22 <http://www.australianparadox.com/pdf/22Slideshowaustraliangoestoparadoxcanberrafinal.pdf>

In 2012, FAO confirmed 2000-2003 data based on nothing real

From: **MorenoGarcia, Gladys (ESS)** <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" <strathburnstation@gmail.com>
 Cc: "Rummukainen, Kari (ESS)" <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
 Food and Agriculture Organization of the United Nations
 E-mail: Gladys.MorenoGarcia@fao.org
 Phone: 00 39 06 57052548
 Fax: 00 39 06 57055615
<http://www.fao.org/economic/statistics>

Letter 4 in <http://www.australianparadox.com/pdf/FAOfalsifiedsugar.pdf>

Scientific fraud: In 2014, Professor Brand-Miller and Dr Barclay dishonestly advised research-integrity Investigator Professor Robert Clark AO that the data behind the FAO's faked flat line for 2000-2003 are "robust and meaningful"

FAOStat have continued to publish data for Australia and other nations beyond 1998-99. Their sources both before and after 1999 include ABS, the International Sugar Organisation, and Australia's trading partners. The FAOStat methodology accounts for stocks, production, imports, exports and other utilisations to derive intake estimates.

For countries such as Australia, USA and the UK, FAOStat data series therefore provide for a robust and meaningful comparison of trends in added sugars consumption over decades. This also allowed us to calculate and compare the percentage reduction in refined sugar intake.

p. 58 of 86 <https://ses.library.usyd.edu.au/bitstream/2123/15705/2/australian-paradox-report-redacted.pdf>

University of Sydney unreasonably "buried" my clear evidence

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).

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

Epic fail: To what extent incompetence? How much dishonesty?

So, why did Vice-Chancellor Michael Spence, his Deputy Vice-Chancellor (Research) Jill Trehwella and their "independent investigator" Professor Robert Clark AO (University of NSW) unreasonably - dishonestly? – bury my evidence that the FAO (self-evidently) faked its conspicuous flat line for that curious 2000-2003 timeframe (instead of just writing "not available", after the ABS stopped providing real data)? And why do they pretend the authors' other four indicators all trend down?

Readers, some I have spoken to suspect the University of Sydney's - and the Group of Eight's - highest management wanted to avoid the embarrassing need to formally retract the infamous *Australian Paradox* paper that was self-published by a highly influential scientist who brings millions of taxpayer dollars to the university via research grants from the likes of the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC), as well as from food companies and pharmaceutical companies. What do YOU suspect is going on?
<http://www.australianparadox.com/pdf/RR-response-to-inquiry-report.pdf>

Readers, if you end up agreeing with me that the *Australian Paradox* paper is an academic disgrace and a menace to public health, you might choose to email Vice-Chancellor Spence - michael.spence@sydney.edu.au - or write to one or more of the following:

- <http://sydney.edu.au/secretariat/academic-board-committees/academic-board/membership.shtml>
- <http://sydney.edu.au/secretariat/senate-committees/senate/fellows.shtml#fellows>
- <https://go8.edu.au/page/go8-board>
- <https://www.nhmrc.gov.au/about/senior-executive-and-leadership-team>
- http://www.aph.gov.au/Senators_and_Members/Parliamentarian_Search/Results?q=&sen=1&par=-1&gen=0&ps=0

What do you think? After five years, does the *Australian Paradox* scandal involve serious research misconduct?



BREACHES OF THE CODE AND RESEARCH MISCONDUCT

In addressing the process for responding to allegations, it is useful to distinguish between minor issues that can clearly be remedied within the institution and more serious matters where the involvement of people who are independent of the institution is desirable. The boundary between minor and serious issues is not sharp, and those determining a particular case will find it helpful to consider the penalties that might be applied by the employing institution if the allegations are true, the steps needed to ensure procedural fairness to all concerned, the extent to which there are consequences outside the institution, and the standing of the research community in the eyes of the general public.

Here, the term *breach* is used for less serious deviations from this Code that are appropriately remedied within the institution. The term *research misconduct* is used for more serious or deliberate deviations.

Research misconduct

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

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

The Australian Paradox fraud falsely exonerates added sugar as a menace to public health

HEALTH AND SCIENCE

A spoonful of sugar is not so bad



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

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

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

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

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

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

...

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

...

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

<http://www.theaustralian.com.au/news/health-science/a-spoonful-of-sugar-is-not-so-bad/story-e6frg8y6-1226090126776>



HEART & STROKE
FOUNDATION

POSITION STATEMENT

SUGAR, HEART DISEASE AND STROKE

FACTS

- Heart disease and stroke are leading causes of death in **Canada**, responsible for 27.3% of all deaths.¹ Over 1.3 million Canadians are living with heart disease² and 315,000 Canadians are living with the effects of stroke.³
- More than 60% of Canadian adults⁴ and 31% of children and youth aged 5 to 17 years are overweight or obese.⁵ Children who are obese are at increased risk of remaining overweight or obese as adults.⁶
- Up to 80% of early heart disease and stroke can be prevented through adopting healthy behaviours including eating a healthy diet.
- Sugar is a carbohydrate that provides energy to the body. Other than providing energy, sugar has no other nutritional benefits.
- Sugar can occur naturally in milk, fruit, vegetables, starches, grains and most plant based foods. Sugars can also be added to foods and drinks for flavour, as a sweetener, as a preservative or to enhance the texture of products.
- Free sugars include all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juices.⁷
- It is estimated that Canadians consume as much as 13% of their total calorie intake from added sugars.^{8,9} This added sugar estimate does not take into account the broader range of sugars captured by free sugars (which also include 100% fruit juice, honey, etc.). Consumption of free sugars among Canadians would be higher than 13%.
- Ten per cent of total energy (calories) from free sugars in a 2,000-calorie-a-day diet is equivalent to about 48 grams (roughly 12 teaspoons) of sugar. Five per cent of total energy is equivalent to about 24 grams (roughly 6 teaspoons) of sugar.



- Excess sugar consumption is associated with adverse health effects including heart disease,¹⁰⁻¹² stroke,¹⁰ obesity,¹³⁻¹⁷ diabetes,¹⁸⁻²² high blood cholesterol,²³⁻²⁴ cancer²⁵ and dental caries (cavities).²⁶
- Individuals who consume greater than or equal to 10% but less than 25% of total energy (calories) from added sugar have a 30% higher risk of death from heart disease or stroke when compared to those who consume less than 10%. For those who consume 25% or more of calories from added sugar, the risk is nearly tripled.¹⁰
- While there are a variety of causes of obesity, researchers speculate that excess caloric intake may be the single largest driver.²⁷ Larger portion sizes contribute to over consumption of calories and excess body weight.¹⁴
- Sugar sweetened beverages (SSBs) are the single largest contributor of sugar in the diet.**¹⁰ A single 355 mL can of sugar-sweetened soda contains up to 40 grams (about 10 teaspoons) of sugar and no health benefits.²⁸
- The total volume of SSBs available to Canadians is 3.5 billion litres, the equivalent of 110 L per person per year or over 300 mL per day.²⁹ A standard sized soft drink can is 355 mL.
- As children get older, they consume more sugar from soft drinks. Boys' average daily consumption of regular soft drinks is 68 grams at ages 4 to 8 years and increases to 376 grams at ages 14 to 18 years. Among girls the increase is from 47 to 179 g.³⁰

https://drive.google.com/file/d/0B9nl_ydJDXkTlHscFNPR2RkcFk/edit

Plenty of evidence that sugar and sugary drinks are a menace to public health, especially Indigenous health

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

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

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

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

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



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

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

Research

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

Download PDF

Article Authors References Responses

Abstract

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

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

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

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

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

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 Survey: Biomedical Results, 2012–13 (cat. no. 4727.0.55.003)** available for free download on

[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%2020years%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%2020years%20earlier%20than%20non-Indigenous%20adults%20(Media%20Release)~130)

The University of Sydney's Charles Perkins Centre, the sugar industry and the sugary drinks industry use the *Australian Paradox* paper and sham Green Pool series to mislead the Australian Parliament on the extent to which sugar causes obesity (and so type 2 diabetes)



Does added sugar cause weight gain?

this form may be obesogenic [x] [xi] In Australia, however, added sugar intake and SSB intake have been declining over the same period as obesity has increased – the so-called Australian sugar paradox – suggesting sugar intake is not a primary driver of population obesity levels [xii].

...
This article was reviewed by Professor Jennie Brand Miller from the School of Molecular Biosciences and Charles Perkins Centre and Director, Sydney University Glycemic Index Research Service.

<http://www.srasanz.org/sras/news-media-faq/sras-articles/do-carbohydrates-cause-weight-gain/> ;
<http://www.srasanz.org/sras/sras-advisors/>



Acting Prime Minister Barnaby Joyce says Australia would be "bonkers" to introduce a sugar tax. Photo: Alex Ellinghausen

"I believe in the freedom of the individual ... We the government are not going to moralise about what you take out of the fridge."

Citing data he said had been provided to him by the sugar industry, Mr Joyce said sugar consumption had been declining in Australia.

<http://www.smh.com.au/federal-politics/political-news/were-not-food-fascists-ministers-rubbish-soft-drink-tax-proposal-20161122-gsvfi7.html>



Why a soft drinks tax is not the answer

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

Added sugar consumption declining...

Australia's consumption of added sugar is declining. A recent study identified that the prevalence of obesity has increased 3 fold in Australians since 1980 while per capita consumption of refined sugar (sucrose) decreased by 23% from 1980 to 2003¹. The research also found that when all sources of

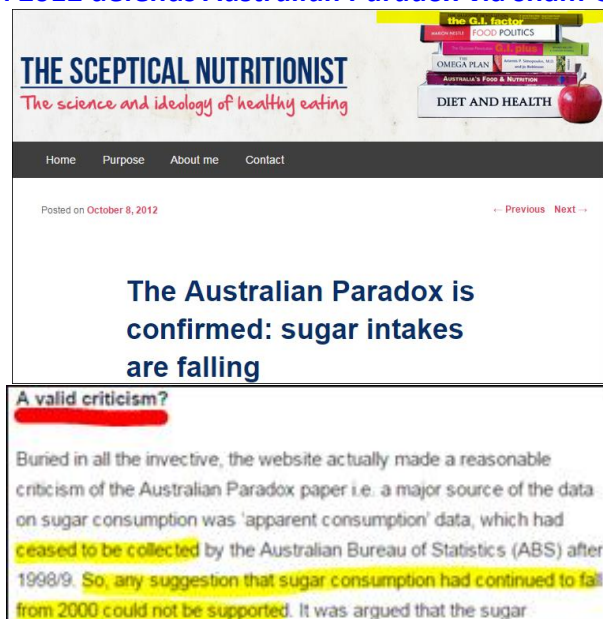
...

2007. The findings confirm an "Australian Paradox"—a substantial decline in refined sugars intake over the same timeframe that obesity has increased. The implication is that efforts to reduce sugar intake *may* reduce consumption but *may not* reduce the prevalence of obesity.

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

Sugar industry seeking to rescue *Australian Paradox* paper via “framing”, funding and publishing of sham Green Pool sugar series

Bill Shrapnel in 2012 defends *Australian Paradox* via sham Green Pool data



<http://scepticalnutritionist.com.au/?p=514> ; <http://www.srasanz.org/sras/sras-advisors/>

Earlier, ABS told Green Pool that dated ABS counting factors unreliable

The ABS can't comment on the sources and methods underlying the data the FAO publish. The ABS published data on apparent consumption of sugar up until the reference period 1998-9. After this time the ABS discontinued the estimation and publication of the data. Since then, the ABS have not been involved in the estimation or publication of data on apparent consumption of sugar.

In 2005, and then again in 2012, the ABS did respond to two separate requests and supplied a copy of the factors ABS used in the calculation of apparent consumption of sugar. These factors were supplied along with appropriate caveats including that the ABS no longer believed them to be appropriate. The ABS had no involvement with either recipient's use of these factors. Because the ABS have not reviewed the methodologies used by other organisations, the ABS can not comment on the methodologies used to estimate apparent consumption of sugar for non-ABS data or for time points after 1998-9.

p. 80 of 86 <https://ses.library.usyd.edu.au/bitstream/2123/15705/2/australian-paradox-report-redacted.pdf>

Despite ABS advice, Green Pool collated and published sham sugar series

According to Green Pool, "Virtually all factors have largely been left as per ABS calculation, since an update of all data would require a large scale study of both the composition of imports of food into Australia and representative food compositional data for imports and exports of all categories - which is no longer collected by ABS" (p. 14; my emphasis).

<http://www.australianparadox.com/pdf/New-nonsense-based-sugarreport.pdf>

Despite ABS advice, Green Pool pretends sham series reliable

Mr McNeill, Green Pool concludes: "We believe this Report fills a significant void that has appeared since the ABS ceased publishing the 'Apparent Consumption of Foodstuffs' data in 1998/99. Since this time, no robust, independent assessment of apparent food consumption, at a national level, has been available for policy makers, health professionals, industry and others – including for sugar consumption.

"By applying the same methodology and data sources, trusted by the ABS from 1938 to 1999, we hope this Report will provide the most up-to-date, reliable and trusted reference for domestic sugar consumption statistics moving forward."

The report was supported by the Australian Sugar Refiners and CANEGROWERS (the peak body for Australian sugarcane growers).

<http://www.sugaraustralia.com.au/Shared/Green%20Pool%20Report%20Media%20Release.pdf>

2015: Is it scientific fraud to pretend sham Green Pool data reliable?

Original Article

European Journal of Clinical Nutrition 69, 1233-1237 (November 2015) | doi:10.1038/ejcn.2015.105

Apparent consumption of refined sugar in Australia (1938–2011)

T J McNeill and W S Shrapnel

Background/Objectives:

In Australia, the Australian Bureau of Statistics discontinued collection of apparent consumption data for refined sugars in 1998/1999. The objectives of this study were to update this data series to determine whether it is a reliable data series that reflects consumption of refined sugars, defined as sucrose in the forms of refined or raw sugar or liquified sugars manufactured for human consumption.

Subjects/Methods:

The study used the same methodology as that used by the Australian Bureau of Statistics to derive a refined sugars

Conclusions:

The limited variability of the extended apparent consumption series and its consistency with recent national dietary survey data and sugar-sweetened beverage sales data indicate that it is a reliable data set that reflects declining intake of refined sugars in Australia.

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SEARCH PUBMED

- T J McNeill
- W S Shrapnel

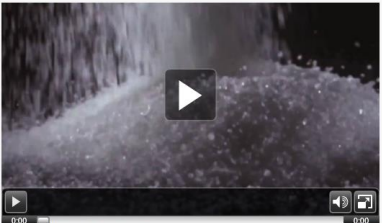
<http://www.nature.com/ejcn/journal/v69/n11/full/ejcn2015105a.html>

Several independent investigations have confirmed Rory Robertson's critique of the extraordinarily faulty *Australian Paradox* paper

LATELINE

HOME VODCAST ARCHIVES CONTACT US ABOUT

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*.

Transcript

EMMA ALBERICI, PRESENTER: First tonight to the case for and against sugar.

There's a consensus building among international scientists, including at the World Health Organisation, that added sugars in the diet are making us overweight and contributing to the rising levels of preventable, so-called "lifestyle" diseases.

Just last month the British government announced a tax on sugary drinks in an effort to combat the obesity crisis there.

But two leading scientists from Sydney University claim the situation here is different: that while obesity rates have been rising over the past three decades, sugar consumption has been falling. They call it 'The Australian Paradox'.

Their findings, they say, challenge the assumption that taxes and other measures to reduce soft drink intake would be an effective strategy to tackle obesity.

<http://www.abc.net.au/lateline/content/2015/s4442720.html>

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 her *Australian Paradox* findings remain as valid as ever.

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 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**.

Then Brand-Miller again 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 15-page Investigation Report. The University of Sydney's Academic Board should assess those two documents - the 36-page complaint and the A&CA's response - then force a retraction of the academic disgrace and menace to public health that is the infamous *Australian Paradox* paper.

Background Briefing Program Home Past Programs Features Sub

Is sugar innocent?

Download audio show transcript

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




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

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

UPDATE: Soft drink study ignores fast-growing Frozen Coke market By Wendy Carlisle
ABC News Online 17.02.14

Inadvertent errors' force nutritionists to correct controversial sugar paper by Wendy Carlisle
ABC News Online 13.02.14

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

Michael Pascoe: <http://www.smh.com.au/business/economist-v-nutritionists-big-sugar-and-lowgi-brigade-lose-20120306-1uj6u.html> ;

<http://www.smh.com.au/business/pesky-economist-wont-let-big-sugar-lie-20120725-22pru.html>

Mark Metherell: <http://www.smh.com.au/national/health/research-causes-stir-over-sugars-role-in-obesity-20120330-1w3e5.html>

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

After the ABC RadioNational's investigation in 2014 - that highlighted the issue of 2000-2003 fake FAO data - Professor Brand-Miller and Dr Barclay published a **sham formal correction** that pretended: **"These changes have no material impact on the conclusions of our paper"**: <http://www.australianparadox.com/pdf/CPCscientistsresponse.pdf>

Disturbingly, the refusal of the University of Sydney to properly correct or formally retract its paper - despite being repeatedly advised that it is dominated by serious problems including a series that was discontinued as unreliable and then faked - means it is **deliberately exaggerating its scientific evidence that sugar in modern doses is harmless**.

Time and time again, the authors have improperly responded to my correct critique by pretending their paper is basically flawless, allowing the public debate to be misled, as the sugar and sugary drinks industries use their false "findings" to campaign against any proposed sugar tax. **Clearly, this has become a matter of blatant scientific fraud.**

University of Sydney and Group of Eight supporting scientific fraud, and thus defrauding Australian taxpayers on a massive scale

In an epic failure of leadership in 2016, University of Sydney Vice-Chancellor and Chair of the Group of Eight, Dr Michael Spence, ditched the Go8's promise of "excellence" in research, as he embraced academic freedom and refused to correct blatantly false information tending to harm public health. Critically, formal retraction is the standard approach to fixing the problem of false "findings" on the scientific record. Over 600 faulty peer-reviewed papers are retracted each year (~2 per day). Supporting blatantly false "findings" published without proper quality control is unusual and unacceptable: <http://retractionwatch.com/2016/12/05/retractions-holding-steady-650-fy2016/>

"Dear Mr Robertson

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

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

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

Yours sincerely

Michael Spence

DR MICHAEL SPENCE | Vice-Chancellor and Principal UNIVERSITY OF SYDNEY": Chart 6 at <http://www.australianparadox.com/pdf/22Slideshowaustraliangoestoparadoxcanberrafinal.pdf>

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

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>

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>

Just as the University of Sydney scientists and management pretend there are no serious problems, so too does University of Newcastle's Professor Peter Howe, the Editor in Chief of pay-as-you-publish, no-need-for-quality-control e-journal *Nutrients*



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Nutrients 2012, 4(4), 258-258; doi:10.3390/nu4040258

Open Access

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; Email: 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.

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<http://www.mdpi.com/2072-6643/4/4/258/htm> ; <https://www.newcastle.edu.au/profile/peter-howe> ; peter.howe@newcastle.edu.au

What do you think? After five years, does the *Australian Paradox* scandal involve serious research misconduct?



BREACHES OF THE CODE AND RESEARCH MISCONDUCT

In addressing the process for responding to allegations, it is useful to distinguish between minor issues that can clearly be remedied within the institution and more serious matters where the involvement of people who are independent of the institution is desirable. The boundary between minor and serious issues is not sharp, and those determining a particular case will find it helpful to consider the penalties that might be applied by the employing institution if the allegations are true, the steps needed to ensure procedural fairness to all concerned, the extent to which there are consequences outside the institution, and the standing of the research community in the eyes of the general public.

Here, the term *breach* is used for less serious deviations from this Code that are appropriately remedied within the institution. The term *research misconduct* is used for more serious or deliberate deviations.

Research misconduct

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

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

Disturbing financial conflict of interest

Vice-Chancellor Michael Spence's University of Sydney and its *Australian Paradox* authors operate a (50% owned) *Glycemic Index* business that exists in part to get paid by industry to put "Low GI" healthy stamps on products that are up to 99.4% added sugar. The University community must have been proud when its Low-GI Milo (GI=36, 46% sugar) won Choice's coveted "Shonky" award in 2016

FOOD POLITICS

by Marion Nestle


MAR 7 2016 Sugar: in Australia, it's "Better for You"

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



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

NESTLÉ® MILO®



Nestlé® Milo®'s malted barley is one of the key ingredients that give MILO the unique great taste and crunch you love. It is naturally rich in carbohydrates (including starches and maltose), the preferred energy source for the brain, nervous system and working muscles.

Including calcium, MILO contains 6 essential vitamins and minerals. Together with milk it is a nutrient rich drink for active kids.

GI Value: 36

Serve size: 200ml (20g in reduced fat milk)

Carbohydrates (g) per serve: 24

GL Value: 9

Company: Nestlé Australia and New Zealand

Nutritional Information

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

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

<http://www.gisymbol.com/nestle-milo/> ; <https://www.choice.com.au/shonky-awards/hall-of-shame/shonkys-2016/nestle-milo>

<http://www.gisymbol.com/csr-logicane-sugar/> ; <http://www.foodpolitics.com/2016/03/sugar-in-australia-its-better-for-you/> ; <https://iquitsugar.com/sugar-in-australia-its-better-for-you/> ; <http://www.gisymbol.com/about/gif-foundation/board-members-2/> ; <http://www.australianparadox.com/pdf/diabetes.pdf>

Pretending added sugar has nothing to do with obesity and type 2 diabetes is helpful to University of Sydney’s business (with its “strict nutrition criteria” limit of 99.4% added sugar) that promotes sugary “Low GI” health products to diabetics, for up to \$6,000 a pop

SUSTAGEN® SPORT



If you're looking for a nutrition supplement, then Sustagen® Sport has just the right mix of energy, protein and vitamins & minerals to help you perform at your peak. Available in Chocolate and Vanilla

GI Value: 41
Serve size: 60g
Carbohydrates (g) per serve: 40
GL Value: 16
Company: Nestlé Health Science

Nutritional Information
Average serving size: 60g (Chocolate Flavour)

	Avg Quantity per serving	% Daily Intakes per Serving with 200ml	Average Quantity per 100g
Energy	940kj	11%	1570kJ
Protein	14.7g	29%	24.5g
Fat – Total	0.4g	0.6%	0.6g
– saturated	0.2g	0.8%	0.4g
Carbohydrate	39.7g	13%	66.2g
– sugars	34.4g	38%	57.3g
Dietary Fibre			
Sodium	150mg	7%	250mg

NESTLÉ MILO PROTEIN CLUSTERS CEREAL



Give your child sustained, Low GI energy to keep them going for longer* with the delicious combination of crunchy whole grain oat & wheat clusters. With goodness you can see, MILO protein clusters also contains protein & fibre and scores 4 out of 5 stars with the Government' Health Star rating system

GI Value: 47
Serve size: 3/4 cup (45g)
Carbohydrates (g) per serve: 28
GL Value: 13
Company: Cereal Partners Worldwide

Nutritional Information
Average serving size: 45g (3/4 metric cup)

	Avg Quantity per serving	% Daily Intakes per Serving	Average Quantity per 100g
Energy	770kj	9%	1720kJ
Protein	5.3g	11%	11.8g
Fat – Total	4.9g	7%	10.8g
– saturated	0.9g	4%	2.0g
Carbohydrate	27.8g	9%	61.8g
– sugars	11.8g	13%	26.3g
Dietary Fibre	3.7g	12%	8.2g
Sodium	25mg	1%	55mg

GI Symbol Program requirements



- Products must be tested by approved laboratory using the Australian Standard procedure.
- Products must contain ≥ 10g of Carbohydrate, or ≥ 80% carbohydrate AND be traditionally served in multiple units of small serve sizes
- Products must meet strict nutrition criteria:
 - Energy
 - Total Fat & Sat Fat
 - Sodium
 - Dietary Fibre &
 - Calcium

Discounts on GI testing

Sydney University GI Research Service (SUGiRS)

Testing since 1995

One of the worlds leading GI testing facilities



	Standard Rates*	Rates for GI Symbol Program Partners*
1 food	AUD\$6,000	AUD\$2,700
2 foods	AUD\$9,000	AUD\$5,400
3 foods	AUD\$12,000	AUD\$8,100

33-55% discount

*All prices inclusive of GST

[https://web.archive.org/web/20160227102508/http://foodhealthdialogue.gov.au/internet/foodandhealth/publishing.nsf/Content/D59B2C8391006638CA2578E600834BBD/\\$File/Resources%20and%20support%20for%20reformulation%20activities.pdf](https://web.archive.org/web/20160227102508/http://foodhealthdialogue.gov.au/internet/foodandhealth/publishing.nsf/Content/D59B2C8391006638CA2578E600834BBD/$File/Resources%20and%20support%20for%20reformulation%20activities.pdf)

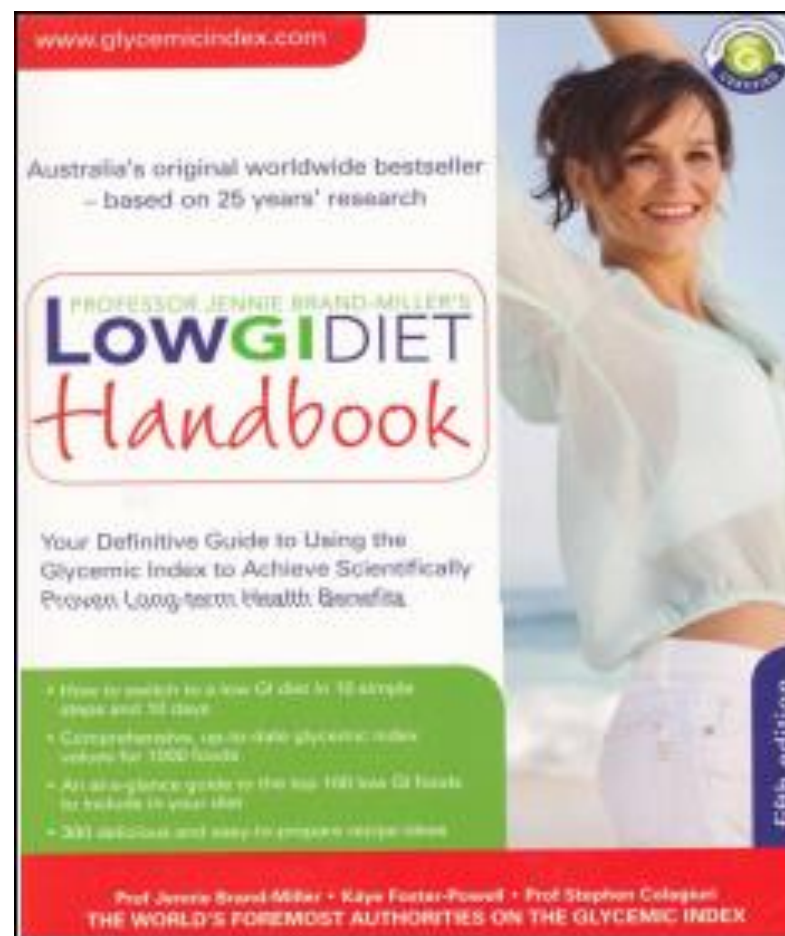
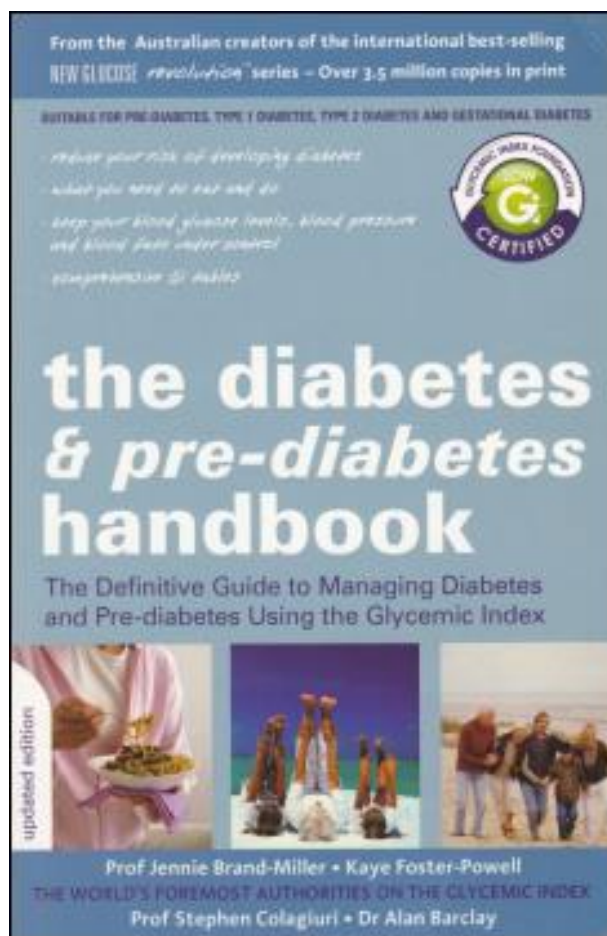
<http://www.gisymbol.com/milo-protein-clusters/> ; <http://www.gisymbol.com/sustagen-sport-2/>

Is it a problem that Low-GI Professor Stephen Colagiuri - the main author of Canberra's *National Diabetes Strategy: 2016-2020* - and his University of Sydney's *Australian Paradox* authors have falsely exonerated modern doses of added sugar as a cause of type 2 diabetes?

Common questions

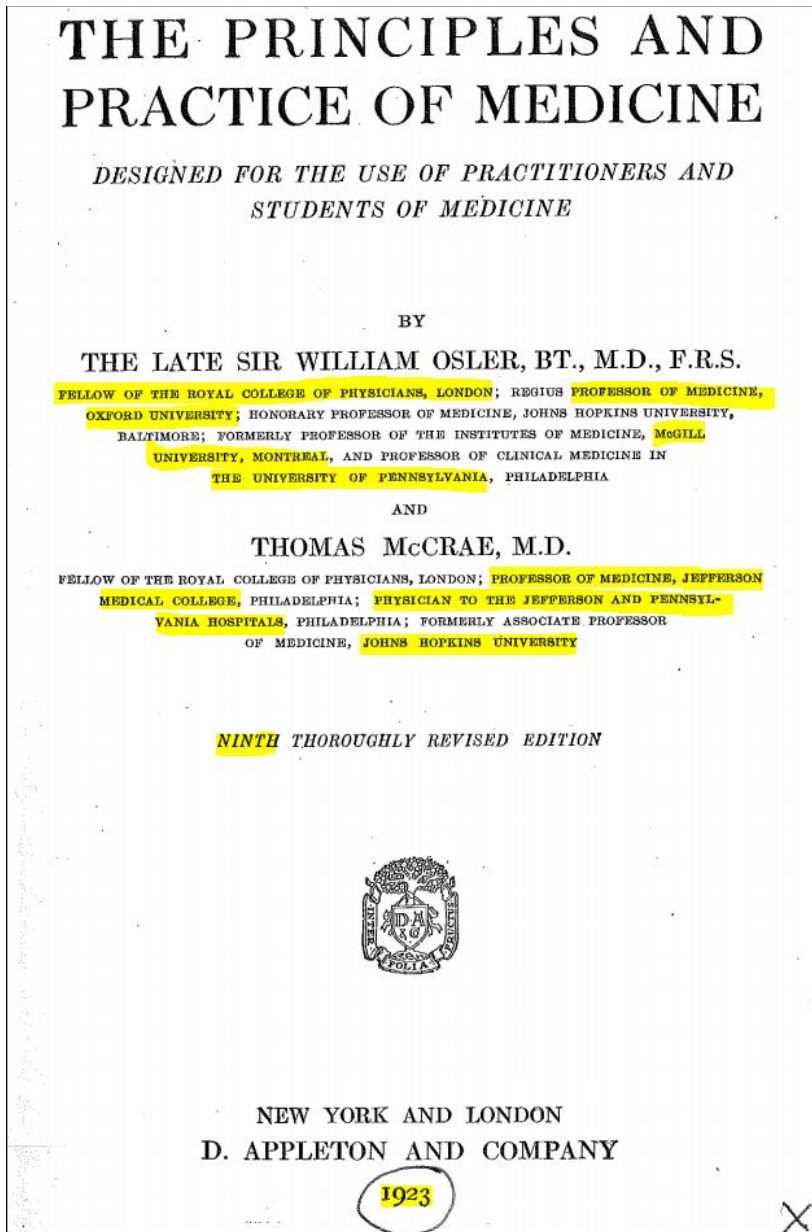
Does sugar cause diabetes?

No. There is absolute consensus that sugar in food does not cause diabetes.



See https://www.nhmrc.gov.au/files/nhmrc/file/research/research_translation_faculty/rtrf_cfa_diabetes_nhmrc_150320.pdf, which morphed into [http://www.health.gov.au/internet/main/publishing.nsf/content/3AF935DA210DA043CA257EFB000D0C03/\\$File/Australian%20National%20Diabetes%20Strategy%202016-2020.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/3AF935DA210DA043CA257EFB000D0C03/$File/Australian%20National%20Diabetes%20Strategy%202016-2020.pdf) ; <http://www.australianparadox.com/pdf/diabetes.pdf>

Here is the tragedy of modern nutrition “science” and advice: The Australian Paradox is just tip of a huge iceberg of incompetence and worse that has resulted in “scientists” and GPs knowing less about fixing type 2 diabetes today than they did 100 years ago



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

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

422 DISEASES OF METABOLISM

glycosuria. There is a tendency to subsequent disturbance of the fat metabolism with resulting acidosis (Ketosis).

History.—The disease was known to Celsus. Aretæus first used the term diabetes, calling it a wonderful affection “melting down the flesh and limbs into urine.” He suggested that the disease got its name from the Greek word signifying a syphon. Willis in the seventeenth century gave a good description and recognized the sweetness of the urine “as if there has been sugar and honey in it.” Dobson in 1776 demonstrated the presence of sugar, and Rollo in 1797 wrote an admirable account and recommended the use of a meat diet. The modern study of the disease dates from Claude Bernard’s demonstration of the glycogenic function of the liver in 1857.

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

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

DIABETES MELLITUS 423

ticularly in stout persons and heavy feeders—so-called lipogenic diabetes—a form very readily controlled.

Given the proven low-carb diet cure for type 2 diabetes below, is it a problem that careerists who drafted Canberra's *National Diabetes Strategy* (suppressing the diet cure) tend to be heavily involved with "Big Pharma" (which benefits from suppression)?

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	30 X	4	120
Protein	75	4	300
Fat	150	9	1,350
Alcohol	15	7	105
			1,795

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

FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATES

	5% +	10% +	15% +	20% +	
VEGETABLES	Lettuce Spinach Sauerkraut String Beans Celery Asparagus Cucumbers Brussels Sprouts Sorrel Endive Parsnips 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 Pecanias	Brasil Nuts Black Walnuts Hickory Pecans Filberts	Almonds Walnuts (Eng.) Beechnuts Pistachios Pine Nuts	Peanuts 40% Chestnuts	
Miscellaneous	Unsweetened and Unsipped Pickle Clams Scallops Fish Roe	Oysters Liver			

30 grams (1 oz.)	Protein	Fat	Carbohydrates GRAMS	Calories
Oatmeal	5	2	20	110
Meat (uncooked)	6	2	0	40
" (cooked)	8	3	0	60
Potato	1	0	6	25
Bacon	1	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	3	25	0	240
Egg (one)	6	5	0	75
Brasil Nut	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.
 " carbohydrate contains 4 calories.
 " fat contains 9 calories.
 " 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.)

CHART XIV.—DIABETIC FOOD TABLES. (JOSLIN.)

Appendix 2

Diabetes Mellitus Case for Action - Declarations of Interests

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

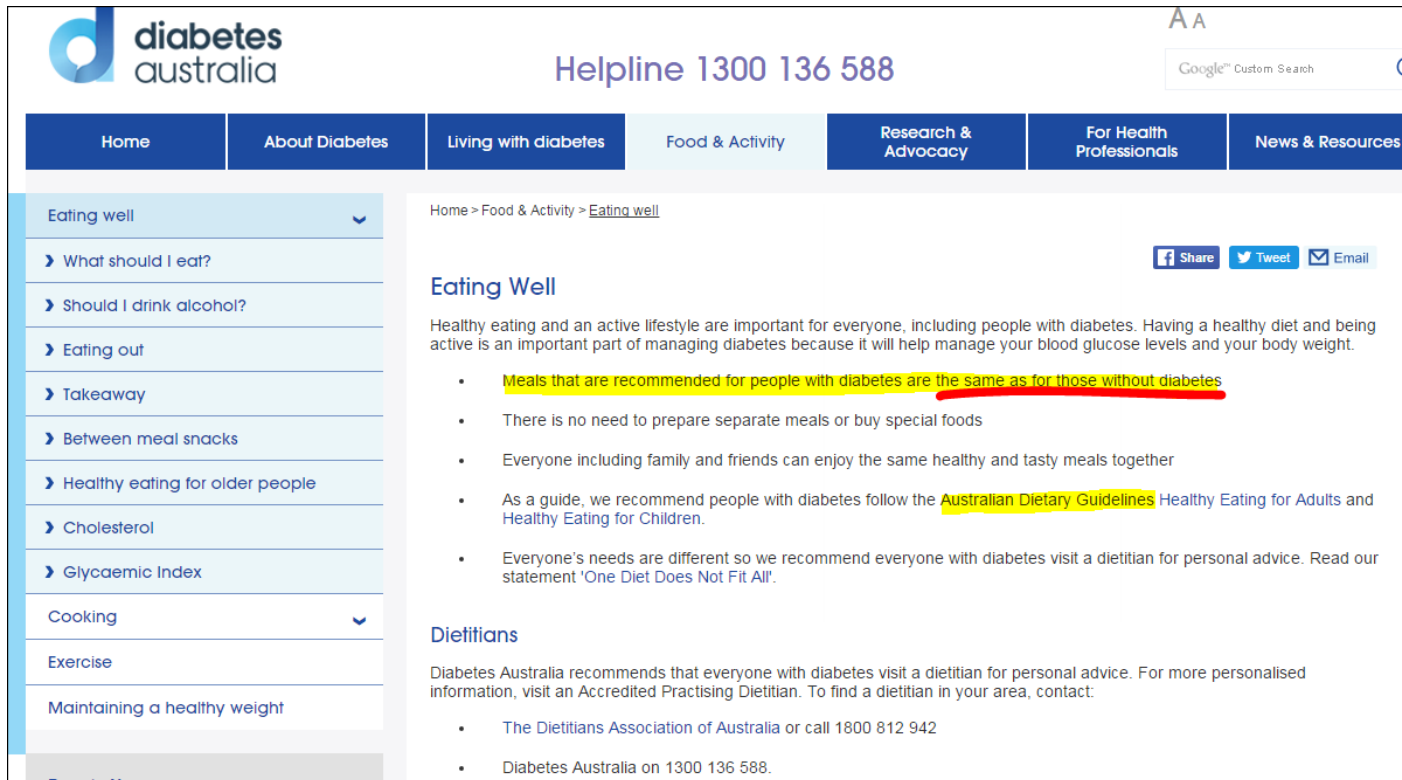
Name and Role(s)	Interest(s) declared
Prof Stephen Colagiuri <ul style="list-style-type: none"> Steering Group member Author 	Board membership <ul style="list-style-type: none"> Astra Zeneca/BMS National Advisory Board; MSD National Advisory Board; Novo Nordisk International and National Advisory Board; Sanofi National Advisory Board; Servier International Advisory Board; Takeda National Advisory Board. Consultancy fees/honorarium; support for travel/accommodation; meals/beverages <ul style="list-style-type: none"> Speaker engagements - honoraria, travel expenses, accommodation and meals received from: Astra Zeneca/BMS; MSD; Novo Nordisk; Sanofi; Servier; Takeda. Grants <ul style="list-style-type: none"> Chief Investigator, NHMRC Program Grant 2013-2017 Chief Investigator, NHMRC Project grant Chief Investigator, NHMRC EU FP7 Health project.
Prof Stephen Twigg <ul style="list-style-type: none"> Steering Group member Contributor 	Consultancy fees/honorarium <p>I am on/have been on the following Advisory Boards:</p> <ul style="list-style-type: none"> 2014-present Sanofi-Aventis International Advisory Board (Insulin glargine U300) 2014-present Abbott Scientific Advisory Board (flash glucose monitoring) 2014 Boehringer Ingelheim/Eli Lilly Alliance Advisory Board (Empagliflozin) 2014 Janssen-Cilag Advisory Board (Canagliflozin) 2013-Boehringer Ingelheim/Eli Lilly Alliance Advisory Board (Linagliptin) 2011-2013 AstraZeneca Advisory Board (Onglyza/Dapagliflozin) 2011-2012 Elixir Advisory Board (BMS and Astra Zeneca) 2010-2013 Novo Nordisk Advisory Board (Victoza) 2008-2013 Merck Sharpe & Dohme: Januvia (Sitagliptin) 2009-2013 Novartis: Galvus (Vildagliptin) 2010 SanofiAventis (Lixisenatide).
Prof Sophia Zoungas <ul style="list-style-type: none"> Steering Group member 	Board Membership <ul style="list-style-type: none"> AstraZeneca Pty Ltd; Boehringer Ingelheim Pty Ltd; Bristol-Myers Squibb Australia Pty Ltd; Merck Sharp & Dohme (Australia) Pty Ltd; Novo Nordisk Pharmaceuticals Pty Ltd; Sanofi-aventis Group; AbbVie. Consultancy fees/honorarium <ul style="list-style-type: none"> AstraZeneca Pty Ltd; Boehringer Ingelheim Pty Ltd; Bristol-Myers Squibb Australia Pty Ltd; GlaxoSmithKline Australia Pty Ltd; Merck Sharp & Dohme (Australia) Pty Ltd; Novartis Pharmaceuticals Australia Pty Ltd; Novo Nordisk Pharmaceuticals Pty Ltd; Sanofi-aventis Group; Servier Laboratories (Australia) Pty Ltd; MediMark Australia Education; Elixir Healthcare Education.
Prof Timothy Davis <ul style="list-style-type: none"> Steering Group member 	Consultancy fees/honorarium <ul style="list-style-type: none"> Speaker fees Abbott; Eli Lilly Speaker fees and advisory board membership <ul style="list-style-type: none"> Astra Zeneca; Boehringer Ingelheim; Bristol Meyer Squibb; GlaxoSmithKline; Merck Sharp and Dohme; Novartis; NovoNordisk; Sanofi Aventis Advisory board membership <ul style="list-style-type: none"> Janssen Grants <ul style="list-style-type: none"> Research funding: Eli Lilly; Merck Sharp and Dohme; NovoNordisk; Sanofi-aventis Holds NHMRC grants and intends applying for others during the period of steering group membership. Support for travel/accommodation; meals/beverages <ul style="list-style-type: none"> Provided as part of attendance at Advisory Board/Scientific meetings from: Abbott; Astra Zeneca; Boehringer Ingelheim; Bristol Meyer Squibb; GlaxoSmithKline; Janssen; Merck Sharp and Dohme; Novartis; NovoNordisk; Sanofi aventis
Prof Andrew Palmer <ul style="list-style-type: none"> Contributor 	Financial interests <ul style="list-style-type: none"> Received honoraria and consulting fees from Novo Nordisk, Sanofi Aventis, Johnson and Johnson, Janssen, Amvlin, Eli Lilly, Bristol Myer Squibb.

pp.27-34

[https://www.nhmrc.gov.au/files/nhmrc/file/research/research translation faculty/rtf_cfa diabetes nhmrc 150320.pdf](https://www.nhmrc.gov.au/files/nhmrc/file/research/research%20translation%20faculty/rtf_cfa_diabetes_nhmrc_150320.pdf)

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

It's a national scandal that Diabetes Australia and the Dietitians Association of Australia are harming Australians by recklessly ignoring what has been known for a century: Type 2 diabetes is caused mainly by excess consumption of added sugar and other carbohydrates



diabetes australia

Helpline 1300 136 588

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

Between meal snacks

Healthy eating for older people

Cholesterol

Glycaemic Index

Cooking

Exercise

Maintaining a healthy weight

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
- There is no need to prepare separate meals or buy special foods
- Everyone including family and friends can enjoy the same healthy and tasty meals together
- As a guide, we recommend people with diabetes follow the Australian Dietary Guidelines Healthy Eating for Adults and Healthy Eating for Children.
- Everyone's needs are different so we recommend everyone with diabetes visit a dietitian for personal advice. Read our statement 'One Diet Does Not Fit All'.

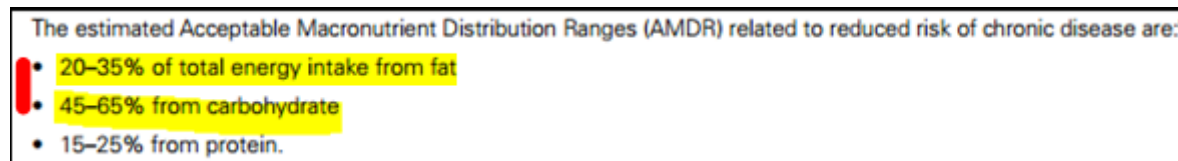
Dietitians

Diabetes Australia recommends that everyone with diabetes visit a dietitian for personal advice. For more personalised information, visit an Accredited Practising Dietitian. To find a dietitian in your area, contact:

- The Dietitians Association of Australia or call 1800 812 942
- Diabetes Australia on 1300 136 588.

<https://www.diabetesaustralia.com.au/eating-well> ;

So too, NHMRC's *Australian Dietary Guidelines* recklessly advise 45-65% carbohydrates, tending to harm the obese and diabetic



The estimated Acceptable Macronutrient Distribution Ranges (AMDR) related to reduced risk of chronic disease are:⁴

- 20–35% of total energy intake from fat
- 45–65% from carbohydrate
- 15–25% from protein.

p. 16 https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines.pdf ; [http://www.lipidjournal.com/article/S1933-2874\(16\)30067-8/pdf](http://www.lipidjournal.com/article/S1933-2874(16)30067-8/pdf) ;
<http://www.samj.org.za/index.php/samj/article/view/10136/7528>

Randomised-controlled trials: <http://www.australianparadox.com/pdf/obesitysummit.pdf>
See Dr Jason Fung, at minutes 14:00 & 37:00 <https://www.youtube.com/watch?v=FcLoaVNQ3rc>

Charlie Perkins' peoples dying young via type 2 diabetes on misguided mouse diet (~60% carbs) advised by Charles Perkins Centre

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NEWSPAPER OF THE YEAR

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HIGHER EDUCATION

Professor uses 1000 mice to expose food folly

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GREG SHERIDAN

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

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

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

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

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

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

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

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

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

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

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

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

<http://www.theaustralian.com.au/higher-education/mice-expose-food-folly/news-story/66ca62c2aba4f641b2ba3a318d63094a>

See comment by Rory at [http://www.cell.com/cell-metabolism/comments/S1550-4131\(14\)00065-5](http://www.cell.com/cell-metabolism/comments/S1550-4131(14)00065-5)

Box 2 – Estimated energy availability and macronutrient profile, overall and by community

	Community A	Community B	Community C	All communities	
Energy intake					
Macronutrient distribution as a proportion of dietary energy (% [SD])					Recommended range ^{1,2}
Protein	12.5% (0.3)	14.1% (0.8)	13.4% (0.6)	12.7% (0.3)	15%–25%
Fat	24.5% (0.6)	31.6% (1.5)	33.5% (1.1)	25.7% (0.6)	20%–35%
Saturated fat	9.4% (0.3)	11.6% (0.6)	12.1% (0.3)	9.7% (0.3)	< 10%
Carbohydrate	62.1% (0.8)	53.3% (1.8)	52.1% (1.1)	60.7% (0.8)	45%–65%
Sugars	34.3% (0.8)	28.9% (2.2)	25.7% (1.8)	33.4% (0.7)	< 10% [†]

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

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

Saihan Borghjia and Richard David Feinman

Nutrition & Metabolism 2012 9:69 | DOI: 10.1186/1743-7075-9-69 | © Borghjia and Feinman; licensee BioMed Central Ltd. 2012


Received: 23 April 2012 | Accepted: 20 July 2012 | Published: 28 July 2012

Abstract

High fat feeding in rodents generally leads to obesity and insulin resistance whereas in humans this is only seen if dietary carbohydrate is also high, the result of the anabolic effect of poor regulation of glucose and insulin. A previous study of C57Bl/6 mice (Kennedy AR, et al.: *Am J Physiol Endocrinol Metab* (2007) 262 E1724-1739) appeared to show the kind of beneficial effects of calorie restriction that is seen in humans but that diet was unusually low in protein (5%). In the current study, we tested a zero-carbohydrate diet that had a higher protein content (20%). Mice on the zero-carbohydrate diet, despite similar caloric intake, consistently gained more weight than animals consuming standard chow, attaining a dramatic difference by week 16 (46.1 ± 1.38 g vs. 30.4 ± 1.00 g for the chow group). Consistent with the obese phenotype, experimental mice had fatty livers and hearts as well as large fat deposits in the abdomino-pelvic cavity, and showed impaired glucose clearance after intraperitoneal injection. In sum, the response of mice to a carbohydrate-free diet was greater weight gain and metabolic disruptions in distinction to the response in humans where low carbohydrate diets cause greater weight loss than isocaloric controls. The results suggest that rodent models of obesity may be most valuable in the understanding of how metabolic mechanisms can work in ways different from the effect in humans.

<https://nutritionandmetabolism.biomedcentral.com/articles/10.1186/1743-7075-9-69>

Incompetence and worse in modern diet “science” spans much more than sugar, carbohydrates and diabetes: The false demonisation of saturated fats in meat and dairy products promoted the “need for” and widespread use of expensive but ineffective drugs (Statins)

 **The American Journal of CLINICAL NUTRITION**

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Meta-analysis of prospective cohort studies evaluating the association of saturated fat with cardiovascular disease^{1,2,3,4,5}

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

+ Author Affiliations
+ Author Notes

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.

Received March 6, 2009.
Accepted November 25, 2009.

<http://ajcn.nutrition.org/content/91/3/535>

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BMJ Open 2015;5:e007118 doi:10.1136/bmjopen-2014-007118

Cardiovascular medicine

The effect of statins on average survival in randomised trials, an analysis of end point postponement

Malene Lopez Kristensen¹, Palle Mark Christensen¹, Jesper Hallas^{1,2}

+ Author Affiliations

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Received 21 November 2014
Revised 29 April 2015
Accepted 7 May 2015
Published 24 September 2015

Abstract

Objective To estimate the average postponement of death in statin trials.

Setting A systematic literature review of all statin trials that presented all-cause survival curves for treated and untreated.

Intervention Statin treatment compared to placebo.

Primary outcome measures The average postponement of death as represented by the area between the survival curves.

Results 6 studies for primary prevention and 5 for secondary prevention with a follow-up between 2.0 and 6.1 years were identified. Death was postponed between –5 and 19 days in primary prevention trials and between –10 and 27 days in secondary prevention trials. The median postponement of death for primary and secondary prevention trials were 3.2 and 4.1 days, respectively.

Conclusions Statin treatment results in a surprisingly small average gain in overall survival within the trials' running time. For patients whose life expectancy is limited or who have adverse effects of treatment, withholding statin therapy should be considered.

<http://bmjopen.bmj.com/content/5/9/e007118.full>

This extraordinarily awkward RCT-based BMJ paper was not included as one of the 309 references in Sir Rory Collins et al's high-profile 2016 justification for Statins:
[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31357-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31357-5.pdf)

The New York Times | <http://nyti.ms/2cynH0S>

WELL | EAT

How the Sugar Industry Shifted Blame to Fat

By ANAHAD O'CONNOR SEPT. 12, 2016

The sugar industry paid scientists in the 1960s to play down the link between sugar and heart disease and promote **saturated fat** as the culprit instead, newly released historical documents show.

The internal sugar industry documents, recently discovered by a researcher at the University of California, San Francisco, and published Monday in **JAMA Internal Medicine**, suggest that five decades of research into the role of nutrition and heart disease, including many of today's dietary recommendations, may have been largely shaped by the sugar industry.

"They were able to derail the discussion about sugar for decades," said Stanton Glantz, a professor of medicine at U.C.S.F. and an author of the **JAMA Internal Medicine** paper.

The documents show that a trade group called the Sugar Research Foundation, known today as the Sugar Association, paid three Harvard scientists the equivalent of about \$50,000 in today's dollars to publish a 1967 review of research on sugar, fat and heart disease. The studies used in the review were handpicked by the sugar group, and the article, which was published in the prestigious **New England Journal of Medicine**, minimized the link between sugar and heart health and cast aspersions on the role of saturated fat.

The Harvard scientists and the sugar executives with whom they collaborated are no longer alive. One of the scientists who was paid by the sugar industry was **D. Mark Hegsted**, who went on to become the head of nutrition at the United States Department of Agriculture, where in 1977 he helped draft the forerunner to the federal government's dietary guidelines. Another was **Dr. Fredrick J. Stare**, the chairman of Harvard's nutrition department.

<http://www.nytimes.com/2016/09/13/well/eat/how-the-sugar-industry-shifted-blame-to-fat.html>

Dr Ancel Keys attacks Prof. Yudkin's sugar story in "Sucrose in the Diet and Coronary Heart Disease" (1971): http://www.australianparadox.com/pdf/keys_1971.pdf

The revelations are important because the debate about the relative harms of sugar and saturated fat continues today, Dr. Glantz said. For many decades, health officials encouraged Americans to **reduce their fat intake**, which led many people to consume low-fat, high-sugar foods that some experts now blame for fueling the obesity crisis.

"It was a very smart thing the sugar industry did, because review papers, especially if you get them published in a very prominent journal, tend to shape the overall scientific discussion," he said.

Dr. Hegsted used his research to influence the government's dietary recommendations, which emphasized saturated fat as a driver of heart disease while largely characterizing sugar as empty calories linked to **tooth decay**. Today, the **saturated fat warnings remain a cornerstone of the government's dietary**

The documents show that in 1964, John Hickson, a top sugar industry executive, discussed a plan with others in the industry to shift public opinion "through our research and information and legislative programs."

At the time, studies had begun pointing to a relationship between high-sugar diets and the country's high rates of heart disease. At the same time, other scientists, including the prominent Minnesota physiologist **Ancel Keys**, were investigating a competing theory that it was saturated fat and dietary **cholesterol** that posed the biggest risk for heart disease.

Mr. Hickson proposed countering the alarming findings on sugar with industry-funded research. "Then we can publish the data and refute our detractors," he wrote.

In 1965, Mr. Hickson enlisted the Harvard researchers to write a review that would debunk the anti-sugar studies. He paid them a total of \$6,500, the equivalent of \$49,000 today. **Mr. Hickson selected the papers for them to review and made it clear he wanted the result to favor sugar.**

Harvard's Dr. Hegsted reassured the sugar executives. "We are well aware of your particular interest," he wrote, "and will cover this as well as we can."

As they worked on their review, the Harvard researchers shared and discussed early drafts with Mr. Hickson, who responded that he was pleased with what they were writing. The Harvard scientists had dismissed the data on sugar as weak and given far more credence to the data implicating saturated fat.

"Let me assure you this is quite what we had in mind, and we look forward to its appearance in print," Mr. Hickson wrote.

Dietary Fat and Its Relation to Heart Attacks and Strokes

REPORT BY THE CENTRAL COMMITTEE FOR MEDICAL AND COMMUNITY
PROGRAM OF THE AMERICAN HEART ASSOCIATION*

Circulation, Volume XXIII, January 1961

Third, the blood cholesterol concentration may also be reduced by controlling the amount and type of fat in the diet without altering caloric intake. Not all fats in the diet have the same effect on the amount of cholesterol in the blood. In the usual diet eaten in the United States, a large part of the fat is of the saturated type (Appendix II). Too much of this type of fat tends to increase the cholesterol in the blood. Considerable amounts of saturated fat are present in whole milk, cream, butter, cheese and meat. Coconut oil and the fat in chocolate also have a high content of fats of the saturated type. Most shortenings and margarines have less than half as much saturated fat, and the common vegetable oils have still less. When the intake of saturated fats is reduced, blood cholesterol levels usually decrease.

In contrast to the above food fats, many natural vegetable oils, such as corn, cotton and soya, as well as the fat of fish, are relatively low in saturated fats and high in fats of the poly-unsaturated type (Appendix II). When these fats are substituted for a substantial part of the saturated fats without increasing calories, blood cholesterol decreases. Finally, some food fats, such as olive oil, are

and/or who lead sedentary lives of relentless frustration should consider modifying their diets. A diet moderate in calories and fat (about 25-35 per cent of total calories from fat) may be helpful for these coronary-prone persons. Substitution of poly-unsaturated for a substantial part of the saturated fat in the diet may also be a valuable addition to this program.

C) Those people who have had one or more atherosclerotic heart attacks or strokes may reduce the possibility of recurrences by such a change in diet.

It should be borne in mind that moderate amounts of fat, particularly those containing an appreciable quantity of the poly-unsaturated type, are necessary for good health. Fat is an economical, and in limited amounts, a wholesome food. Food faddism of any sort should be avoided and significant changes in diet should not be undertaken without medical advice.

In Conclusion

The reduction or control of fat consumption under medical supervision, with reasonable substitution of poly-unsaturated for saturated

Circulation, Volume XXIII, January 1961

DIETARY FAT, HEART ATTACKS AND STROKES

135

fats, is recommended as a possible means of preventing atherosclerosis and decreasing the risk of heart attacks and strokes. This recommendation is based on the best scientific information available at the present time.

More complete information must be obtained before final conclusions can be reached. Such information can be obtained only through intensified research into the causes and prevention of atherosclerosis—a program to which the American Heart Association is fully dedicated.

Ad Hoc Committee on Dietary Fat and Atherosclerosis:*

Irvine H. Page, M.D., *Chairman*,
Cleveland, Ohio
Edgar V. Allen, M.D.,
Rochester, Minnesota
Francis L. Chamberlain, M.D.,
San Francisco, California
Ansel Keys, Ph.D.,
Minneapolis, Minnesota
Jeremiah Stamler, M.D.,
Chicago, Illinois
Fredrick J. Stare, M.D.,
Boston, Massachusetts

*The Ad Hoc Committee on Dietary Fat and Atherosclerosis reported to the Central Committee for Medical and Community Program of the Association.

ROSEMARY STANTON EASY DIET COOKBOOK THE Low-fat way

What makes people fat?

For many years, nutritionists have taught that too much of almost any kind of food could be converted to body fat. Recent research has shown this to be wrong: in almost all cases, the only thing that adds to body fat is the fat we eat.

It seems the body does not like turning protein into fat, and will only convert carbohydrates into body fat if you eat huge amounts. Carbohydrates are generally used to power the body. Any excess is stored as glycogen in the muscles, and can also increase the energy used for metabolism. It's not until you eat more than 500 grams of carbohydrate at one sitting—the amount in more than 30 slices of bread—that the body converts it to fat.

This means we should stop avoiding bread and blame the spread instead.

Alcohol, so often blamed for excess fat, is not directly converted to body fat. It's obvious, since alcoholics who take in many calories from alcohol but eat little food are almost always thin. Alcohol, however, does contribute indirectly to body fat by making it more difficult for the body to burn up the fats in food. Alcohol plus fat is therefore a bad combination for those who gain weight easily.

Sugar (a rapidly absorbed carbohydrate) when combined with fat may have a similar effect in preventing the body burning fat to provide energy. But in all cases, it's fatty foods that are the root cause of excess weight.

DIETARY GUIDELINES: THEORY AND PRACTICE

A. STEWART TRUSWELL

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).

The term dietary goals is usually used for national objectives (Truswell 1987), macro-nutrition. They do not advise individuals on food choices. This was done in 1981 by 'Dietary Guidelines for Australians', written mainly by Ruth English, a simple anonymous version, comprehensible by the interested lay person (Australian Commonwealth Department of Health

background papers. The decision was made to try and express the quantity recommended in ordinary language, eg 'Eat a diet low in fat', as the heading for most people, but for professionals and those with a special interest, numbers in technical language were to be found in the full text, eg 'total fat 30% of energy'. The process was completed with only three meetings (one of these by phone), with a lot of drafting and correspondence before, between and after. The only guideline

<http://apicn.nhri.org.tw/server/apicn/ProcNutSoc/1990-1999/1995/1995%20p1-10.pdf>

EAT FOR HEALTH

Australian Dietary Guidelines

Providing the scientific evidence for healthier Australian diets



Even now, #1 dietary evil is saturated fat (2013 edition)

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3.1.4 Practical considerations: limit intake of foods high in saturated fat	71




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.

https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines.pdf

Interpretation of blood fats

- **30 years ago**
 - High cholesterol, Triglycerides unimportant 
- **20 years ago**
 - Bad cholesterol (LDLC), Good cholesterol (HDL) 
- **10 years ago**
 - Modified LDL atherogenic
 - Oxidised, Glycated, Apo(a)/Lp(a), Small Dense LDL
- **Today**
 - Triglycerides are important! 
 - Move away from LDL: Non HDL = LDL + VLDL

A/Prof Ken Sikaris 30th August 2014

A/Prof. Ken Sikaris - 'Blood Tests to assess your Cardiovascular Risk'

<https://www.youtube.com/watch?v=9BFRI-nH1v8>

Entity representing 100,000 US dietitians concedes huge errors; meanwhile, Dietitians Association of Australia pretends all is fine



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Academy Submits 2015 DGA Recommendations

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The Academy submitted comments supporting the scientific process used by the Dietary Guidelines Advisory Committee in drafting its recommendations for the 2015 *Dietary Guidelines for Americans*. The Academy's recommendations to the Departments of Agriculture and Health and Human Services include: 1) Supporting the DGAC in its decision to drop dietary cholesterol from the nutrients of concern list and recommending it similarly drop saturated fat from nutrients of concern, given lack of evidence connecting it with cardiovascular disease; 2) Expressing concern over blanket sodium restriction recommendations in light of recent evidence of potential harm to the larger population; 3) Supporting an increased focus on reduction of added sugars as a key public health concern; and 4) Asserting that enhanced nutrition education is critical to any effective implementation. The final 2015 *Dietary Guidelines for Americans* are expected to be released at the end of this year.

[Click here to view full comments.](#)

B. Saturated Fat

In the spirit of the 2015 DGAC's commendable revision of previous DGAC recommendations to limit dietary cholesterol, the Academy suggests that HHS and USDA support a similar revision deemphasizing saturated fat as a nutrient of concern. While the body of research linking saturated fat intake to the modulation of LDL and other circulating lipoprotein concentrations is significant, this evidence is essentially irrelevant to the question of the relationship between diet and risk for cardiovascular disease. The 2010 Institute of Medicine (IOM) report on the use of biomarkers as

We commend the DGAC on a thorough and accurate review of the current best evidence with regard to the body of evidence relating dietary fats to cardiovascular disease outcomes. However, we are concerned that the evidence does not lead to the conclusion that saturated fats should be replaced with polyunsaturated fats for the greatest health benefit.

Equation 3 demonstrates that carbohydrate intake conveys a greater amount of cardiovascular disease risk than does saturated fat. Combined with the evidence from multiple studies that have estimated the impact of saturated fat to be near zero,⁴⁶ it is likely that the impact of carbohydrate on cardiovascular disease risk is positive. Furthermore, the impact of polyunsaturated fat can be

<http://www.eatrightpro.org/resource/news-center/on-the-pulse-of-public-policy/from-the-hill/academy-submits-2015-dga-recommendations>

The US Academy of Nutrition and Dietetics is "the world's largest organisation of food and nutrition professionals, representing more than 100,000 registered dietitian nutritionists and nutrition and dietetics technicians".



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The Questionable Link Between Saturated Fat and Heart Disease

Are butter, cheese and steak really bad for you? The dubious science behind the anti-fat crusade

By
NINA TEICHOLZ

Updated May 6, 2014 10:25 a.m. ET

"Saturated fat does not cause heart disease"—or so concluded a big study published in March in the journal *Annals of Internal Medicine*. How could this be? The very cornerstone of dietary advice for generations has been that the saturated fats in butter, cheese and red meat should be avoided because they clog our arteries. For many diet-conscious Americans, it is simply second nature to opt for chicken over sirloin, canola oil over butter.

The new study's conclusion shouldn't surprise anyone familiar with modern nutritional science, however. The fact is, there has never been solid evidence for the idea that these fats cause disease. We only believe this to be the case because nutrition policy has been derailed over the past half-century by a mixture of personal ambition, bad science, politics and bias.

Our distrust of saturated fat can be traced back to the 1950s, to a man named Ancel Benjamin Keys, a scientist at the University of Minnesota. Dr. Keys was formidably persuasive and, through sheer force of will, rose to the top of the nutrition world—even gracing the cover of *Time* magazine—for relentlessly championing the idea that saturated fats raise cholesterol and, as a result, cause heart attacks.

This idea fell on receptive ears because, at the time, Americans faced a fast-growing epidemic. Heart disease, a rarity only three decades earlier, had quickly become the nation's No. 1 killer. Even President Dwight D. Eisenhower suffered a heart attack in 1955. Researchers were desperate for answers.

As the director of the largest nutrition study to date, Dr. Keys was in an excellent position to promote his idea. The "Seven Countries" study that he conducted on nearly 13,000 men in the U.S., Japan and Europe ostensibly demonstrated that heart disease wasn't the inevitable result of aging but could be linked to poor nutrition.

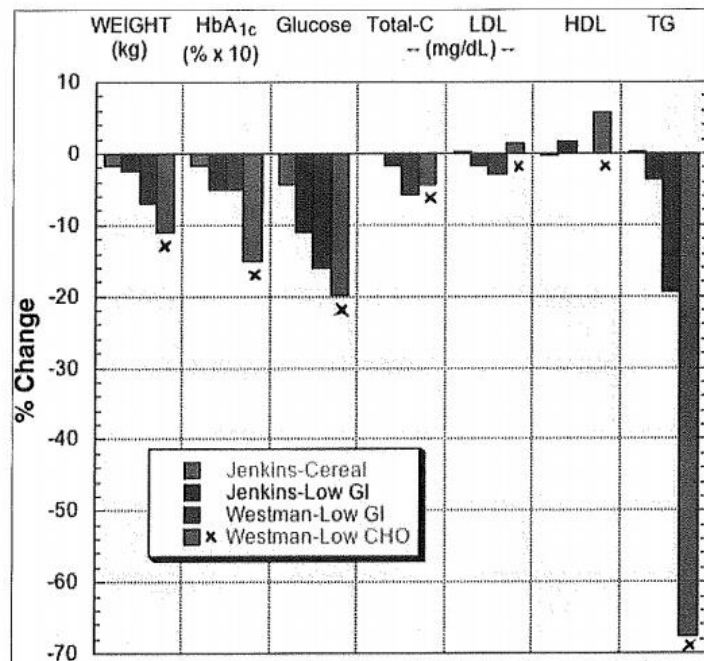
Critics have pointed out that Dr. Keys violated several basic scientific norms in his study. For one, he didn't choose countries randomly...
<http://www.wsj.com/articles/SB10001424052702303678404579533760760481486>

OBESITY AUSTRALIA ANNUAL SUMMIT

The Charles Perkins Centre – 19-20 November 2014

The Charles Perkins Centre's main objective is "easing the burden of obesity, diabetes, cardiovascular disease and related conditions"

Attached are randomized-controlled trials and other evidence supporting the case for carbohydrate-restriction as the primary intervention to reverse obesity, fix type 2 diabetes and minimise cardiovascular disease



Feinman RD, et al., Dietary carbohydrate restriction as the first approach in diabetes management: Critical review and evidence base, *Nutrition* (2014), <http://dx.doi.org/10.1016/j.nut.2014.06.011>

Comments, criticisms, questions, compliments, whatever are welcome
Rory Robertson strathburnstation@gmail.com 0414703471

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>

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

The New York Times

A Call for a Low-Carb Diet That Embraces Fat

By ANAHAD O'CONNOR SEPT. 1, 2014



People who avoid [carbohydrates](#) and eat more fat, even [saturated fat](#), [lose more body fat and have fewer cardiovascular risks](#) than people who follow the low-fat diet that health authorities have favored for decades, a major new study shows.

The findings are unlikely to be the final salvo in what has been a long and often contentious debate about what foods are best to eat for weight loss and overall health. The notion that dietary fat is harmful, particularly saturated fat, arose decades ago from comparisons of disease rates among large national populations.

But more recent clinical studies in which individuals and their diets were assessed over time have produced a more complex picture. Some have provided strong evidence that people can sharply reduce their heart disease risk by eating fewer carbohydrates and more dietary fat, with the exception of trans fats. The new findings suggest that this strategy more effectively reduces body fat and also lowers overall weight.

The new study was financed by the [National Institutes of Health](#) and published in the *Annals of Internal Medicine*. It included a racially diverse group of 150 men and women — a rarity in clinical nutrition studies — who were assigned to follow diets for one year that limited either the amount of carbs or fat that they could eat, but not overall calories.

"To my knowledge, this is one of the first long-term trials that's given these diets without calorie restrictions," said Dariush Mozaffarian, the dean of the Friedman School of Nutrition Science and Policy at Tufts University, who was not involved in the new study. "It shows that in a free-living setting, cutting your carbs helps you lose weight without focusing on calories. And that's really important because someone can change what they eat more easily than trying to cut down on their calories."

<https://www.nytimes.com/2014/09/02/health/low-carb-vs-low-fat-diet.html>

ABC TV's *Catalyst* and Dr Maryanne Demasi produced four excellent shows that helped to inform Australians about the lack of competence and integrity at the heart of some of the critical dietary and medical advice provided by our GPs and dietitians



<https://www.youtube.com/watch?v=UU3GvRsFHqY>



<https://www.youtube.com/watch?v=8GUIBNKnT1M>



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



<https://www.youtube.com/watch?v=AY4eTGMe-EY&t=1307s>

Australian cricket-team doctor Peter Brukner is a leader in the LCHF community that is trying to improve public health



Peter Brukner is an Australian sports and exercise medicine physician and author of the leading sports medicine text book *Clinical Sports Medicine*. He is currently the Australian cricket team doctor after previous stints with Liverpool FC, the Socceroos, Australian national swimming, field hockey, athletics, Olympic and Commonwealth Games teams.

So you want to know about Low Carb High Fat (LCHF) ...

Well let's start with a bit of history.

Up until about 30 years ago most Western societies ate a diet containing plenty of saturated fat in the form of butter, milk, cream and fatty meats. Then on the basis of some flimsy research, the U.S initially, followed by other countries, decided to adopt a low fat diet. It seemed to make sense and was an easy concept to sell – fatty foods lead to fat people with fatty arteries leading to cardiovascular disease.

The only problem is that it hasn't worked! In the last thirty years coinciding with the switch to a low fat diet, the incidence of obesity and Type 2 diabetes has steadily increased.

The reason for this is that the cause of obesity and diabetes is probably excess carbohydrates rather than excess fat. The low fat mantra and its associated food pyramid has resulted in increased carbohydrate intake in the form of grains, cereals, bread, pasta, rice etc. In addition, in many "low fat" foods when the fat was removed, the manufacturers replace it with carbs such as high fructose corn syrup to improve the taste.

To understand all this we need to look at what happens when we eat carbs. When eaten, carbs are broken down to their simplest form – glucose - in the gut and absorbed into the bloodstream. To keep the blood glucose levels down, the hormone insulin is secreted from the pancreas. Insulin, which is the hormone that is absent in Type 1 diabetes, causes the glucose to be taken up by tissues such as liver

EATING LCHF **EAT NATURAL FOODS & AVOID PROCESSED FOODS**

EAT ALL YOU LIKE ...

- Eggs
- Meat – beef, lamb, pork, chicken (preferably pasture fed not grain fed)
- Bacon
- Fish esp cold water fish (salmon, sardines)
- Vegetables that grow above ground – incl all cabbage (cauliflower, broccoli, cabbage and Brussels sprouts). asparagus, zucchini, eggplant, olives, spinach, mushrooms, cucumber, lettuce, avocado, onions, peppers, tomatoes
- Berries – strawberries, raspberries, blackberries, blueberries
- Dairy – full fat milk, cream, butter, cheese, Greek yoghurt
- Drinks – water, coffee, green tea, beef broth
- Nuts – almonds, walnuts, Brazil nuts, hazelnuts, macadamia

Cook with

- Olive oil
- Coconut oil
- Butter

AVOID ...

- Sugar - soft drinks, candy, juice, sports drinks, chocolate, cakes, buns, pastries, ice cream
- Breakfast cereals
- Bread and related products (biscuits, crumpets, muffins, cakes)
- Rice
- Potatoes and other starchy vegetables
- Pasta
- Margarine
- Beans and legumes
- Most fruit (exc berries)
- Fruit juices
- Flavoured yoghurts
- Beer

Don't cook with

- Vegetable oil
- Seed oils (canola, sunflower, safflower, cottonseed, grapeseed oil etc)

Have occasionally

- Alcohol – red or white wine, spirits
- Chocolate – >70% cocoa

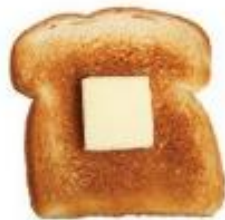
<http://www.peterbrukner.com/wp-content/uploads/2014/08/All-you-need-to-know-about-LCHF1.pdf>

"A very important book."

—DR. ANDREW WEIL, *NEW YORK TIMES* BESTSELLING AUTHOR

"Gary Taubes is a brave and bold science journalist who does not accept conventional wisdom." —*NEW YORK TIMES*

GOOD CALORIES,



BAD CALORIES

FATS, CARBS, AND THE CONTROVERSIAL
SCIENCE OF DIET AND HEALTH

GARY TAUBES



SWEET POISON

WHY SUGAR
MAKES US FAT

DAVID GILLESPIE

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"A page-turner . . . A gripping read for anyone who has
ever tried to eat healthily." —*The Economist*



THE BIG FAT SURPRISE

Why Butter, Meat & Cheese
Belong in a Healthy Diet

NINA TEICHOLZ

GARY TAUBES



The Case Against Sugar

From the best-selling author of

Why We Get Fat

Finally, readers, a request: please email me on strathburnstation@gmail.com if you consider anything in this document to be factually incorrect or otherwise unreasonable. I will correct any errors, if any, as soon as possible.

--

rory robertson

economist and former-fattie

<https://twitter.com/OzParadoxdotcom>

ABC TV Lateline re *Australian Paradox* scandal: <http://www.abc.net.au/lateline/content/2015/s4442720.htm>

Letters to USyd requesting formal retraction of Charles Perkins Centre's *Australian Paradox* paper: <http://www.australianparadox.com/pdf/18May2016-Letter-USydAcademicBoard.pdf> ; <http://www.australianparadox.com/pdf/Harmful-misconduct-Charles-Perkins-Centre.pdf>

RR to-and-fro with USyd VC and Chair Go8 Dr Michael Spence, with RR highlighting what appears to be blatant scientific fraud by USyd, and USyd & Go8 management defrauding taxpayers on a massive scale: <http://www.australianparadox.com/pdf/Go8Chair-academicfreedom.pdf>

Tragically, USyd Charles Perkins Centre researchers are falsely exonerating as harmless the substance that's promoting early death for many in mobs Charlie fought hard to protect:

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

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

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

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

pp.12-16 <http://www.australianparadox.com/pdf/obesitysummit.pdf>

Want to stop trends in your family and friends towards obesity, type 2 diabetes, heart disease and various cancers? Stop eating and drinking sugar: <http://www.youtube.com/watch?v=xDaYa0AB8TQ&feature=youtu.be> ; <http://www.peterbrukner.com/wp-content/uploads/2014/08/All-you-need-to-know-about-LCHF1.pdf>

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

A life in our times: Vale Alexander “Sandy” Robertson (1933-2015): <http://www.australianparadox.com/pdf/AlecRobertson-born2oct33.pdf>

Comments, criticisms, questions, compliments, whatever welcome at strathburnstation@gmail.com

www.strathburn.com

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