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## *Submission* to Academic Board and General Council to assist University's NHMRC-prompted research-misconduct Inquiry

Dear members of University of Sydney Academic Board, General Counsel Richard Fisher and outside observers including journalists,

On 10 May, I received a letter from Dr Rebecca Halligan (from the University's Research Integrity & Ethics Administration) advising me that the National Health and Medical Research Council (NHMRC) has forced the University to conduct a research-fraud inquiry into my claim that the authors and University management have blatantly misrepresented the ***actual* longevity results** from the University's high-profile mouse study, after taxpayers funded the 30-diet study (NHMRC project grant 571328). The letter is reproduced on page 11.

Table S2 below shows the *actual* longevity results from 25 of the 30 mouse diets. Table S2 is hidden in "Supplemental information". Also hidden are five **"killer diets"** - three with the authors' prized Protein-Carb ratio of **~0.1** - discontinued after mice "failed to thrive" or died**.** Here's my initial ***Expression of Concern*** to the journal *Cell Nutrients*: https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf

Critically, the results from the 30-diet experiment show that **median lifespan** was greatest (~139 weeks) on a diet *high* in protein (42%) and *low* (29%) in carbohydrate. Unusually, the paper's 18 authors (led by Charles Perkins Centre careerists) chose not to present the results but to "model" them, deciding: **"Median lifespan was greatest" on diets "low in protein and high in carbohydrate" (LPHC).**

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

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

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

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

That 139-week median-mouse lifespan is a massive 10% greater than the next best, a full decade in human years! Why is that profound outperformance not mentioned in the text? After being tackled on that omission, senior author Professor Stephen Simpson argued it's "invalid" to identify outperforming diets just by looking at the *actual* results (p. 23). So those results remain carefully hidden from readers.

This is nonsense. My claim is that the authors and University management are recklessly misinforming both the scientific community and the general public, and promoting harm to public health. Consider the advertisement from the *Weekend Australian* on page 14. Ironically, the University of Sydney is promoting false LPHC mouse-lifespan claims in the national media as an example of research excellence!

Notably, senior author Professor Simpson - Academic Director of the Charles Perkins Centre - responded to my formal *Expression of Concern* by pretending to his journal Editor-in-Chief and her ~60-scientist Editorial Board that there is absolutely no problem. Instead of conceding that the *actual* results must be properly presented to readers, Simpson boldly insisted I'm "confused" about simple matters like "median and maximum lifespans and the nature of survivorship curves" (pp. 7-8 https://www.australianparadox.com/pdf/Letters-USyd-Cell-Metabolism.pdf ). He may be unaware that I studied maths, statistics and econometrics at Masters level at a Group of Eight university before academic standards collapsed. To suppress proper public scrutiny of his results, Simpson dishonestly told journalist Adam Creighton - Economics Editor at *The Australian* - that "**Rory's concerns are in every respect unfounded**" (p. 21, below).

Insisting that there is **absolutely no problem**, Professor Simpson should be relaxed about any amount of public scrutiny. Accordingly, while his University management is keen to keep the current research-misconduct investigation "Confidential", my policy is transparency. Sunshine is the best disinfectant, so I've reproduced relevant correspondence in my Appendix (p. 11). My experience is that secrecy and dishonesty allowed Professor Simpson and his Charles Perkins Centre colleagues to expand their *Australian Paradox* sugar-and-obesity fraud. The problems are documented in Section 3 but maybe start at http://www.australianparadox.com/pdf/LettersCPCProfSimpson.pdf and then pp. 64-80 in http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

To be clear, my aim is the formal retraction of the LPHC mouse **median-lifespan misrepresentation** (2014) and the defective *Australian Paradox* paper (2011). These faulty papers are central to my concerns about the collapse of academic standards at Group of Eight universities, involving the wastage of many billions of dollars of taxpayer funding ("wasted" because Go8 research "findings" no longer can be trusted) and the ongoing harm to public health (via the steep increase in cases of type 2 diabetes, especially in Indigenous communities) promoted by false and misleading claims by influential diet-and-health careerists. On that, Professor Simpson's LPHC median-lifespan misrepresentation - on top of his key role in protecting and expanding Charles Perkins' infamous *Australian Paradox* fraud (see Section 3) – may be troubling for many Australians who fly on our national carrier, given **Simpson's deep involvement with Qantas** in that airline's management of customers' nutrition, health, sleep and jetlag on long-haul flights (p. 15).

## Section 2: Confronting high-profile diet misinformation and influential dishonesty that together work to harm public health

As many readers know, this is not my first rodeo. This is the second research-misconduct investigation I have prompted into false diet-and-health claims by highly influential Charles Perkins Centre careerists. Many also know that the 2014 research-misconduct inquiry into the *Australian Paradox* sugar-and-obesity fraud ended in a "whitewash" after Deputy Vice-Chancellor (Research) Jill Trewhella and her hand-picked "independent" investigator Professor Robert Clark AO "disappeared" critical evidence about Professor Jennie Brand-Miller's fake sugar data. Later, Brand-Miller and Simpson dishonestly thwarted Clark's key recommendation that a new paper be written that "specifically addresses and clarifies the key factual issues". Importantly, the facts years later remain the facts (pp. 24-41, below).

So, after Dr Halligan wrote to me on 10 May, I immediately wrote to Vice-Chancellor Michael Spence, Deputy Vice-Chancellor (Research) Duncan Ivison and General Counsel Richard Fisher, seeking to advise on how the University's new research-misconduct inquiry might be viewed from the outset as credible and trustworthy. **My letter is reproduced on page 12**. Given the University's 2014 *Australian Paradox* whitewash - http://www.australianparadox.com/pdf/Letter-Academic-Board-Inquiry-Report.pdf - this time around I requested three things:

(i) the University appoint a panel of three eminent (or just competent and honest) investigators from outside the University;
(ii) the University ensure that I am interviewed in person by the panel on the detail of my claims and my evidence; and
(iii) that Michael, Duncan and Richard meet with me in order for me to provide the University's senior leaders with a clear understanding of the incompetence, research fraud and financial conflicts of interest that I've documented at the highest levels of Group of Eight "science" in the Charles Perkins Centre, unethical things happening under their noses.

**Alas, my letter went unanswered and unacknowledged**. The proposed meeting did not happen. That unreasonable lack of response from the University of Sydney's leaders reinforced my longstanding sense that they have no desire or appetite to properly address and fix such matters. Indeed, my experience leads me to suspect the University will sneakily seek to sweep its high-profile mouse median-lifespan deception under the carpet, by simply pretending there is no problem. After all, that dishonest strategy has been largely successful in limiting reputational damage to the University from Charles Perkins' ongoing *Australian Paradox* sugar-and-obesity fraud.

Not to worry. There is more than one way to skin a cat. In December, I wrote to Rod Sims, the Chair of the **Australian Competition and Consumer Commission**, with concerns far broader than the University recklessly promoting false mouse-lifespan claims to the general public without even mentioning to hapless consumers that its diet research involved **mice not humans** (pp.13-14). My concerns include:

- Incompetence, research fraud and troubling financial conflicts of interest at the highest levels of Group of Eight research;
- Influential Group of Eight researchers – some quietly funded by industry - recklessly promoting faulty diet-and-health information and advice, causing harm to public health in the process. The harmful misinformation features the false exoneration of sugar and other carbohydrate in driving obesity, type 2 diabetes, CVD and early death. **Tragically, the effective diet cure for type 2 diabetes - known at the highest levels of medical science in 1923 - is being suppressed** (pp. 36-56). The irony is that Charles Perkins Centre falsehoods are promoting **early death** across Indigenous Australia, as society seeks to "Close the Gap".
- Fast-growing Group of Eight universities defrauding students and taxpayers on a massive scale, using a classic bait-and-switch: advertising false claims of unique devotion to "excellence" then delivering only sham quality control when it matters (pp.5-8, 57).

These problems are harming public health, and slowly but surely **eroding public confidence in Australian science**. If the "findings" of eminent Group of Eight scientists on simple matters of fact – like which mouse diet in Table S2 has the greatest median lifespan – then **why should the general public trust** the work and opinions of eminent Group of Eight scientists on harder topics, like climate change?

Early last month, I assisted ACCC officials in their initial investigation into the facts I presented in my *Submission to ACCC's Scamwatch*: https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf Today, I am providing this new *Submission* to members of the Academic Board and the General Council – focused on research-misconduct in the Charles Perkins Centre and harm to public health - to encourage leaders at Sydney University and the Group of Eight to reintroduce competent, honest quality control when it matters.

Millions of fat and sick Australians and over 10 million taxpayers will continue to be harmed if faulty yet influential "science" and harmful diet advice remain protected by a basic lack of competent, honest quality control at Group of Eight universities. Importantly, if you read my two *Submissions* and my *Big-5-year update* carefully, you will come to a clearer understanding of why Australians increasingly are fat and diabetic, often dying early from heart, liver, and/or kidney troubles, many with dementia. Indigenous communities especially are harmed in all this. It turns out that modern nutrition "science" and high-carbohydrate dietary advice are based not on robust science but on influential incompetence, bias, research fraud and financial conflicts of interest. The problems in nutrition "science" are widespread but seem rather concentrated at the Charles Perkins Centre. The first step in fixing any problem is to recognise that the problem exists.

Accordingly, in Section 3 below I set out **60 clear, readily verifiable claims**. Neither my claims nor evidence are complicated. Proper assessment requires merely competence and honesty. Without further ado, I encourage each of you, members of the Academic Board and outside observers, to assess my 60 claims detailed below. Perhaps forward my claims to colleagues for them to have a go as well?

## Section 3: Are Rory Robertson's claims factually correct? Do they matter for the million+ Australians with type 2 diabetes?

1. Please assess my claim that the proper scientific response to faulty papers that work to mislead the community and harm public health is formal retraction. Roughly 1,000 faulty papers are retracted each year. The formal retraction of nutrition "science" papers with unreliable "findings" proceeds apace, many simply because "we cannot assure you that the results of the studies are valid" (*ACCC*, p. 8).

2. Please assess my claim that an obvious starting point for reliable and trusted science involves authors properly conveying to readers "an accurate impression" of the results of their experiment "before beginning the statistical shenanigans". A popular introductory statistics textbook explains: "**Any paper that doesn't do this should be viewed from the outset with considerable suspicion**" (p. 13, below).

3. Please assess my claim that the main text of Professor Simpson *et al*'s 2014 mouse-diet paper hides the fact that his experiment began with roughly 1,000 mice fed one of 30 diets, **not** "858 mice fed one of 25 diets". Nor were readers properly informed that five of 30 diets were quietly discontinued after ~150 mice "failed to thrive" or died, or that all five of those "**killer diets**" were low (5%) protein diets.

4. Please assess my claim that early death for mice was maximised on 5%-protein diets, yet co-author Professor Le Couteur marketed such diets on ABC national radio as being helpful for human longevity (p. 18, below). If authors want to market their story that 5%-protein diets are healthful, is it reasonable for them to quietly suppress the fact that all five discontinued "killer diets" were 5%-protein diets?

5. Please assess my claim that the authors do not present the *actual* longevity results of the 30-diet experiment in the paper's main text. Again, Table S2 (reproduced earlier) is buried in Supplemental Information. Nowhere in the main paper are the *actual* results discussed.

6. Please assess my claim that Table S2 and my Table 3 (p. 16, below) show that the particular diet that produced the greatest *median* lifespan (~139 weeks) is a *high*-protein, *low*-carbohydrate diet. So too is the next best diet for median lifespan (~127 weeks). Not LPHC!

7. Please assess my claim that the outperformance of that 42%-protein, 29%-carbohydrate diet (139 weeks versus 127 weeks) is ~10%. Further, the 139-week *median* lifespan of that particular high-protein, low-carbohydrate diet is ~15% greater than the 121-week median for my C57BL/6 "controls" on usual chow: https://www.jax.org/news-and-insights/jax-blog/2017/november/when-are-mice-considered-old

8. Please assess my claim that the profound 10-15% outperformance - a decade in human years! - should be presented and discussed in the main text of the paper. Why have the authors hidden that **extraordinary result** in "Supplemental information"? Is it reasonable to suppress the experiment's *actual* results then falsely claim *low*-protein, *high*-carbohydrate (LPHC) diets are best for *median* lifespan?

9. Please assess my claim that the high-profile paper's specific longevity claims - "*Median* lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate…"; "*Median* lifespan increased from about 95 to 125 weeks (approximately 30%; Table S2) as the protein-to-carbohydrate ratio decreased"; and "the longest *median* survival occurred in cohorts of mice on the lowest ratio diets" - are each clearly falsified by the 30-diet experiment's *actual* results, as documented in hidden Table S2 and my Table 3.

10. Please assess my claim that the *actual* longevity results of the experiment are straightforward and easily seen in Tables S2 and 3. What are we to make of the authors' claim that, in fact, the median-lifespan results of the 30-diet experiment are really so complicated that they can be properly understood only by using a General Additive Model (GAM)? Is Professor Simpson correct in insisting the *actual* results need to be "modelled" and "smoothed" using his special algorithm and presented as colourful charts before any relevant facts are revealed? What are we to make of Simpson's claim that simply eye-balling the *actual* results in Table S2 and my Table 3 is "invalid" and somehow misleading (p. 23, below)? We can't believe our own lying eyes? Might this be a case of an influential careerist prioritising the use of his favourite algorithm, and unreasonably failing to present and discuss the *actual* median-lifespan results from the experiment?

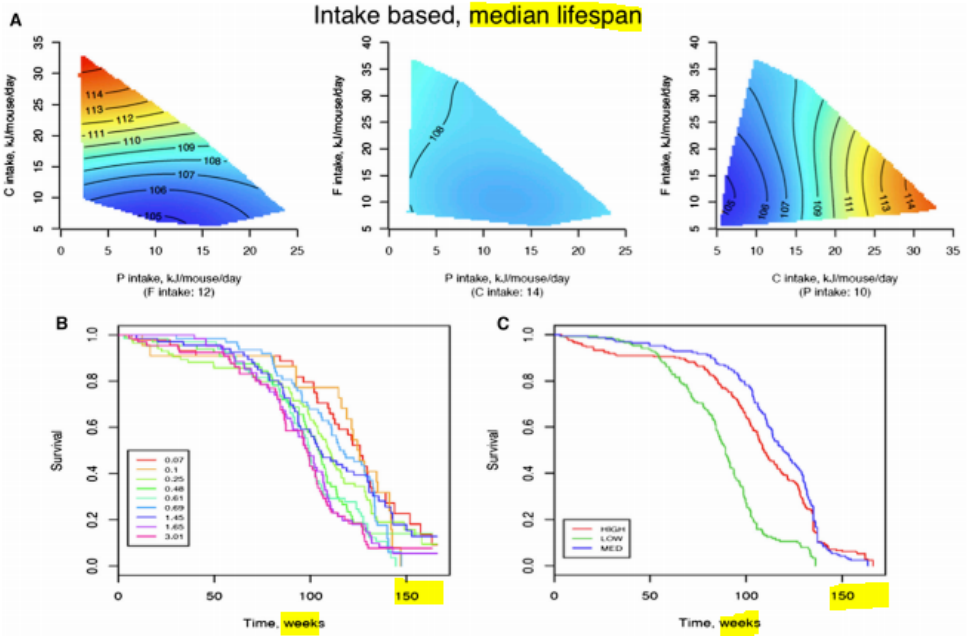
**Figure 2**

[In Panel A, "red indicates the highest value, while blue indicates the lowest value, with the colors standardized across the three slices."]

Cell PRESS

Cell Metabolism

Geometric Framework and Aging




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

11. Please assess my claim that Figure 2 above is mislabelled, with panels B and C falsely suggesting "…**median lifespan**" of up to 150 and even 160 weeks! We know from hidden Table S2 that greatest "median lifespan" across the 30 diets is just 139 weeks. So, instead of pretending there's no mislabelling, should Professor Simpson concede that the dominating "median lifespan" heading above is indeed misleading? Was it a mistake for him to pretend that I am "confused" about simple matters like "median and maximum lifespans and the nature of survivorship curves" (p. 23). As noted, I studied maths, statistics and econometrics at Masters level at a Group of Eight university before academic standards collapsed. My formal training in maths and statistics might be as strong as Professor Simpson's. Importantly, beyond my formal training, my 30-plus years of professional experience in analysing data and assessing empirical matters leaves me well-placed to recognise shameless data misrepresentation when I see it. **Hint:** What does **panel B's survival curves** for the authors' much-loved ~0.1 P:C ratios show when the analysis above properly includes all ~150 missing mice on those five hidden "killer diets"? Table 3 reminds us that **every single mouse on three of the authors' six ~0.1 P:C diets was dead by the end of 23 weeks!**

**Reckless extrapolation from mice harming diabetics and Indigenous Australians, plus LPHC sham driving dementia research**

12. Please assess my claim that it is deeply ironic that the Charles Perkins Centre's LPHC median-lifespan deception - used far and wide to misinform scientists, journalists and the general public - has been embraced by Vice-Chancellor Michael Spence as an example of research excellence. In full-page newspaper advertisements in December, the University of Sydney's management claimed: "…our researchers have discovered that a *low* protein, *high* carb diet can delay chronic disease and help us [humans] live a longer and healthier life" (p. 14). To boost the credibility of that sham "discovery" involving mouse diets and mouse longevity, there was absolutely no mention of mice, with the University **duping** the general public into thinking the supposedly path-breaking research involved humans!

13. Please assess my claim that it was irresponsible for Professor Simpson to seek to give his LPHC mouse-diet story undue (fake) relevance by telling the media that "**mice are not that different from humans**" (p. 17, below). This is self-serving unscientific nonsense. Other co-authors also used the media to extrapolate their (false) mouse-diet claims directly from mice to humans (pp. 18-20). Isn't that direct extrapolation from mice to humans lazy, inappropriate, misleading and dangerous, given that it is well-documented and readily knowable that **mice and humans have profoundly different metabolic responses**, especially to high-carbohydrate diets (p. 13)?

14. Please assess my claim that the low-protein, high-carbohydrate (LPHC) diet promoted as especially healthful for mice and humans by influential Charles Perkins Centre authors is **dominated by sugar and processed carbohydrates**: "Diets varied in content of P (casein and methionine), C (sucrose, wheatstarch and dextrinized cornstarch) and F (soya bean oil)" (p. 7 in Supplemental information).

15. Please assess my claim that, whether or not low-protein, high-carbohydrate (LPHC) diets are good for mice, there is compelling evidence that such **sugary high-carbohydrate diets tend to cause Type 2 diabetes, cardiovascular disease (CVD) and early death in humans, with Indigenous communities especially being harmed to a degree requiring urgent official intervention** (pp. 36-43).

16. Please assess my claim that, on top of everything else, the authors' ranking of the 25 diets in hidden Table S2 by the oldest two or three mice (outliers) - rather than by *median* lifespan (the thing of most interest) – tends to mislead. Was it merely accidental that the authors' misguided-ranking approach saw the best diets for *median* lifespan shunted down Table S2, while weaker diets were lifted to the top, further misleading readers? With co-authors Professors Simpson and Raubenheimer having impressive careers devoted to the "**Protein-leverage hypothesis**" - "In particular, it has emerged that the balance of protein to nonprotein energy in the diet is especially significant": p. 1 https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5 - might these highly influential authors' have an unhealthy incentive to manipulate the data in order to "find" results that don't rather contradict their preferred way of thinking?

17. Please assess my claim that the longevity story at the start of Simpson *et al*'s **2018 mouse-dementia paper** – "Mice consuming a low-protein, high carbohydrate, low-fat diet (LPHC, protein:carbohydrate ~1:10) lived longest…" – is utter nonsense. Table 3 reminds us that all mice on the authors' three hidden P:C ~1:10 diets (in the 2014 paper) were dead by 10-23 weeks. So misrepresenting LPHC results in 2014 wrecked dementia research (p. 20) in 2018? https://www.cell.com/action/showPdf?pii=S2211-1247%2818%2931674-7

18. Please assess my claim that Table 3 shows that **three of the six** "protein:carbohydrate ~1:10" diets highlighted as the basis for the 2018 dementia research above **are three of the five "killer diets"** that Professor Simpson *et al* hid in "Supplemental information" and failed to discuss at all in the main text of their 2014 paper. (To be clear, I am highlighting the three ~0.1s at the very bottom of the sixth column in Table 3.) Again, all mice on three of those six preferred P:C ~1:10 diets were **dead by 10-23 weeks**. That's a fraction of the 139-week median lifespan on the outperforming HPLC diet. The five killer diets should be shown in Panel B Figure 2. What is going on?

19. Please assess my claim that Professor Simpson's self-serving statement to journalist Adam Creighton - "Rory's concerns are in every respect unfounded" - is **sneaky and dishonest**. Did the Academic Director of the Charles Perkins Centre deliberately misinform Adam, the Economics Editor at *The Australian* newspaper, in order to protect his blatantly false median-lifespan claims from retraction, and to stop the wider community from gaining a proper understanding of the fact that the sugary LPHC mouse diets championed by the Charles Perkins Centre are a key driver of type 2 diabetes, CVD and early death, especially in Indigenous communities? (pp. 36-43)

**Summary of the Charles Perkins Centre's LPHC mouse-diet misconduct**

Despite my concerns clearly being valid and substantial, communicating author Professor Simpson (head of the Charles Perkins Centre) dishonestly sought to shut down public scrutiny by blatantly misinforming a journalist, stating falsely that "...Rory's concerns are in every respect unfounded" (p. 21). Again, Simpson *et al* claim that "Mice consuming a low-protein, high carbohydrate, low-fat diet (LPHC, protein:carbohydrate ~1:10) lived longest…" (p. 19) yet Table 3 reminds that all mice on three of six such diets were dead by 23 weeks!

Professor Simpson's false and dishonest claim that my concerns are absolutely unfounded, in my opinion converted the LPHC mouse-diet median-lifespan misrepresentation into a **serious scientific fraud**. Simpson *et al* unreasonably refuse to concede that their high-profile 2014 paper's main longevity claim - "Median lifespan was greatest" on the diets "low in protein and high in carbohydrate" - is false. That's despite the authors' own hidden Table S2 clearly falsifying the claim: median lifespan was, in fact, greatest on a diet high in protein (42%) and low in carbohydrate (29%). Extraordinarily, that 139-week median lifespan is 10% greater than the next best, also from a high-protein diet; and 139 weeks is ~15% greater than the normal 28-month median lifespan of C57BL/6 mice on usual chow.

Professor Simpson says it's "invalid" to simply assess the *actual* results. He suggests that only his GAM algorithm can reveal the truth. This is nonsense. The actual results are…the actual results. They should be respected, presented and discussed, even if the authors were disappointed they contradicted the "LPHC, protein:carbohydrate ~1:10" story that better suits the "Protein-leverage hypothesis".

If a separate taxpayer-funded study by Professor Simpson *et al* involved feeding a detailed map of the world into a GAM algorithm, the impressively sophisticated analysis would allow the authors to "discover" that the Big Island of Hawaii and the big island of Australia are both **average-sized islands**. Challenged by a layman highly skilled in traditional map-reading, the authors might respond as follows:

*The power and novelty of this map study is that it systematically measured many combinations of islands and continents. Results were derived from the entire dataset – and are statistically robust and tested across all land forms simultaneously – not simply by eyeballing the map island-by-island in a child-like manner. In fact, to pick out one or two islands for special attention is invalid – equivalent to refuting a statistically significant regression based on individual points below* (say Hawaii) *or above* (say Australia) *the fitted line.*

I'm joking of course. That did not happen. But that "world map fed into a GAM" scenario is no more silly than the authors feeding Table S2 into a GAM then insisting with a straight face that "Median lifespan was greatest" on diets "low in protein and high in carbohydrate".

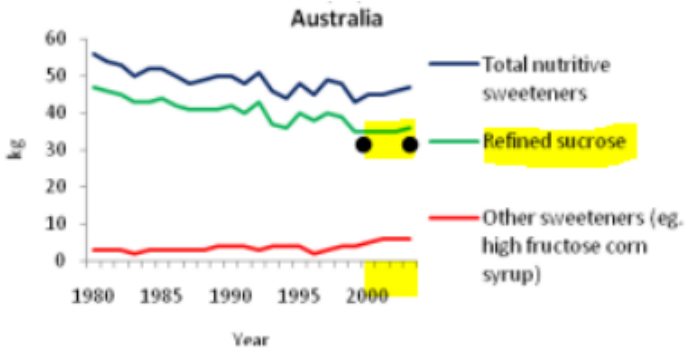
Readers can see from Table S2 and my Table 3 that Professor Simpson is in the wrong. He has prioritised his preferred "statistical shenanigans" over presenting and discussing the *actual* results of his 30-diet experiment. Simpson *et al* carefully buried the actual results in "Supplemental Information". In the main text of their paper, the authors have misled readers about diet performance: they suppress both the best longevity result (HPLC median lifespan of ~139 weeks) and the worst (LPHC median lifespan of ~10 weeks). After the misrepresentation was "called out", Simpson chose to pretend that everything is fine. That's fine, except it's called scientific fraud. Alas, the Charles Perkins Centre's LPHC mouse median-lifespan misrepresentations (including "LPHC, protein:carbohydrate ~1:10) lived longest…") is being used to mislead dementia research in humans (see p. 60, below) and to misinform the diet-choices of ordinary people, promoting harm to millions with or prone to Type 2 diabetes, including especially Indigenous Australians (pp. 36-43).

**Protecting and expanding the Charles Perkins Centre's infamous *Australian Paradox* sugar-and-obesity fraud**

20. Please assess my claim that Professor Stephen Simpson appears relaxed about research misconduct, given his own "LPHC, protein:carbohydrate ~1:10) lived longest…" deception, and given his key management role in protecting and expanding the Charles Perkins Centre's infamous *Australian Paradox* fraud: p. 6 http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf

21. Please assess my claim that Professor Simpson is a smart man who can see that the *Australian Paradox* paper's 2011 conclusion of "a consistent and substantial decline" in the per-capita consumption of added sugar (sucrose) over the **1980 to 2010 timeframe** is false/ invalid/faulty and thus unreliable. For starters, readers can see that several of the authors' chosen sugar indicators clearly trend up not down in their own published charts, directly contradicting the authors' always-silly sugar-down/obesity-up "paradox" claim (p. 25, below).

22. Please assess my claim that Professor Simpson is a smart man who can see that Professor Jennie Brand-Miller's *Australian Paradox* paper thus relies on an apparent consumption of sugar series that was discontinued as unreliable after 1999, and then made-up/faked/invalid for the period 2000-03 (chart below and p. 26). Is it research misconduct to force your bosses including Vice-Chancellor Michael Spence to wreck their professional credibility by clownishly defending the scientific veracity of a conspicuously flat, faked sugar series that dead-ends a bizarre seven years before the end of your infamous paper's 1980 to 2010 timeframe? Academic freedom?




Source: Figure 2A in Australian Paradox http://www.australianparadox.com/pdf/OriginalAustralianParadoxPaper.pdf

23. Please assess my claim that Professor Simpson is a smart man who can see that the ABC's *Lateline* and *Background Briefing* journalists, and its Audience & Consumer Affairs staff, have confirmed my claim that Professor Brand-Miller's preferred indicator was discontinued as unreliable by the Australian Bureau of Statistics (ABS) after 1998-99, and then faked by the Food and Agriculture Organization (FAO) of the United Nations. Again, readers can see that this preferred indicator after 1998-99 (after the ABS abandoned its unreliable counting methodology and stopped counting!) is a conspicuously flat faked series, dead-ending in 2003 (p. 28, below).

24. Please assess my claim that after the credibility of her *Australian Paradox* paper had been shredded by ABC TV's *Lateline* program - http://www.abc.net.au/lateline/health-experts-continue-to-dispute-sydney-uni/7324520 - Professor Jennie Brand-Miller (and co-author Dr Alan Barclay?) wrote a **36-page formal letter of complaint to the ABC** claiming a range of serious factual errors by the ABC and by Rory Robertson in particular: https://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf

25. Please assess my claim that the ABC's independent investigation of that 36-page complaint **found no such errors**; and that the importance of the 15-page *A&CA Investigation Report* (2016) is that it independently confirms in detail that everything Emma Alberici and I claimed - plus everything that Professor Marion Nestle and other non-University of Sydney experts claimed - on the *Lateline* program in 2016 is factually correct (a.k.a. "accurate and impartial according to the recognised standards of objective journalism"). The *A&CA Investigation Report* also confirmed the similar claims that journalist Wendy Carlisle and I made earlier, in 2014, on ABC Radio National's *Background Briefing* program: http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418

26. Please assess my claim that, in 2016, after receiving advice that the 15-page *A&CA Investigation Report* had confirmed that their *Australian Paradox* conclusions are invalid/unreliable, **the only honest, credible response** by Professor Brand-Miller and Dr Barclay was to write to their journal MDPI's *Nutrients'* Editor in Chief – Professor Peter Howe of the University of Newcastle - to instruct him to formally retract the faulty *Australian Paradox* paper. Instead, Brand-Miller and Barclay simply pretended that nothing had happened.

27. Please assess my claim that, in 2016, instead of appropriately retracting their paper, Brand-Miller and Barclay simply suppressed the *A&CA Investigation Report* and inappropriately pretended nothing just happened. They refused to allow the ABC to make its findings publicly available. Alas, Brand-Miller also **hid the devastating *A&CA Investigation Report*** from Vice-Chancellor Spence, Deputy Vice-Chancellor Ivison and the Academic Board. To this day, Brand-Miller continues to **dishonestly mislead** the Research Integrity & Ethics Administration - headed by Dr Rebecca Halligan? (p.11) - about the veracity of her faulty paper. Is that not in itself research misconduct?

28. Please assess my claim that the ABC's General Counsel, Connie Carnabuci, may agree to make the full *A&CA Investigation Report* available in any legal action(s) I bring against the University of Sydney and the Australian National University (see pp. 26 and 33, below). My initial letter to the ABC's legal team - before it authorised public access to an *Extract* from the report - is reproduced in this link: https://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf

29. Please assess my claim that the University of Sydney's research-misconduct investigation in 2014 ended in a "whitewash", in part because (then) Deputy Vice-Chancellor (Research) Jill Trewhella and her hand-picked "independent" investigator Professor Robert Clark AO either **inadvertently or dishonestly "disappeared" my hard evidence** – emailed directly to me by a statistician at the FAO, after I had *inquired* - confirming that the conspicuously flat series, dead-ending in 2003, is indeed made-up/faked/invalid/unreliable (pp. 27-29). Along the way, untruthful Brand-Miller and Barclay misled Clark, describing their shonky 2000-03 FAO data as "robust and meaningful":

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

30. Please assess my claim that Professor Simpson is a smart man who – as head of Faculty at the Charles Perkins Centre – helped Professor Brand-Miller publish her **dishonest new paper** in the *American Journal of Clinical Nutrition* (AJCN) in March 2017 (p. 30).

31. Please assess my claim that Professor Simpson is a smart man who fully understood that the new *AJCN* paper dishonestly swept the profound problems of contradictory and fake data under the carpet, and thwarted the 2014 *Initial Inquiry Report*'s recommendation that the new paper be written to "**specifically address**" and "**clarify**" the "**key factual issues**" in the 2011 paper (p. 30). Shamefully, despite Faculty involvement, as required, there was no mention at all, in the dishonest *AJCN* paper, of the problems that made the 2011 *Australian Paradox* paper hopelessly unreliable, let alone any genuine attempt to "clarify" the issues "raised by the Complainant" (me).

32. Please assess my claim that Brand-Miller and the University of Sydney in late 2016 unreasonably shut down legitimate public scrutiny of her new *AJCN* Australian Paradox paper by aggressively **sooling a security guard onto Rory Robertson**, who had paid to attend the conference and at that point had not said a word out loud, except to quietly confirm that, yes, he was a paying participant. Is it ethical for University Vice-Chancellor Michael Spence to threaten a **campus ban** on Robertson for publicly highlighting the facts surrounding the *Australian Paradox* fraud? Why not simply stop the blatant scientific fraud on campus and leave it at that? What does the video-action-reply show? And what should we make of Provost Stephen Garton's threat to ban Robertson from campus on the basis of a series of made-up false claims provided to him…by whom? When will Robertson receive a letter of apology from the University to atone for its reckless misrepresentation of events? pp. 64-80 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

33. Please assess my claim that Professor Brand-Miller, Dr Barclay and Professor Simpson continue, year after year, to **dishonestly pretend** that the *Australian Paradox* "finding" (2011) is scientifically valid despite being well aware of the devastating problems in the paper: (i) the authors' own published charts falsify the conclusion of "a consistent and substantial decline"; (ii) the preferred ABS series was discontinued as unreliable after 1998-99; and (iii) the conspicuously flat FAO series spanning 2000-03 is faked/invalid and dead-ends seven years ahead of the paper's 2010 endpoint. Page 32 below details various actions usually considered **research misconduct**.

34. Please assess my claim that Brand-Miller in her expansive online CV (see p. 24, below) appears to gratefully acknowledge her boss Professor Simpson's role in helping to **unethically protect and expand the *Australian Paradox* fraud**. She also reveals strong links to Professor Stewart Truswell – the lead scientific author of our deeply flawed *Australian Dietary Guideless* (pp. 94-97 in *Big-5-year-update* link) – who it turns out also assisted Brand-Miller to dishonestly expand her shonky sugar science into the *AJCN* (pp. 25-32).

**Sugar, shonky pro-sugar Glycemic Index "science", obesity, type 2 diabetes, CVD and early death for Indigenous Australians**

35. Please assess my claim that – contrary to Brand-Miller's *Australian Paradox* story – modern doses of added sugar are a key driver of obesity, type 2 diabetes, cardiovascular disease (CVD) and early death, especially in Indigenous communities (pp. 36-42).

36. Please assess my claim that *Australian Paradox* author Professor Brand-Miller founded and rules the Glycemic Index Foundation (GIF), an entity 50% owned by the University of Sydney. "**Making healthy choices easy**", Brand-Miller's GIF exists in part to get paid by industry to put Low-GI healthy stamps on products up to 99.4% refined sugar: https://www.gisymbol.com/about-glycemic-index/

37. Please assess my claim that it is unconscionable for the University of Sydney to lend its prestige to an entity that **dupes consumers into thinking LoGi sugar (99.4% sugar), Milo (46% sugars), Sustagen (up to 50% sugars)** and a range of other high-sugar Low-GI products are "**healthy choices**" for anyone, let alone for children or vulnerable people with type 2 diabetics (pp. 43-46).

38. Please assess my claim that Brand-Miller's statement in her dishonest 2017 *AJCN* paper that she has "**no conflicts of interest related to the study**" - a study seeking to exonerate sugar as a menace to public health! - is false and misleading (pp. 24 & 43-46).

39. Please assess my claim that society's growing understanding that modern doses of added sugar and other processed carbohydrates are a key cause of obesity, type 2 diabetes, CVD and early death is a disaster for Professor Brand-Miller's credibility and her GIF. To the extent that added sugar in modern doses is indeed a menace to public health, Professor Brand-Miller's GIF is worse than useless, and her professional advice that sugar (sucrose) does **no "direct harm to the human body"** (p. 47) is false and dangerous. Negligent.

40. Please assess my claim that Brand-Miller and industry in 2011 and 2012 used her faulty *Australian Paradox* paper to campaign against the NHMRC's 2013 toughening of official dietary advice against added sugar (p. 47). In 2018, Brand-Miller used her (now-fully fledged) *Australian Paradox* fraud to campaign against the "sugar tax" proposed in our Australian Parliament by the Greens (p. 48).

41. Please assess my claim that Brand-Miller's *Australian Paradox* fraud appears designed to (falsely) exonerate added sugar as a menace to public health, to try to keep her career and "healthy choices" GIF entity alive. On the latter, please note that Brand-Miller wilfully ignores the "**fructose loophole**" that Harvard University says disguises the fact that modern doses of sugar and sugary Low-GI products cause "non-alcoholic fatty liver disease" (NAFLD), along the way to causing Type 2 diabetes and growing misery (p. 50).

**Why are we mistreating a million+ people, given that the cause of (and cure for) type 2 diabetes was known a century ago?**

42. Please assess my claim that Brand-Miller - including in her *LowGI Diet Diabetes Handbook* - promotes her sugary Low-GI products as especially suitable for diabetics when, in fact, her GI readings provide zero valid evidence of benefit. That is, GI readings are based on testing blood-glucose changes in 10 "healthy" individuals (students?), not unhealthy diabetics. The GI methodology explicitly avoids testing people with type 2 diabetes (~90% of all diabetics), a group defined by **non-normal** (unusually elevated) blood-glucose readings. GI scores thus provide no clinical evidence that type 2 diabetics are helped not harmed by sugary low-GI high-carb products (p. 49).

43. Please assess my claim that the most eminent medical text in the western world in 1923 - *The Principals and Practice of Medicine* (9th Edition), by Professor Sir William Osler and Thomas McCrae MD - highlighted the main cause of (type 2) diabetes as "**EXCESS OF CARBOHYDRATE INTAKE**": https://www.australianparadox.com/pdf/1923-Medicine-Textbook.pdf

44. Please assess my claim that it is shameful and harmful for eminent professors of science today to be promoting refined sugar (100% carbohydrate) and other processed carbohydrates as healthfoods for type 2 diabetics, when its been known for over a century that it's the excess intake of sugar and other carbohydrate that causes type 2 diabetes and its associated harms in the first place (pp. 36-53).

45. Please assess my claim that the lack of competence and scientific integrity of Charles Perkins Centre careerists Professor Jennie Brand-Miller and Professor Stephen Collagiuri is indicated by them selling millions - yes millions - of LowGI Diet books highlighting the ridiculous false claim that "There is absolute consensus that sugar in food [and drink] does not cause [type 2] diabetes" (p. 43).

46. Please assess my claim that it is unconscionable for eminent scientists https://www.science.org.au/fellowship/fellows/professor-jennie-brand-miller to gain professionally and financially by promoting sugary low-GI high-carbohydrate products to unhealthy type 2 diabetics as healthful, when GI readings for diabetics do not exist. Further, Brand-Miller unethically ignores hard randomised-controlled evidence that **low-carb diets outperform low-GI diets as a treatment for type 2 diabetes** (p. 53 ). This low-GI bias wastes research funding, including allowing the **expensive PREVIEW trial** to proceed without a low-carb arm https://www.mdpi.com/2072-6643/9/6/632

47. Please assess my claim that the simple and effective cure for (type 2) diabetes was widely known in 1923. That is, Group of Eight nutrition "scientists", dietitians from the Dietitians Association of Australia (DAA) and GPs today **know less** about fixing type 2 diabetes than was known at the highest levels of medical science and by competent GPs across the western world a century ago (pp. 51-56).

48. Please assess my claim that today, in the US, highly competent scientists, doctors and dietitians at a firm called Virta Health are fixing type 2 diabetes in 60% of their customers within 12 months, using a treatment based on that authoritative medical advice from 1923. By advising and overseeing a diet of less than 30 grams of carbohydrate per day (refined sugar is 100% carbohydrate), not only is type 2 diabetes being "reversed" or put into "remission" within 12 months but ~90% of patients also reduce their use of costly, ineffective drugs: https://www.virtahealth.com/research ; https://link.springer.com/content/pdf/10.1007%2Fs13300-018-0373-9.pdf

49. Please assess my claim that in 1923, as now, the malady of (type 2) diabetes often presented in "stout persons and heavy feeders". The malady was "very readily controlled" simply by removing the thing causing the problem; that is, simply eliminating the "excessive ingestion of carbohydrates". Accordingly, the standard remedy advised by competent GPs back then was a low-carbohydrate diet featuring sufficient protein and an abundance of fat for energy and satiety (pp. 36-42).

50. Please assess my claim that it is shameful that Brand-Miller and several colleagues from the American Diabetes Association - while attempting to popularise her Glycemic Index in 2004 - distributed a reckless public *Statement* featuring the **unforgivable falsehood** that "avoiding carbohydrate entirely will not return blood glucose levels to the normal range" (p. 51). It may not have been a lie, but if it was not a lie, it was a harmful ignorant falsehood that has promoted misery and/or early death in millions over the past 15 years (pp.36-53).

51. Please assess my claim that, by contrast, "usual care" for type 2 diabetes usually features harmful dietary advice (45-65% of energy as carbohydrate) and a lifetime on diabetes and other drugs. One published estimate is that usual care results in the long-term remission of barely 1% of patients. Indeed, usual care is more likely to end in **premature death** than in remission or cure of a patient's type 2 diabetes (p.51). The good news is that GPs and drug companies still have growing lists of unhealthy customers.

52. Please assess my claim that, instead of being cured within a year, almost all health-care professionals' (HCPs') patients have their type 2 diabetes "managed" for decades, ensuring massive over-servicing. That is, not only are these patients being robbed of healthier, happier and longer lives, but HCPs' usual care typically involves captive-repeat customers (and long-suffering taxpayers) forced to fund decades of sub-optimal advice from multiple HCPs, ineffective drugs and elevated hospitalisation rates (pp.4-7 *ACCC* and 51-56 below).

53. Please assess my claim that this harmful mistreatment of Australia's million-plus people with type 2 diabetes is a national scandal. It is shameful and tragic that Diabetes Australia (heavily funded by taxpayers and the pharmaceutical industry) advises those who come to it seeking help that "Meals that are recommended for people with diabetes are the same as [the high-carbohydrate meals recommended] for those without diabetes": https://www.diabetesaustralia.com.au/eating-well ; https://www.diabetesaustralia.com.au/corporate-partners

54. Please assess my claim that low-GI Professor Stephen Colagiuri appears to be the main scientific author of the *Australian National Diabetes Strategy 2016-2020* and a co-author of *The Australian Type 2 Diabetes Risk Assessment Tool*. Unforgivably, neither document mentions the word "carbohydrate" and there is minimal focus on modern doses of added sugar as a key driver of type 2 diabetes: https://www.health.gov.au/internet/main/publishing.nsf/content/3AF935DA210DA043CA257EFB000D0C03/$File/Australian%20National%20Diabetes%20Strategy%202016-2020.pdf ; and pp.83-84 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

55. Please assess my claim that Professor Colagiuri (recall his "absolute consensus" that sugar does not cause type 2 diabetes) and many of his diabetes-careerist colleagues appear to be paid agents of various pharmaceutical companies that benefit enormously from the widespread official misinformation about the dietary cause of type 2 diabetes (excessive consumption of sugar and other carbohydrate) and the cheap, effective diet cure (simply eliminating that excess consumption). What do you think is going on (p.54&55)?

56. Please assess my claim that, disturbingly, it appears to be common for diabetes careerists and organisations to be captured by the pharmaceutical industry. For example, Melbourne's Baker Heart and Diabetes Institute has searched for a cure for type 2 diabetes for

nearly a century, but failed to discover it hiding in plain sight in what was once the pre-eminent medical text in the western world (pp. 36-37 below). In 2002, with funding from drug company Novo Nordisk, Baker & Co. produced "***Diabetes: the silent pandemic and its impact on Australia***". That document not only conspicuously failed to mention the words "carbohydrate" and "sugar" (the foodstuff), but it also promoted the false and misleading claim: "**As there is currently no cure for [type 2] diabetes, the condition requires lifelong [drug-based] management"**: pp. 6-7 https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

57. Please assess my claim that, even more disturbingly, Baker & Co. in 2000 - funded by a range of drug companies that benefit from the suppression of the effective diet cure for type 2 diabetes - produced our only widely used risk-assessment tool: "***The Australian Type 2 Diabetes Risk Assessment Tool*** was developed by the Baker IDI Heart and Diabetes Institute on behalf of the Australian, State and Territory Governments as part of the COAG initiative to reduce the risk of type 2 diabetes". **Again, unforgivably, neither "carbohydrate" nor "sugar" (the foodstuff) rated a mention.** Suppressing as it does any mention of the dominant factor driving type 2 diabetes (modern doses of sugar and other carbohydrate), *The AustralianType 2 Diabetes Risk Assessment Tool* is worse than useless, in that it steers diligent consumers away from the obvious, effective diet cure. In fact, the AUSDRISK quiz might as well have been written by its drug-company sponsors to try to maximise, not minimise, our national diabetes crisis, thus promoting the extensive and expensive use of diabetes and other drugs (pp. 36-42 in *ACCC* link above).

58. Please assess my claim that typical of the profound ineptitude of the Diabetes Association of Australia and Diabetes Australia has been the demonisation over the past 40 years of low-carb diets (simple carbohydrate restriction) as a "**fad diet**". The ignorance of many taxpayer-funded HCPs is breathtaking, and would be funny if consumers were not living in misery then dying young: the cheap, effective approach widely used to cure type 2 diabetes a century ago – featured in the pre-eminent global medical text in 1923 – is a "fad diet"?

59. Please assess my claim that incompetence, scientific fraud, troubling financial conflicts of interest and a lack of honest, competent quality control at Group of Eight universities are key drivers of obesity, type 2 diabetes, CVD and early death for millions of Australians, past and present. The problems are clearest with regard to type 2 diabetes, while the lack of competence and integrity in Group of Eight nutrition "science" in the type 2 diabetes "space" is rather unusually concentrated at the University of Sydney's Charles Perkins Centre.

60. Please assess my claim that, importantly, I have advised University of Sydney Vice-Chancellor Michael Spence, his quality-control boss Duncan Ivison and other management of the Group of Eight multiple times that it is standard scientific practice for extraordinarily faulty papers working to harm public health to be formally retracted from the scientific record. I note again that *Retraction Watch* documents more than 1,000 retractions in 2017: https://www.the-scientist.com/research-round-up/top-10-retractions-of-2017-29834

**Section 4: Group of Eight ditched commitment to "excellence", so now is defrauding students and taxpayers on massive scale**

We cannot fix all of the problems documented above in a day. But we can make a start. Alas, instead of retraction, Vice-Chancellor Spence, his Deputy Vice-Chancellor (Research) Ivison and other Group of Eight management have chosen to do absolutely nothing to properly correct the false and harmful information associated with the Charles Perkins Centre's now infamous *Australian Paradox* paper. Thus what we have is a **classic "bait and switch**" involving the deception of millions of taxpayers and fee-paying students:

**(a)** Group of Eight (Go8) universities each year solicit billions of dollars from fee-paying customers, hapless taxpayers and politicians, by promoting themselves as better than the rest, claiming a special devotion to academic "excellence", particularly in research. Notably, the University of Sydney receives roughly $700m each year from Federal taxpayers (p. 57), while **the Go8 receives an extraordinary and undeserved "two-thirds of all research funding** to Australian Universities" https://www.go8.edu.au/files/docs/page/commitment-to-excellence_web.pdf ; then

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

Readers, on **(a)**, please consider the false and misleading advertising in this official Group of Eight marketing document:

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

You get the picture. The word "excellence" is used 14 times! That's "the bait". Now, here's some hard evidence on **(b)**, "the switch". **In 2016, while he was Chair of the Group of Eight, Vice-Chancellor Michael Spence wrote to me to explain that excellence actually is not a priority**. In a hopelessly misguided embrace of Academic Freedom, Dr Spence chose to protect the harmful false information his highly influential but rather incompetent science careerists have plonked on the scientific record and in important public debates:

*... For a university to require the retraction of a piece of research simply on the basis that someone believes it to be wrong, even patently wrong, would be a fundamental blow to the tradition of free enquiry that has made universities such powerful engines of innovation and of social development over many centuries. I repeat, we will not censor or require the retraction of the the [sic] academic work of our staff on any grounds save independently verified research misconduct or unlawfulness.* (p. 61 RR's *Submission to ACCC's Scamwatch*)

Instead of standing up for "excellence" and "community well-being", Vice-Chancellor Michael Spence prioritised Academic Freedom. Despite receiving clear evidence that Professor Brand-Miller's pro-sugar *Australian Paradox* "finding" relies on shonky data that are conspicuously flat, dead-ending and fake, so clearly unreliable, Dr Spence chose to allow her continue using her *Australian Paradox* fraud to falsely exonerate added sugar as a dietary evil and to oppose "Sugar taxes": http://www.australianparadox.com/pdf/australian-sugar-tax-debate.pdf and https://www.youtube.com/watch?v=acXICYKEzy4&feature=youtu.be&t=4827

My sense is that the University of Sydney and its Group of Eight partners' priority is not “excellence” but **pretending excellence**, to squeeze billions of dollars from fee-paying students and taxpayers. High-profile marketing of a special Go8 devotion to excellence in research is a sham but serves its purpose by encouraging hundreds of thousands of students to take on large debts to fund expensive Go8 degrees, including post-graduate degrees. Such degrees may be devalued when the public comes to understand that Go8 quality control is a sham. My experience is that uni careerists do whatever they please. Pretty much nothing is corrected, no matter how faulty.

All this leaves one with little confidence that the University of Sydney will properly fix the Charles Perkins Centre’s low-protein, high-carbohydrate (LPHC) mouse median-lifespan deception. No matter that it is harming public health. No matter that the University’s management has itself advertised false LPHC longevity claims in the national media as an example of research “excellence”. No matter that **taxpayer dollars in dementia research** are being **recklessly wasted** via the false claim that mice on P:C ~1:10 diets lived longest, after the *actual* results of the 30-diet experiment were hidden in 2014 and blatantly misrepresented. The *actual* results in Table 3 remind us that, in fact, 100% of the mice on three of the authors’ six much-promoted P:C ~1:10 (~0.1) diets were dead by 10-23 weeks! (p.16)

Still, it’s not all gloom and doom. One of the more amusing developments in recent years involves the incompetence and lack of integrity in University of Sydney “science” inadvertently exposing a similarly sad lack of competent quality control at another Group of Eight university, awkwardly in this case my alma mater, the Australian National University. Talk about a collapse of academic standards!

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

In 2017, I discovered that the ANU has begun handing out post-graduate degrees without proper quality control. In particular, a Doctor of Philosophy degree was awarded without anyone bothering to verify basic information driving the PhD candidate’s published conclusions.

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

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

> What I was told was that [critic] made a donation to the university, for research that would question the Australian Paradox... And apparently [he] scored a meeting with the Vice Chancellor when he handed over his cheque. And the Vice Chancellor told him that this is the way to sort the problem out, to do this research. Which is possibly true—that you could sort the problem out, by having people fund it to do research which proved you wrong, but I would have thought you’d come from it, from a point of view that was more open-minded than that.

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

And why did an ANU PhD candidate, her supervisor(s) and her examiners all fail to check whether or not Brand-Miller is pretending that her conspicuously flat, fake, dead-ending 2000-2003 FAO data are valid, even “robust and meaningful” (she is) before assuming she is not? Again, her *Australian Paradox* conclusion of a “consistent and substantial decline” is falsified by her own published charts (p. 25).

With no-one competent and honest bothering to check the well-documented problems in the *Australian Paradox* paper, Professor Brand-Miller simply duped the ANU with a series of bogus claims, again expanding the reach of her *Australian Paradox* fraud. For example, Brand-Miller was able to dupe sympathetic-but-careless **(now Dr) Jacqui Hoepner** into thinking that someone had asked for “an update” of her *Australian Paradox* paper. In fact, the *Initial Inquiry Report* in 2014 recommended that a new paper be written that “specifically addresses and clarifies the key factual matters” in that original paper (p. 30). Alas, Brand-Miller dishonestly chose to go with “an update”:

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

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must focus on this update of the paper instead of the numerous other projects she is working on.

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

https://openresearch-repository.anu.edu.au/bitstream/1885/121823/1/Hoepner%20Thesis%202017.pdf

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

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

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

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

How is this ongoing research misconduct consistent with our elite sandstone universities having some sort of special devotion to "excellence"? Again, the Group of Eight's false and misleading advertising of this (non-existent) devotion is defrauding fee-paying customers, long-suffering taxpayers and our political representatives on a massive scale (p. 57, below).

## Dedication

Charlie Perkins was born in Alice Springs near the red centre of Australia in June 1936. I was born there 30 years later in March 1966.

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

I also have firmly in mind people like Bonita and Eddie Mabo, Faith Bandler, Charlie Perkins (who Dad says he knew briefly, and so too his brother Ernie, in The Territory over half a century ago), Waverley Stanley and Lou Mullins of Yalari, and especially Noel Pearson, all of whom worked or are working indefatigably for decades to improve the lot of their peoples left behind.

Finally, I wonder whatever happened to the many Aboriginal boys and girls I met across country Australia when I was a boy, including those with whom I shared classrooms and sports fields back in Baralaba (central Queensland) in the late 1970s. Much of the news over the years has been tragic and depressing. https://www.australianparadox.com/baralaba.htm

**Please note**: In this and other documents, I have detailed influential incompetence and worse in nutrition and health "science", and by Group of Eight university senior management. Importantly, if you read anything here or elsewhere from me that is factually incorrect or otherwise unreasonable, please contact me immediately and, if I agree, I will correct the text as soon as possible.

This all matters because more than one million Australians today have type 2 diabetes, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate diabetes advice promoted by a range of respected entities advised by highly influential Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

--

**Rory Robertson**
**economist and former-fattie**
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**Rebecca Halligan**
Director, Research Integrity & Ethics Administration

9 May 2019

Mr Rory Robertson

By email: strathburnstation@gmail.com

**PRIVATE & CONFIDENTIAL**

Dear Mr Robertson

**Confidential: Concerns with 2014 Cell Metabolism paper**

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

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

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

Yours sincerely,

**Dr Rebecca Halligan**
Director, Research Integrity & Ethics Administration

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

**Letter: Charles Perkins Centre's incompetence, research fraud and financial conflicts of interest harming public health**

from :rory robertson <strathburnstation@gmail.com>
to: michael.spence@sydney.edu.au; duncan.ivison@sydney.edu.au; richard.fisher@sydney.edu.au
cc: rebecca.halligan@sydney.edu.au
date: May 13, 2019

Dear Vice-Chancellor Michael Spence, Deputy Vice-Chancellor (Research) Duncan Ivison and General Council Richard Fisher,

On Friday, I received a letter from Dr Rebecca Halligan - the Director of the University of Sydney's Research Integrity & Ethics Administration - advising that my communication with the National Health and Medical Research Council had resulted in the NHMRC recommending that the University of Sydney begin a research-integrity investigation into the misrepresentation of the *actual* results of the University's high-profile mouse-diet paper: "*The Ratio of Macronutrients, Not Caloric Intake, Dictates Cardiometabolic Health, Aging, and Longevity in Ad Libitum-Fed Mice*" https://www.cell.com/cell-metabolism/fulltext/S1550-4131(14)00065-5

Here is my initial *Expression of Concern*: https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf

In this matter of the low-protein, high-carb mouse-diet misrepresentations, Professor Stephen Simpson - the Academic Director of the Charles Perkins Centre - appears to be the lead author, dishonestly advising a journalist at *The Australian* that "…Rory's concerns are in every respect unfounded" (p. 18 in next link). Professor Simpson knows very well that his paper and the media coverage he has overseen recklessly misrepresent to the scientific community and the general public the *actual* results of his 30-diet mouse experiment: https://www.australianparadox.com/pdf/Letters-USyd-Cell-Metabolism.pdf

Today, I am writing to make three formal requests:

1. That the University (you) appoint a panel of **three** eminent people from *outside* the University to investigate this matter. After all, the University's management has advertised this paper widely - including in national newspapers (see p. 4 in previous link) - as an example of the University's devotion to research excellence. It is **absolutely inappropriate** for the University management to investigate itself in this matter of scientific fraud. That's particularly the case given that the University has allowed the *Australian Paradox* sugar-and-obesity fraud to prosper for most of a decade. Even Professor Jennie Brand-Miller's self-serving false claim that I bribed Vice-Chancellor Michael Spence - a claim that her dishonesty caused to be published in an ANU PhD dissertation - was not sufficient to prompt you to stop that fraud: http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf

2. That the University ensure that I am interviewed in person by the research-integrity panel. I make that request so that my evidence is not hidden or ignored, as when the (former) Deputy Vice-Chancellor (Research) Jill Trewhella and Professor Robert Clark AO either incompetently or dishonestly suppressed my evidence in the 20l4 research-integrity investigation (whitewash) of the *Australian Paradox* fraud: http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf As you may know, I have been amazed and troubled by Jennie Brand-Miller, Alan Barclay, Stephen Simpson, Stewart Truswell and the University's support for the dishonest 2017 expansion of *Australian Paradox* fraud into the *American Journal of Clinical Nutrition*: pp. 64-79 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf

3. That I meet with you - Michael, Duncan and Richard - later this week. From my side, it would be just me. The point of the meeting would be for me to give you, the University's most-senior officials, a complete understanding of the national scandal that is continuing under your noses. The faulty high-profile mouse-diet paper is the least of the University's problems. Incompetence, research fraud and financial conflicts of interest at the highest levels of "science" in the Charles Perkins Centre are harming public health, and slowly but surely damaging Group of Eight universities' reputation for competence and integrity, not to mention "excellence". Perhaps you have time to meet me on campus tomorrow (Tuesday) afternoon or on Thursday or Friday later this week? Please let me know if such a meeting is of interest.

I look forward to your response.

Regards,
Rory

--

**Rory Robertson**
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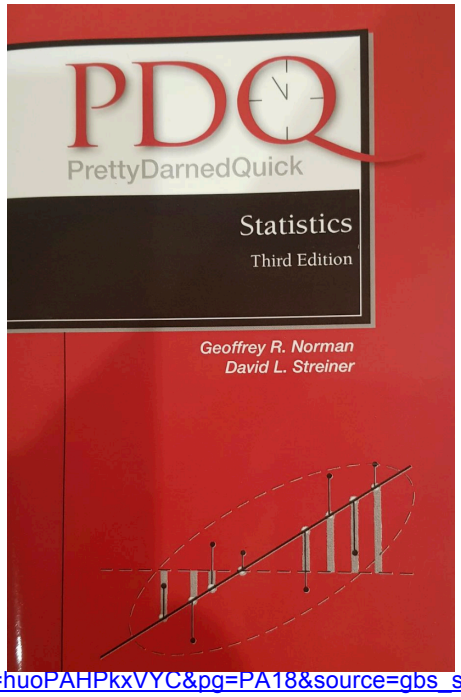
## What one *Statistics* textbook says about formal papers hiding key results before launching into "statistical shenanigans"

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

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




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

## Bad animal model: Simpson *et al*'s lab mice profoundly unlike humans with respect to metabolism of carbohydrate and fat

Importantly, when you buy standard laboratory mice (C57BL/6), the instructions on the side of the box explain that "fed a high-fat [low-carbohydrate] diet", they "develop obesity, mild to moderate hyperglycemia, and hyperinsulinemia": https://www.jax.org/strain/000664
**But humans are different** (see below and pp. 11-15 in https://www.australianparadox.com/pdf/Letters-USyd-Cell-Metabolism.pdf

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

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

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

Author information · Article notes · Copyright and License information Disclaimer



Abstract Go to:

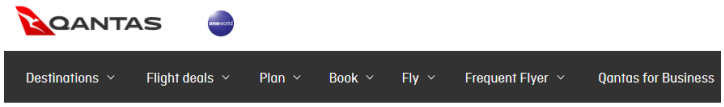
High fat feeding in rodents generally leads to obesity and insulin resistance whereas in humans this is only seen if dietary carbohydrate is also high, the result of the anabolic effect of poor regulation of glucose and insulin. A previous study of C57Bl/6 mice (Kennedy AR, et al.: *Am J Physiol Endocrinol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

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488544/ ; Fixing MetSyn in humans https://www.ncbi.nlm.nih.gov/pubmed/16288655

**Epic fail in University of Sydney's quality control: False mouse-diet lifespan claim promoted as "research excellence", with general public duped by scientists and management suppressing the fact contrived "discovery" involves mice not humans**


Source: Full-page advertisement in *Good Weekend* magazine, *The Sydney Morning Herald*, 15 December 2018

**Senior author of low-protein mouse-diet deceit is Qantas's main scientific advisor on customers' menu and "well-being"**




THE EXPERIENCE

## Qantas and Charles Perkins Centre announce partnership


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

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

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

*"****The centre's research has already influenced what meals and beverages we'll be serving onboard*** *and when, cabin lighting and temperature as well as the airport lounge experience.*

*"Neil Perry is working with the centre on new menus for the 787 flights so we are excited that one of Australia's best culinary minds is* ***teaming up with the best scientific minds to design the best possible menu to look after both health and hunger****."*

*Qantas and the Charles Perkins Centre are looking at opportunities to involve some Qantas frequent flyers in trials that involve wearable technology in the measurement of existing biorhythms during travel, enabling future products to be developed and designed with the insight of robust data.* ***Professor Steve Simpson, Academic Director of the Charles Perkins Centre****, said the partnership is hugely exciting as it's the first time there has been an integrated multidisciplinary* ***collaboration between an airline and a university around in-flight health and well-being*** *beyond medical emergency.*

*"There is the potential for extraordinary health, science and engineering discoveries and innovations to come out of this research partnership, which will also provide the evidence-base needed for Qantas to implement strategies to further improve how people feel after a long haul flight," he said.*

***The University of Sydney's Vice-Chancellor and Principal, Dr Michael Spence****, said the collaboration between the Australian airline and university reflected the vision of both institutions.*

*"The Dreamliner is a transformative project for Qantas, as the Charles Perkins Centre was for the University of Sydney when we brought together multidisciplinary teams of scholars to find solutions to some of the world's most pressing health problems.*

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

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

**Faulty paper describes a 30-diet mouse experiment while hiding the longest and shortest *actual* median-lifespan results**

Cell Metabolism
Article

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

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

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

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

**Table 3**

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

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

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

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

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

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

Source: The paper's "Supplemental information" including Table S2 reproduced on p. 1, earlier.

Charles Perkins Centre tries to give mouse study undue (fake) relevance by recklessly extrapolating from mice to humans

news.com.au

AAP NOVEMBER 20, 2013 9:45PM

# Prof uses 1000 mice to expose food folly

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

Clifford Fram, AAP National Medical Writer

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

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

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

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

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

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

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

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

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

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

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

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

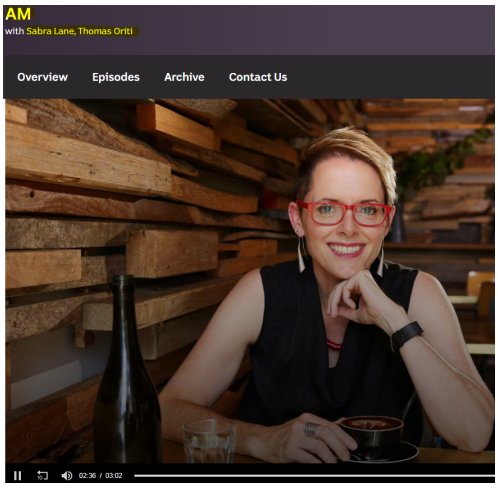
The best type of carbohydrates and fat is limited amounts of sugar and complex, low GI, hard-to-digest foods.

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

Originally published as Prof uses 1000 mice to expose food folly

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

**Charles Perkins Centre's false mouse-diet claims used to misinform national media about low-carb diets and human health**

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

AM By Sarah Dingle

Updated 5 Mar 2014, 4:54pm

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

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

.....

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

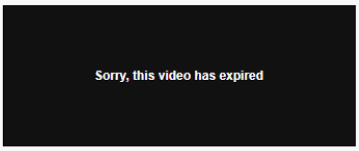
**AUDIO:** Listen to Professor David Le Couteur (AM)

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

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

"They were also the diets that had the highest energy content.

"We found that diluting the diets to reduce the energy intake actually made the animals die more quickly."




**VIDEO:** Professor David Le Couteur discusses his findings (ABC News)

The mice that ate a high-carbohydrate, low-protein diet lived about 50 per cent longer than those on the low-carb diet.

"The animals that were eating the less calories had shorter life spans," Professor Le Couteur said.

"The maximum life spans vary between 100 weeks and 150 weeks, depending upon the diets.

"So there was a 50 per cent increase in life expectancy depending upon the diets that you went on, so it was a big effect."

High-protein, low-carbohydrate diets like the Atkins diet and Paleo craze are popular among people wanting to lose fat.

But Professor Le Couteur says restricting calories may not do you favours later in life.

"What we did find is in late mid-life, when we analysed their health, the animals on the best diet, the low-protein, high-carbohydrate diets, had better blood pressure, had better LDL cholesterol, had better glucose tolerance, less diabetes and so on," he said.

Professor Le Couteur says plenty of data in humans already exists that shows people who choose a high-protein diet have worse outcomes in terms of death and disease.

"Certainly we found and we expected to find that high-protein diets led to weight loss and led to increased muscle bulk, but this was associated with worse outcomes, whether it was blood pressure or diabetes or life span," he said.

The study was published in the journal Cell Metabolism.

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

**Charles Perkins Centre's uncorrected 2014 mouse-lifespan claims wasting resources, misleading dementia research in 2018**

Wahl et al., 2018, Cell Reports 25, 2234–2243
November 20, 2018 © 2018 The Author(s).
https://doi.org/10.1016/j.celrep.2018.10.070

CellPress

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Cell Reports
Article

# Comparing the Effects of Low-Protein and High-Carbohydrate Diets and Caloric Restriction on Brain Aging in Mice

Devin Wahl,[1,2] Samantha M. Solon-Biet,[1] Qiao-Ping Wang,[1,3] Jibran A. Wali,[1] Tamara Pulpitel,[1] Ximonie Clark,[1] David Raubenheimer,[1] Alistair M. Senior,[1,4] David A. Sinclair,[5,6] Gregory J. Cooney,[1] Rafael de Cabo,[7] Victoria C. Cogger,[1,4] Stephen J. Simpson,[1,*] and David G. Le Couteur[1,2,8,*]
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https://doi.org/10.1016/j.celrep.2018.10.070

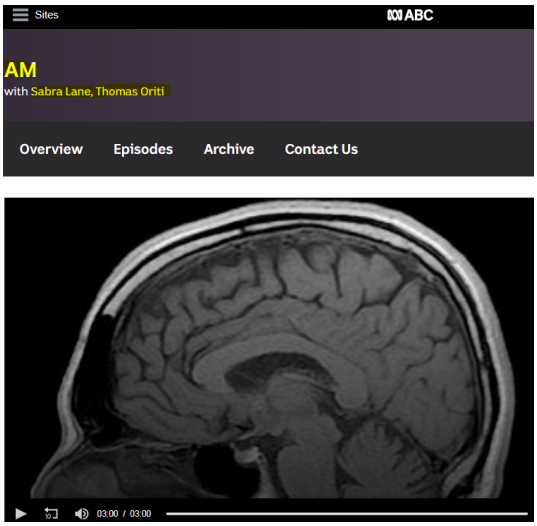
**SUMMARY**

Calorie restriction (CR) increases lifespan and improves brain health in mice. *Ad libitum* low-protein, high-carbohydrate (LPHC) diets also extend lifespan, but it is not known whether they are beneficial for brain health. We compared hippocampus biology and memory in mice subjected to 20% CR or provided *ad libitum* access to one of three LPHC diets or to a control diet. Patterns of RNA expression in the hippocampus of 15-month-old mice were similar between mice fed CR and LPHC diets when we looked at genes associated with longevity, cytokines, and dendrite morphogenesis. Nutrient-sensing proteins, including SIRT1, mTOR, and PGC1α, were also influenced by diet; however, the effects varied

are being explored. Recently, we utilized the geometric framework (Simpson and Raubenheimer, 2012) to evaluate the effects of *ad libitum*-fed diets varying in macronutrients and energy content on aging. Mice consuming a low-protein, high-carbohydrate, low-fat diet (LPHC, protein:carbohydrate ~1:10) lived longest and were healthier in old age, even when compared to CR achieved by dilution of chow with non-digestible fiber (Solon-Biet et al., 2014). The beneficial effects of LPHC diets on lifespan are conserved across a range of organisms from invertebrates to mice (Le Couteur et al., 2016).

The effects of LPHC diets on brain aging are unknown. However, the observation that *ad libitum*-fed LPHC diets are beneficial for lifespan and late-in-life cardiometabolic health suggest that they may also delay brain aging. To test this hypothesis, we evaluated the effects of four *ad-libitum*-fed diets varying in protein and carbohydrates and compared them to a standard 20% CR regimen in mice. Metabolic phenotype and markers of

https://www.cell.com/action/showPdf?pii=S2211-1247%2818%2931674-7




# Low protein, high carb diet found to be better for brain and ageing

By George Roberts on AM

Share

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Australian scientists have discovered what could be the best diet for keeping your brain youthful.

So far they've only tried it on mice, but they've found that a certain mix of protein and carbohydrates is good for your grey matter.

It's thought that the diet could improve your chances of delaying dementia.

**Duration:** 3min
**Broadcast:** Wed 21 Nov 2018, 8:00am

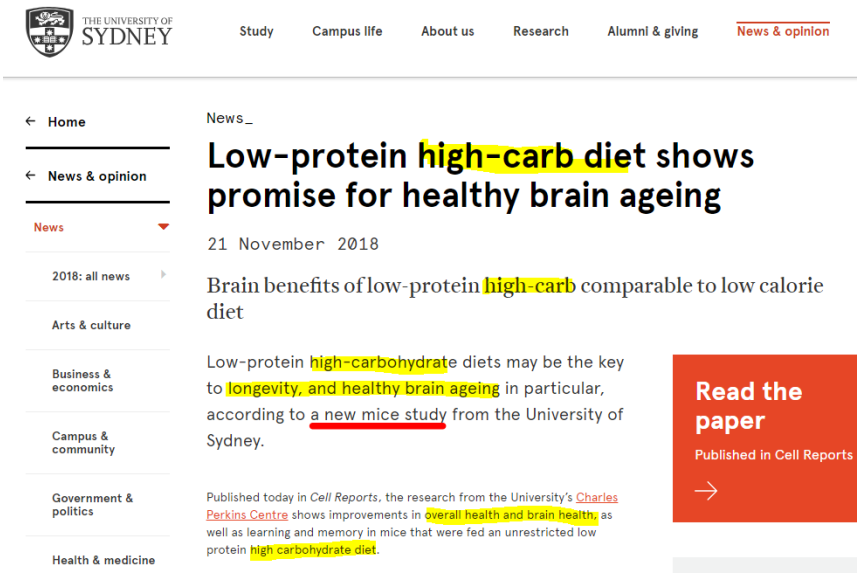
## More Information

Featured:

Professor David Le Couteur, University of Sydney

https://www.abc.net.au/radio/programs/am/low-protein,-high-carb-diet-found-to-be-better-for-brain/10517260

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



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

21 November 2018

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

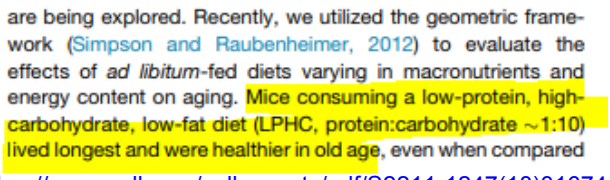
Low-protein high-carbohydrate diets may be the key to longevity, and healthy brain ageing in particular, according to a new mice study from the University of Sydney.

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

**Read the paper**

Published in Cell Reports

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



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

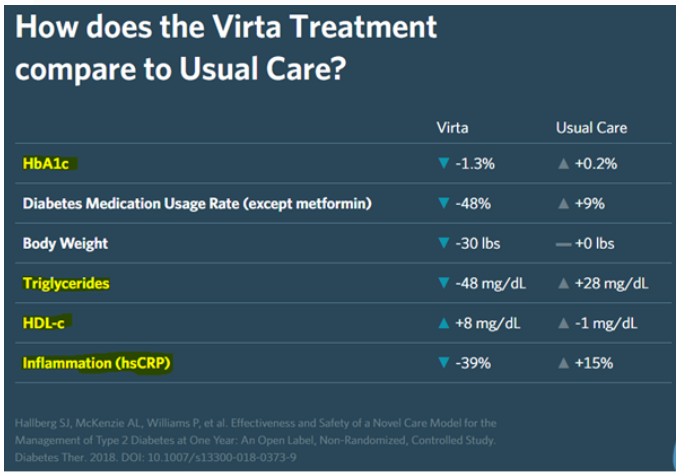
p. 2 https://www.cell.com/cell-reports/pdf/S2211-1247(18)31674-7.pdf

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

Diabetes Therapy

April 2018, Volume 9, Issue 2, pp 583–612 | Cite as

Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at 1 Year: An Open-Label, Non-Randomized, Controlled Study



## How does the Virta Treatment compare to Usual Care?

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

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

## Groundbreaking Clinical Outcomes

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

60% OF PATIENTS REVERSED THEIR TYPE 2 DIABETES

94% OF PATIENTS REDUCED OR ELIMINATED INSULIN

1.3% AVERAGE HBA1C REDUCTION AT ONE YEAR

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

83% CLINICAL TRIAL RETENTION AT ONE YEAR

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

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

## Letter: Prof. Simpson denies lifespan falsehood, tells *Cell Metabolism* "Rory's concerns are in every respect unfounded"

From: **rory robertson** <strathburnstation@gmail.com>
**Date: Tue, Jan 29, 2019 at 6:17 AM**
To: Stephen Simpson (CPC) <stephen.simpson@sydney.edu.au>, David Le Couteur <david.lecouteur@sydney.edu.au>, David Raubenheimer <david.raubenheimer@sydney.edu.au>, <david.sinclair@unsw.edu.au>, … [Full list at end of letter]

Dear authors of the University of Sydney's high-profile mouse-diet paper and officials of *Cell Metabolism* journal (as well as independent observers, including journalists),

Good morning/evening/afternoon. I hope you are well. I wrote to you in early January about your faulty paper. In response to my Expression of Concern - https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf - corresponding author Professor Stephen Simpson last week advised an inquirer:

"Dear .....

As is appropriate, we have responded to the Editor in Chief and Board of Cell Metabolism [ https://www.cell.com/cell-metabolism/contact ; https://www.cell.com/cell-metabolism/editorial-board ] explaining why Rory's concerns are in every respect unfounded. The conclusions of the paper remain unchanged, and indeed have been confirmed independently by other international laboratories.

We are very happy to discuss further in person should you wish.

Yours ever,
Steve

PROFESSOR STEPHEN J. SIMPSON AC FAA FRS
Academic Director, Charles Perkins Centre
School of Life and Environmental Sciences

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W https://sydney.edu.au/science/people/stephen.simpson.php
W http://sydney.edu.au/perkins "

**Today, I am writing to ask - dear authors and officials of *Cell Metabolism* - that I be provided, please, with your evidence that "...Rory's concerns are in every respect unfounded".**

It is troubling that your corresponding author Professor Simpson was unwilling to provide any such evidence to the inquirer. I think Professor Simpson's problem is that no such evidence exists. I think the fact remains that his taxpayer-funded 2014 paper ("Funding was obtained from the Australian National Health and Medical Research Council (NHMRC project grant 571328)...") blatantly misrepresents the longevity results of his 30-diet mouse experiment.

Recapping briefly, here's one (devastating) problem:

1. The authors claim that "Median lifespan was greatest for animals whose intakes were low in protein and high in carbohydrate...": p. 421 https://www.cell.com/action/showPdf?pii=S1550-4131%2814%2900065-5
2. Alas, contradicting that widely promoted story, the actual longevity data - carefully obscured in the authors' published "Supplemental" information - show that the greatest median lifespan (139 weeks) resulted from a high-protein (42%), low-carbohydrate (29%) diet. Indeed, that diet's median lifespan is 10% greater than the median lifespan of the next best diet (127 weeks), also a high-protein, low-carb diet. Notably, four of the top seven (of 30) diets in terms of median lifespan are high-protein diets, while seven of the worst 12 diets for median lifespan are low in protein.

**The extent of the NHMRC-funded authors' misrepresentation of their 30-diet experiment's actual longevity results is illustrated clearly by Table 3** in https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf, via **Table S2** in https://www.cell.com/cms/10.1016/j.cmet.2014.02.009/attachment/e2d00ae0-845a-4f9e-99a4-a831d55dd569/mmc1.pdf

Blind Freddie can see from Table 3 that my concerns are indeed well-founded: the problems I have documented are devastating to the credibility of both the NHMRC-funded paper and the high-profile dietary advice flowing from it to the general public (see the fourth-last paragraph below).

Accordingly, Professor Simpson's claim last week that "...Rory's concerns are in every respect unfounded" is obviously false and apparently dishonest. What I think we are observing is deliberate deception by a senior official of the University of Sydney, an entity that consumes billions of dollars of taxpayer-funded research grants.

While shocking to some, this disturbing lack of basic integrity is consistent with the Charles Perkins Centre's behaviour in its infamous *Australian Paradox* fraud that seeks to falsely exonerate modern doses of added sugar as a major driver of obesity and type 2 diabetes. In both cases, the problem with integrity involves influential science careerists unreasonably refusing to **"specifically address"** the profound and well-documented problems that render their published - and widely promoted - conclusions invalid:

- https://www.abc.net.au/radionational/programs/backgroundbriefing/independent-review-finds-issues-with-controversial-sugar-paper/5618490 ;
- p. 6 http://www.australianparadox.com/pdf/USyd-Misconduct-in-ANU-PhD.pdf ;
- pp. 5-6 http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf ;
- https://www.smh.com.au/healthcare/research-causes-stir-over-sugars-role-in-obesity-20120330-1w3e5.html
- https://www.abc.net.au/radionational/programs/backgroundbriefing/2014-02-09/5239418#transcript
- https://www.abc.net.au/lateline/health-experts-continue-to-dispute-sydney-uni/7324520
- https://www.smh.com.au/business/economist-v-nutritionists-big-sugar-and-low-gi-brigade-lose-20120307-1uj6u.html
- https://www.smh.com.au/business/pesky-economist-wont-let-big-sugar-lie-20120725-22pru.html
- p. 64 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf
- minute 1:20:30 https://youtu.be/acXICYKEzy4?t=4827

Beyond that well-documented-yet-ongoing research misconduct, hard evidence continues to pour in week after week that Professor Jennie Brand-Miller and her boss Professor Stephen Simpson - as key players in the *Australian Paradox* fraud that seeks to falsely exonerate added sugar, especially in sugary drinks - are on the wrong side of history: https://www.nytimes.com/2019/01/22/well/eat/to-fight-fatty-liver-avoid-sugary-foods-and-drinks.html

**In any case, given Professor Simpson's apparent dishonesty last week in responding to an inquiry about his mouse-longevity misrepresentation, I again urge Professor Simpson, his co-authors and/or the officials of *Cell Metabolism* to provide me, please, with the explanation that Professor Simpson says he provided to "the Editor in Chief and Board of Cell Metabolism".**

Critically, you need to explain how point 2. above does not clearly falsify your high-profile claim - promoted by the University of Sydney in full-page newspaper advertisements recklessly suggesting the research involved humans: p. 4 https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf - that "median lifespan" for mice was greatest for particular diets "low in protein and high in carbohydrate".

Professor Simpson, please "Reply all" with your evidence, so that independent observers watching this situation unfold can stop believing that the problems with your high-profile paper are indeed exactly as I have documented.

Readers, this all matters because the widespread tragedy of obesity, type 2 diabetes, dementia and other diet-driven human miseries promoting early death will continue to expand as long as influential misinformation published and promoted to the general public by eminent diet-science careerists remains uncorrected.

In the current episode, NHMRC-funded mouse-longevity misrepresentations have been converted into misguided high-carbohydrate, low-protein longevity advice for humans that tends to promote misery and early death, especially for Australians with type 2 diabetes and/or Metabolic Syndrome (both largely caused by the excessive consumption of refined sugar and other carbohydrate): https://www.abc.net.au/news/2014-03-05/low-carb-diet-may-shorten-your-life-study-finds/5299284 ; https://www.medicalnewstoday.com/articles/273533.php ; https://www.news.com.au/national/breaking-news/prof-uses-1000-mice-to-expose-food-folly/news-story/403238e7cccc57b86b689aaa18fa4b95 ; https://sydney.edu.au/news-opinion/news/2018/11/21/low-protein-high-carb-diet-shows-promise-for-healthy-brain-agein.html ; p. 4 http://www.australianparadox.com/pdf/Expanded-Letter-HealthDept-type2diabetes.pdf

Until the authors or the journal provide actual evidence (not just fluffy bluster) that my concerns "are in every respect unfounded" (they can't), I will continue to advise that the Charles Perkins Centre's faulty NHMRC-funded mouse-diet paper be **formally retracted and then rewritten under competent and honest supervision**, to ensure that the actual longevity results of the 30-diet mouse experiment are accurately described, as per Table 3 in https://www.australianparadox.com/pdf/Letter-cell-metabolism.pdf

**In summary, the important point for Australian readers is that we cannot trust eminent "science" as it is done today. My experience - via the University of Sydney's infamous *Australia Paradox* fraud, and now with its sugary low-protein mouse-longevity deception - is that there is no competent quality control when it matters. Group of Eight science careerists simply show up, pick up their pay and awards of eminence, while doing whatever they please with little or no competent, honest oversight. The main victims are taxpayers and public health.**

Am I silly to argue that this shonky-but-expensive system needs to change? Why shouldn't taxpayers who pour billions of dollars into Group of Eight university research have every right to insist that the general public not be deceived and harmed by false claims promoted by those receiving the funding?

Best wishes,
Rory

**Rory Robertson**
**www.strathburn.com**

## Letter: Editor-in-Chief Nikla Emambokus is overseeing *Cell Metabolism*'s response to misrepresentation of longevity results

From: **Stephen Simpson (CPC)** stephen.simpson@sydney.edu.au

**Date: Wed, Jan 30, 2019 at 9:01 AM**
Subject:
To: strathburnstation@gmail.com <strathburnstation@gmail.com>
Cc: Creighton, Adam <creightona@theaustralian.com.au>, Emambokus, Nikla (ELS-CMA) <NEmambokus@cell.com>, Samantha Solon-Biet <samantha.biet@sydney.edu.au>, David Le Couteur <david.lecouteur@sydney.edu.au>

Dear Rory,

After seeking approval from the Editor in Chief at Cell Metabolism, please find attached the response to your concerns. [See below, overleaf and https://www.australianparadox.com/pdf/USyd-mouse-diet-response.pdf ] This was sent to the editorial board, who were allowed the courtesy of two weeks to review and respond. No further questions having been raised by the members of the editorial board, it is now appropriate that you be copied.

Steve

PROFESSOR STEPHEN J. SIMPSON AC FAA FRS
Academic Director, Charles Perkins Centre
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W http://sydney.edu.au/perkins

## Professor Simpson's "rebuttal" reinforces concern *actual* results misrepresented and Rory's complaints valid and substantial

(Professor Simpson - via his letter above - provided RR with a rebuttal document without a heading, a list of authors or a date.)

**Comment 1:**
**S2** shows that the median lifespan of mice on *none* of 25 diets exceeded 140 weeks, let alone 150 weeks. Yet **Figure 2** in the main text (chart below) suggests median lifespans beyond 150 weeks; Figure **2B** shows a Kaplan-Meier curve featuring the *oldest* mice (outliers >150 weeks) while obscuring the range of *median* lifespans (all <140 weeks) over the 30-diet experiment.

**Response 1**:
This comment indicates confusion around median and maximum lifespans and the nature of survivorship curves. Median lifespans per diet treatment (Table S2) are used as the basis for the response surface in Figure 2A, mapped onto mean nutrient intakes for the mice on each diet. The full survivorship analyses in the remainder of Fig. 2 includes lifespans of all mice for a given dietary category (dietary protein to carbohydrate ratio or energy density), which of course include cases both shorter and longer than the median.

**Comment 2:**
The authors claim **falsely** that "Median lifespan was greatest" on diets "low in protein and high in carbohydrate". *You* can see (Table S2) that median lifespan was greatest on a diet *high* in protein (42%) and *low* in carbohydrate (29%): 139 weeks is 10% better than the next-best median, also from a *high*-protein diet. Alas, in **Figure 2A** the authors carefully suppressed any possible sign of the two best diets (median lifespan **126-139** weeks).

**Response 2:**
The conclusion that lower protein, higher carbohydrate diets supported longest lifespans and best mid-latelife cardiometabolic health in the mice was derived from the entire dataset - and was statistically robust. The power and novelty of this study was that it systematically measured many combinations and quantities of protein, carbohydrate and fat and tested the responses of mice across all of these – *not* diet by diet. In fact, to pick out one or two diets for special attention is invalid – equivalent to refuting a statistically significant regression based on individual points below or above the fitted line.

**[more……]**

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

**Response 3:**
As we pointed out at the time of publication in an online response to Mr Robertson, these diets were discontinued within the first 10-23 weeks of the study because the young mice assigned to them from weaning were not growing, and according to the independent veterinary office overseeing the study, would soon have died from malnutrition. Under the terms of the ethics protocol this mandated their immediate removal from the experiment.

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

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

**[more……]**

Finally, there seems to be an implication in Mr Robertson's comments that we are somehow advocates for a high carb diet. We are not – we are scientists. As he could see by reading Solon-Biet et al. 2015 (PNAS), reproductive function in the same male and female mice was maximised on a higher protein, higher fat diet. The message from these and other experiments is that titrating macronutrient ratios (and varying their quality) can achieve many and various health and life-history outcomes – but not all outcomes are optimised on a single diet composition.

The full document is available at https://www.australianparadox.com/pdf/USyd-mouse-diet-response.pdf

**Prof. Brand-Miller thanks boss Prof. Simpson for his assistance publishing dishonest 2017 Australian Paradox paper in *AJCN***

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

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

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

**Brand-Miller thanks boss Simpson for protecting *Australian Paradox* fraud and overseeing its dishonest expansion into *AJCN***

**ACKNOWLEDGMENTS**

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

16

**Charles Perkins Centre's *Australian Paradox* evidence of "consistent and substantial decline" in sugar intake, 1980-2010**

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

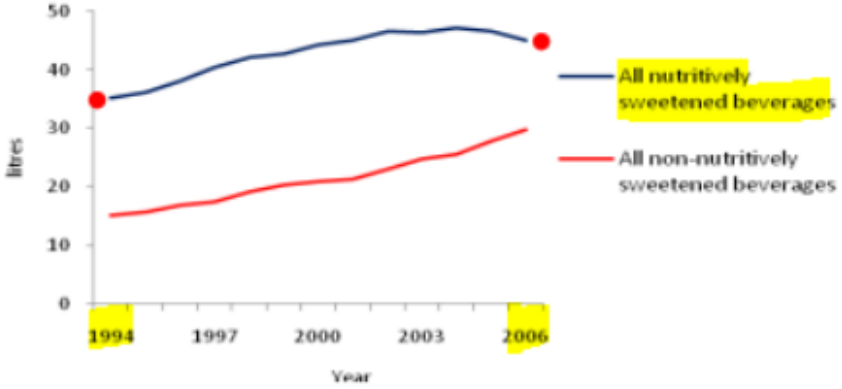
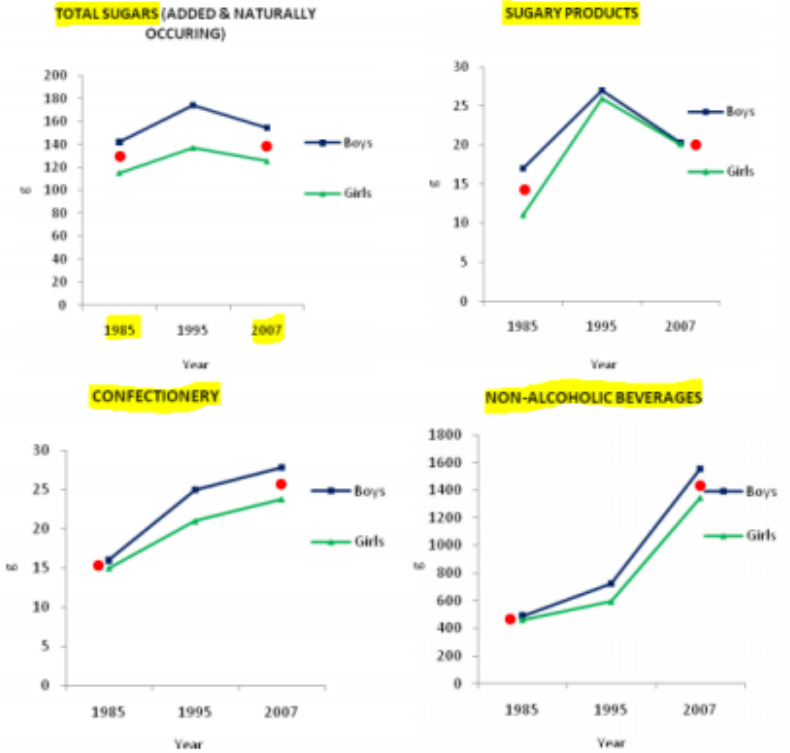
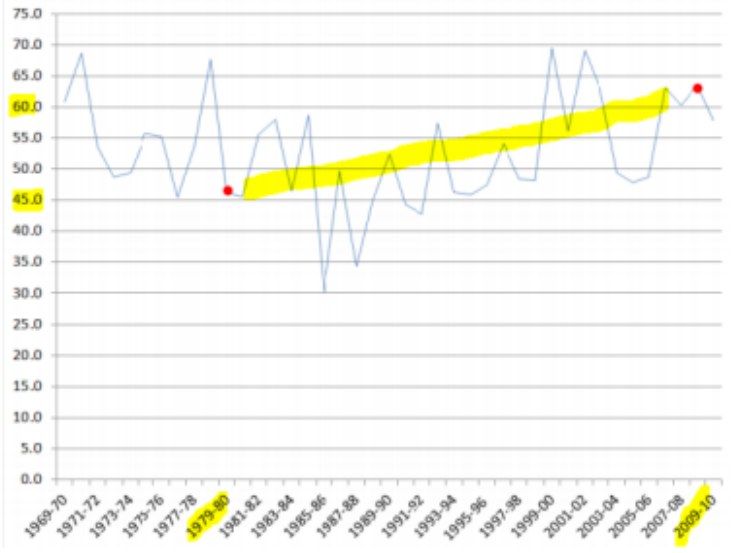



**Chart 2: National Dietary Surveys – Children (grams per child per day)**




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

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




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

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

## ABC'S secret investigation into *Australian Paradox* matters confirms serious scientific fraud via misrepresentation of data

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

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

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

**Rory Robertson**
**8 July 2018**

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

**2.1.1.1 RR statements**

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

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

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

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

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

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

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

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

**Robertson's first University of Sydney research-fraud *Inquiry* resulted in "whitewash", with main recommendation thwarted**

**Professor Robert Clark AO**
Chair, Energy Strategy and Policy
The University of New South Wales
Former Chief Defence Scientist of Australia and
CEO Defence Science and Technology Organisation

26 June 2014

Professor Jill Trewhella
Deputy Vice-Chancellor (Research)
Level 6, Room 646
G02 Jane Foss Russell Building
The University of Sydney NSW 2006

**INITIAL INQUIRY REPORT: COMPLAINT BY MR RORY ROBERTSON AGAINST PROFESSOR JENNIE BRAND-MILLER AND DR ALAN BARCLAY**

**1. INTRODUCTION**

I was nominated by the Deputy Vice-Chancellor (Research) at the University of Sydney to conduct an initial inquiry into a complaint by Mr Rory Robertson ('the Complainant') against Professor Jennie Brand-Miller and Dr Alan Barclay. In accordance with clause 23 of the University of Sydney *Research Code of Conduct* 2013, the purpose of the initial inquiry is to determine how to respond to the complaint.

This report is a written record of my Inquiry.

**2014 *Inquiry* either incompetently or dishonestly "disappeared" critical evidence of FAO's flat, fake dead-ending data**

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).

**See overleaf** for chart, and email from FAO official confirming that key data are made-up, falsified and/or invalid, take your pick.

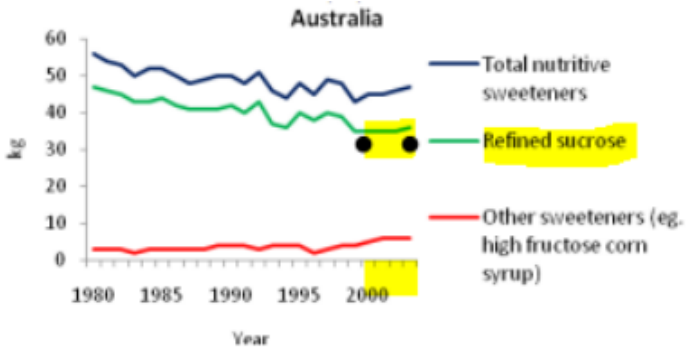
**2014 *Inquiry*'s main recommendation ignored, and indeed thwarted by Charles Perkins Centre**

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

Snippets: pp. 1, 21 and 4 https://ses.library.usyd.edu.au/bitstream/2123/15705/2/australian-paradox-report-redacted.pdf

**Deputy Vice-Chancellor (Research) Jill Trewhella and investigator Professor Robert Clark AO "disappeared" FAO evidence**

Why do University of Sydney "scientists" and senior management keep pretending that a conspicuously flat, faked/invalid/faulty/unreliable dead-ending 2000-03 sugar series is valid and reliable?




Source: Figure 2A in *Australian Paradox* http://www.australianparadox.com/pdf/OriginalAustralianParadoxPaper.pdf

Readers, after 1999**, after the ABS discontinued its data series as unreliable (and stopped counting)**, the FAO's data for 2000-03 are conspicuously flat and dead-ending, bizarrely stopping seven years before the end of the paper's 1980-2010 timeframe. That the dead-ending 2000-03 data are made-up/falsified/unreliable is self-evident to most, but the FAO also provided written confirmation, after I wrote to it and *inquired* way back in 2012:

**LETTER 4**

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
É Phone: 00 39 06 57052548
Fax: 00 39 06 57055615
http://www.fao.org/economic/statistics

https://www.australianparadox.com/pdf/FAOfalsifiedsugar.pdf
http://www.australianparadox.com/pdf/RR-response-to-inquiry-report.pdf

It was only *after* receiving that confirmation from the FAO - that the data are simply made-up (no actual counting takes place) and thus are unreliable and scientifically invalid - that I "went public" about my concerns regarding the *Australian Paradox* paper, assisted by highly experienced journalist Michael Pascoe:

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

https://www.smh.com.au/business/economist-v-nutritionists-big-sugar-and-low-gi-brigade-lose-20120307-1uj6u.html

**RR's formal 2014 *Submission* presented detailed evidence on fake/unreliable 2000-03 FAO series, but then it "disappeared"!**

In 2014, in my formal *Submission* to Deputy Vice-Chancellor (Research) Jill Trewhella and her "independent" investigator Professor Robert Clark AO, I provided the FAO's written 2012 confirmation that its 2000-03 data are made-up/faked/falsified/unreliable/invalid.

> 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.
>
> **My bottom line remains that in the absence of reliable sugar consumption data it is unreasonable to claim anything much. In particular, it is wrong to claim "a consistent and substantial decline" in per-capita sugar consumption between 1980 and 2010 - and so sugary softdrinks have nothing to do with obesity - especially while operating a pro-sugar Glycemic Index business that partnered with sugar producer CSR and gets paid up to $6,000 a pop for putting Healthy stamps on particular brands of sugar and sugary products:**
> http://www.gisymbol.com/category/products/sweeteners/ ; http://www.gisymbol.com/pom-wonderful/

p. 4 http://www.australianparadox.com/pdf/RRsubmission2inquiry.pdf
http://www.australianparadox.com/pdf/New-nonsense-based-sugarreport.pdf

Meanwhile, Brand-Miller and Barclay misled Professor Clark, describing their faked 2000-03 FAO data as "robust and meaningful": p. 58 https://ses.library.usyd.edu.au//bitstream/2123/15705/2/australian-paradox-report-redacted.pdf

When he interviewed Brand-Miller and Barclay, Professor Clark correctly assessed that "the Australian Paradox authors weren't sure about the detailed methodology underpinning the FAO data in Figure 2", conceding that **"we both needed to check the facts"** (p. 8).

Instead, he and Deputy VC (Research) Jill Trewhella suppressed the critical facts, by recklessly "disappearing" key evidence (p. 21):

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

Only thus was the University of Sydney able to keep pretending that clearly faked/invalid/unreliable data are both valid and reliable.

Back in 2013, I confirmed with the CEO of the MDPI publisher of the journal *Nutrients,* that University of Sydney Vice-Chancellor Michael Spence could arrange the **immediate formal retraction** of the extraordinarily faulty *Australian P*aradox paper merely by writing to the Editor-in-Chief of *Nutrients*. Alas, he has not yet developed a genuine interest in scientific integrity or become devoted to "research excellence". (Nor has the NHMRC yet forced him to do so, by withholding all further research funding until these matters are fixed.)

> On the retraction of *Australian Paradox*, Mr Dietrich Rordorf - the CEO of the MDPI stable of journals that publishes *Nutrients* – has said that MDPI will retract the faulty paper as soon as he is instructed to do so by the University of Sydney: "**If the Publisher receives an official note from either the university or the academic editor to retract the paper, the paper will be taken down" (see discussion in Responses)** http://retractionwatch.com/2013/08/22/journal-to-feature-special-issue-on-scientific-misconduct-seeks-submissions/

http://www.australianparadox.com/pdf/RRsubmission2inquiry.pdf ; https://retractionwatch.com/2013/08/22/journal-to-feature-special-issue-on-scientific-misconduct-seeks-submissions/#comment-12734

## 2014 *Initial Inquiry Report*'s key recommendation thwarted by Prof. Brand-Miller, helped by her boss Prof. Stephen Simpson

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

p. 4 https://ses.library.usyd.edu.au/bitstream/2123/15705/2/australian-paradox-report-redacted.pdf

*Australian Paradox* senior author Professor Brand-Miller and her boss Professor Stephen Simpson – Academic Director of the Charles Perkins Centre – ignored and then thwarted the 2014 *Initial Inquiry Report*'s main recommendation, ensuring that a new paper "specifically addressing" and "clarifying" the "key factual issues" was never written.

A new Australian Paradox paper was published in early 2017, but it was a dishonest "update" (see p. 9, earlier) featuring the use of shonky, unreliable data. Neither Jennie Brand-Miller nor her boss Stephen Simpson felt the need to mention the problems that made the infamous 2011 paper's conclusions hopelessly unreliable. They did not seek to "clarify" the issues "raised by the Complainant" (me), for that would require Brand-Miller "owning up" to a serious scientific fraud. Instead, in late 2016, scientific fraudster Brand-Miller sooled a security guard on to me when I – as a paying participant at a conference where she presented her dishonest 2017 paper pre-publication - sought to ask her questions about her decision to expand her *Australian Paradox* fraud rather than retract her shonky paper and end her shameful misconduct (see overleaf and pp. 64-80 http://www.australianparadox.com/pdf/Big-5-year-update-Feb-2017.pdf ).

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

# Declining consumption of added sugars and sugar-sweetened beverages in Australia: a challenge for obesity prevention[1,2]

*Jennie C Brand-Miller*[3]* *and Alan W Barclay*[4]

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

### Apparent consumption of refined sugars

McNeill and Shrapnel (32) compiled data on the longer-term apparent consumption of refined sugars in Australia that was

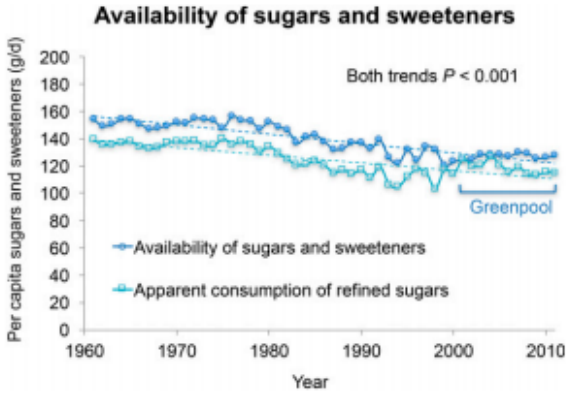



**FIGURE 1** Long-term trends in the availability of sugars and sweeteners in Australia (1961–2011) according to the FAO Statistics Division Database (18), Australian Bureau of Statistics, (19), and Greenpool (32).

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

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

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

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

THE AUSTRALIAN
*For the informed Australian*

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THE NATION

### University of Sydney threatens to ban Rory Robertson over sugar dispute

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

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

ADAM CREIGHTON
Economics Correspondent | Sydney | @Adam_Creighton

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

77.

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

Rory Robertson's

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

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

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

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

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

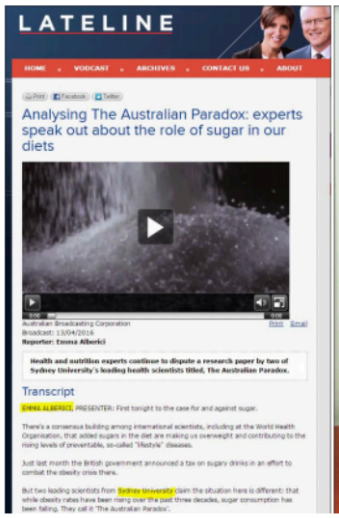
(iv) **Michael Spence, Vice-Chancellor of the University of Sydney *and* Chair of the Group of Eight**, in an epic failure of leadership, ditched the promise to taxpayers of Go8 research "excellence", and embraced Academic Freedom, as he refused to correct blatantly false information harming public health;

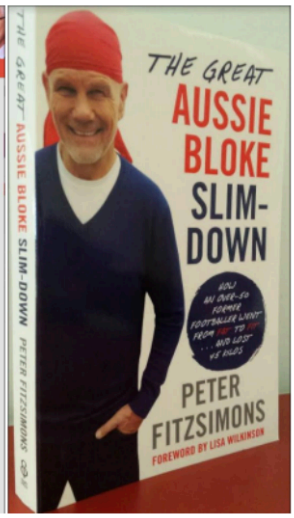
(v) **Provost Stephen Garton and VC Michael Spence** in 2017 each wrote to Rory Robertson, who responded in turn to their detailed false claims (p. 64);

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

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

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




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

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

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

## Research misconduct

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

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

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

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

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

**Box B.1 Examples of research misconduct**

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

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


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

Source: RR's *Submission to ACCC's Scamwatch*

# 'You need to shut up': Research silencing and what it reveals about academic freedom.

A thesis submitted for the degree of

**Doctor of Philosophy**

of

The Australian National University

by

**Jacqueline Elise Hoepner**

Centre for the Public Awareness of Science

College of Physical and Mathematical Sciences

July 2017

## Overview of thesis

This thesis is concerned with attacks on research and what they reveal about the dearly held yet poorly understood notion of 'academic freedom'. I present data from interviews with academics whose work has been attacked on what appear to be moral grounds, rather than for demonstrable cases of misconduct. Throughout this thesis, I pose the question: what does research silencing reveal about limits to academic freedom? I present an overarching theory that goes beyond the existing literature: although academic institutions promote and defend an ideal of academic freedom—that unfettered pursuit of knowledge is vital to the function of universities—research silencing reveals clear boundaries around what distinguishes 'acceptable' and 'unacceptable' enquiry in particular fields. It is not that research silencing is a breach of academic freedom, it fundamentally challenges its existence. I conclude that these

**Untruthful JBM suggests RR bribed University of Sydney Vice-Chancellor Michael Spence, duping ANU PhD too lazy to check facts into thinking *Australian Paradox* paper has no real flaws. ANU PhD insists RR an unethical "research silencer"**

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

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

Page 58; **Readers, the receipt for my donation is reproduced overleaf (RR)**

*Research misconduct inquiry* refers to participants who were forced to defend their work against claims of wrongdoing in an official investigation. Although participants who experienced this behaviour were ultimately cleared, they believe their reputations sustained damage throughout the process. Jennie Brand-Miller explained her anxiety around having the research misconduct inquiry, as she feared her reputation might be permanently smeared with unfounded accusations.

> I was stunned when the Research—the Pro-Vice Chancellor of Research she made the decision, after a long time, I think it probably was December 2013, so we'd been now going almost two years. She made the decision that the only way to settle this was to institute an inquiry into research misconduct. And honestly the words 'research misconduct' were enough to make me feel sick, because you know, it would mean from there on in if someone, you know, got your name and just Googled it, it would be associated soon enough with something called 'research misconduct'. And you didn't have to read far to gain the impression that I'd done something wrong.

Page 70

Jennie Brand-Miller felt let down by her university, as they bent to money and influence from an outsider, rather than defending her right "to pursue knowledge for its own sake, wherever the pursuit might lead" (Senate and Academic Board of the University of Sydney, 2008). The highly contingent, subjective, grey areas inherent in these policies provide crucial perspective for why there is a gap between what my participants believed and expected of academic freedom, and the attacks upon their work.

Page 94

undermines this commitment. Brand-Miller was particularly disappointed with the lack of protection and support offered by University of Sydney administration and their willingness to give in to demands from her and Barclay's primary detractor.

Page 96

https://openresearch-repository.anu.edu.au/bitstream/1885/121823/1/Hoepner%20Thesis%202017.pdf
http://www.australianparadox.com/pdf/2017-ANU-PhD-on-Research-Silencing.pdf

**ANU PHD thesis suggests - via Jennie Brand-Miller's dishonesty – that Rory Robertson's donation to Sydney University's Faculty of Health Sciences was a bribe to secure 2014 research-misconduct Inquiry**

THE UNIVERSITY OF SYDNEY

Mr Rory David Robertson
[redacted]

6 May 2013

Dear Mr Robertson,

Thank you on behalf of the Faculty of Health Sciences for your contribution of $10,000.00 to support Research into monitoring health and dietary behaviour during participation in an online lifestyle program. Please find below your official University tax receipt.

The University of Sydney is a vibrant teaching and research institution dedicated to solving real world problems. Your gift will help us to ignite the potential of our brightest minds. For generations we have recognised the power of education to lead change. With your help, we are able to continue this tradition by creating a community where individuals and their ideas can flourish.

Thank you for your donation. Your generosity shows that our work matters to you.

Yours sincerely,

Tim Dolan
**Director of Development**

420243/297732/HEA-017

**RECEIPT/TAX INVOICE**

THE UNIVERSITY OF SYDNEY

| Date | Received From | Receipt Number | Amount |
|---|---|---|---|
| 23/04/2013 | Mr Rory David Robertson | 297732 | $10,000.00 |

**Payment type:** Direct Deposit

A gift to the University is allowable for the purpose of claiming a deduction under item 1 of the table in section 30-15 of the Australian Income Tax Assessment Act of 1977

Thank You

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Advancement Services

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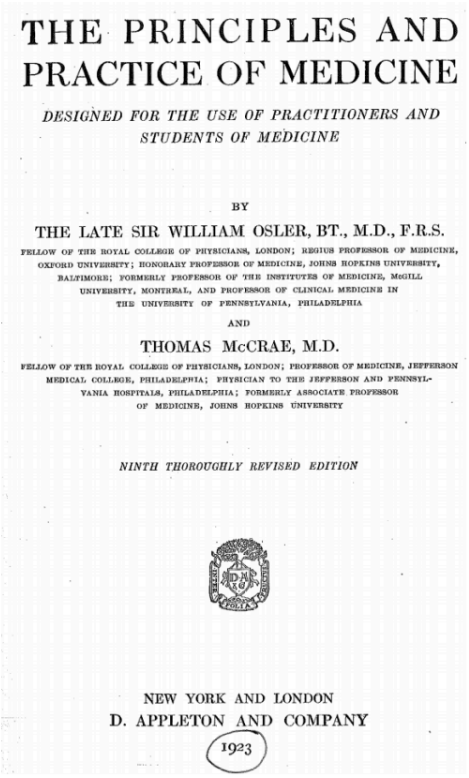
**sydney.edu.au**

ABN 15 211 513 464
CRICOS 00026A
CFN 10369

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



THE PRINCIPLES AND PRACTICE OF MEDICINE

*DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE*

BY

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

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

AND

THOMAS McCRAE, M.D.

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

*NINTH THOROUGHLY REVISED EDITION*

NEW YORK AND LONDON
D. APPLETON AND COMPANY
1923

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

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

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

**Added sugar is 100% carbohydrate**. In 1923, it was widely known by competent GPs across the western world that excessive consumption of added sugar and other carbohydrate is the main driver of (Type 2) diabetes. **Accordingly, a low-carbohydrate, high-fat (LCHF) cure was advised (overleaf).** Today, that LCHF diet cure is almost universally suppressed by "scientists", GPs, dietitians and other public-health careerists. Sadly, the fledgling post-WW2 nutrition "science" space in the 1950s and 1960s was hijacked by mistaken-but-highly influential anti-fat, pro-carbohydrate careerists. For type 2 diabetics today, official advice is worse than useless: "usual care" typically features a diet of 45-65% carbohydrate and a lifetime on ineffective diabetes drugs. With usual care, typically less than 1% of HCPs' customers have their type 2 diabetes "reversed", "cured" or "put into remission" before their untimely, premature deaths.
http://care.diabetesjournals.org/content/early/2014/09/12/dc14-0874.full-text.pdf

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

**All sorted a century ago!**

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



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

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

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

**FOODS ARRANGED APPROXIMATELY ACCORDING TO CONTENT OF CARBOHYDRATES**

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

| 30 grams (1 oz.) CONTAIN APPROXIMATELY | 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 | 5 | 15 | 0 | 155 |
| Cream, 40% | 1 | 12 | 1 | 120 |
| " 20% | 1 | 6 | 1 | 60 |
| Milk | 1 | 1 | 2 | 20 |
| Bread | 3 | 0 | 18 | 90 |
| Rice | 3 | 0 | 24 | 110 |
| Butter | 0 | 25 | 0 | 240 |
| Egg (one) | 6 | 5 | 0 | 75 |
| Brazil Nuts | 5 | 20 | 2 | 210 |
| Orange (one) | 0 | 0 | 10 | 40 |
| Grape Fruit (one) | 0 | 0 | 10 | 40 |
| Vegetables from 5–6% groups | 0.5 | 0 | 1 | 6 |

1 gram protein contains 4 calories.
1 " carbohydrate contains 4 calories.
1 " fat contains 9 calories.
1 " alcohol contains 7 calories.

1 kilogram—2.2 pounds.
6.25 grams protein contain 1 gram nitrogen.
A patient "at rest" requires 30 calories per kilogram body weight.

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

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

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

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

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

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

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

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

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

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

"Full sugar soft drinks are a major contributor."

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

RELATED STORY: Indigenous leaders respond to Closing the Gap

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

Key points:

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

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

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

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

HEART & STROKE™ FOUNDATION

POSITION STATEMENT

# SUGAR, HEART DISEASE AND STROKE

## FACTS

- Heart disease and stroke are leading causes of death in Canada, responsible for 27.3% of all deaths.[1] Over 1.3 million Canadians are living with heart disease[2] and 315,000 Canadians are living with the effects of stroke.[3]
- More than 60% of Canadian adults[4] and 31% of children and youth aged 5 to 17 years are overweight or obese.[5] Children who are obese are at increased risk of remaining overweight or obese as adults.[6]
- Up to 80% of early heart disease and stroke can be prevented through adopting healthy behaviours including eating a healthy diet.
- Sugar is a carbohydrate that provides energy to the body. Other than providing energy, sugar has no other nutritional benefits.
- Sugar can occur naturally in milk, fruit, vegetables, starches, grains and most plant based foods. Sugars can also be added to foods and drinks for flavour, as a sweetener, as a

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

THE AUSTRALIAN

# Professor uses 1000 mice to expose food folly

AAP NOVEMBER 21, 2013 12:00AM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**2 Estimated energy availability and macronutrient profile, overall and by community**

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

**Indigenous Australians are perhaps hardest hit by the Charles Perkins Centre's pro-sugar incompetence and fraud. It's tragic that the sorts of outsiders Charlie worked so hard to help often live in misery and die prematurely via type 2 diabetes and CVD, driven by excess consumption of sugar and other carbohydrate**

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

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**4** Menzies School of Health Research,

Abstract

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary | Downloads | Explanatory Notes | Related Information | Past & Future Releases

Page tools: Print Page | Print All | Email Notification | RSS | Search this Product

- + Key Findings
- + Diabetes
- + Cardiovascular disease
- Chronic Kidney Disease
- Liver Function
- Exposure to tobacco smoke
- Anaemia
- Iodine
- Vitamin D
- Feature article: Chronic disease results for Aboriginal and Torres Strait Islander and non-Indigenous Australians
- **Aboriginal and Torres Strait Islander adults experience diabetes 20 years earlier than non-Indigenous adults (Media Release)**
- About this Release
- History of Changes

**MEDIA RELEASE**

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

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

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

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

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

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

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

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

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

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

Diabetes Therapy
April 2018, Volume 9, Issue 2, pp 583–612 | Cite as

# Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at 1 Year: An Open-Label, Non-Randomized, Controlled Study

## How does the Virta Treatment compare to Usual Care?

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

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

## Groundbreaking Clinical Outcomes

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

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

R. D. Feinman et al. / Nutrition 31 (2015) 1–13

A B S T R A C T

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

ELSEVIER

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Nutrition

journal homepage: www.nutritionjrnl.com


Critical Review

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

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https://ac.els-cdn.com/S0899900714003323/1-s2.0-S0899900714003323-main.pdf?_tid=de24cc64-1c7e-4f71-8180-fd8e8d4c74c8&acdnat=1533621291_8f78171e4d00021503f7765395edcbdd

Source: RR's *Submission to ACCC's Scamwatch*

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


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

Source: RR's *Submission to ACCC's Scamwatch*

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

FOOD POLITICS

*by* Marion Nestle

MAR 7 2016

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

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


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

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

## CSR™ LOGICANE™ SUGAR


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

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

**NUTRITIONAL INFORMATION**

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

GLYCEMIC INDEX FOUNDATION

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## NESTLÉ® MILO®


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

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

**Company:** Nestlé Australia and New Zealand

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

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

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

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


Nutritional Information | Ingredients

**Nutritional Information**
**Average serving size:** 55g

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

## APPENDIX 3
## A showbag of Low-GI books and sugary branded products, including Hospital Sustagen

Hi Rod,

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

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

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

**Sustagen Diabetic** (see enclosed product and discussion overleaf)

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

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

**Coca Cola** (lowGI=53; 10.6% sugar)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

THE AUSTRALIAN
FOR THE INFORMED AUSTRALIAN

# A spoonful of sugar is not so bad

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

THEAUSTRALIAN
12:00AM JULY 9, 2011

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

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

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

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

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

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

.....

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

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

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

Source: RR's *Submission to ACCC's Scamwatch*

**Rory Robertson**
**February 2018**

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

## Key advocates:

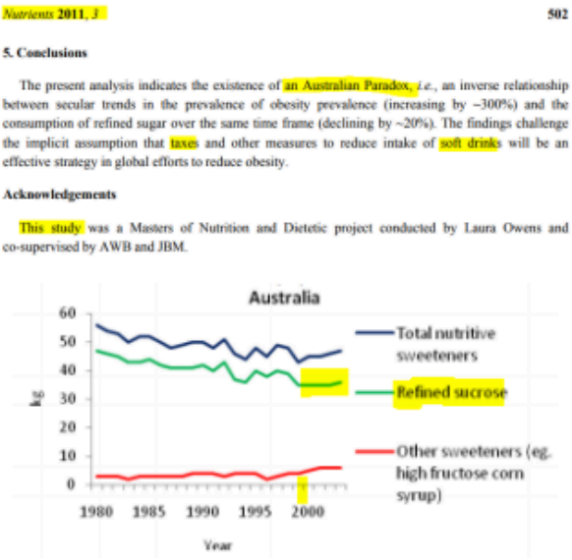
1. **Grattan Institute**: https://grattan.edu.au/wp-content/uploads/2016/11/880-A-sugary-drinks-tax.pdf
2. **Australian Greens**, led by Senator Richard Di Natale (p. 13-15)
3. **Australian Medical Association**, led by Dr Michael Gannon (p. 10-12)
4. **Obesity Policy Coalition** (OPC), led by Jane Martin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

## Key opponents:

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

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

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



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

**5. Conclusions**

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

**Acknowledgements**

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



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

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

Special Issue Editor

*Guest Editor*
Prof. Dr. Jennie Brand-Miller

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

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

Source: RR's *Submission to ACCC's Scamwatch*

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

THE UNIVERSITY OF SYDNEY

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

## Glycemic Index Testing & Research

**Sydney University Glycemic Index Research Service (SUGiRS)**

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

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

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

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

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

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

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

**How much food is required to measure GI values?**

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

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

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

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

## About Glycemic Index

**About Us**

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

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

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

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

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

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



*Harvard Heart Letter*

# Abundance of fructose not good for the liver, heart

**Published: September, 2011**

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

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

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

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

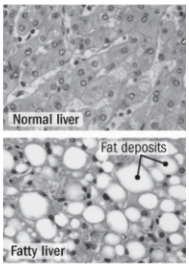
## From fructose to fat

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

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

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

## Liver comparison




## Beyond the liver

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

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

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

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

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

3. Mistreatment of consumers with type 2 diabetes, and unethical overservicing via bogus Group of Eight "science"

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

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

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

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

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

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

Recently, the National Academy of Sciences–Food and Nutrition Board recommended that diets provide 45–65% of calories from carbohydrate, with a minimum intake of 130 g carbohydrate/day for adults (31).

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



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

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

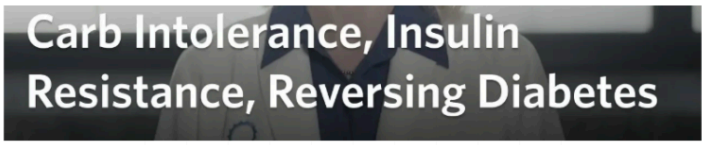
Further, as noted earlier, a 2018 study overseen by Virta Health's scientists, doctors and dietitians formally documents that carbohydrate restriction **allows 60% of customers with type 2 diabetes to be cured within a year**, and ~90% reduce their use of costly, ineffective drugs: https://link.springer.com/content/pdf/10.1007%2Fs13300-018-0373-9.pdf ; https://blog.virtahealth.com/dr-sarah-hallberg-type-2-diabetes-reversal/

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

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

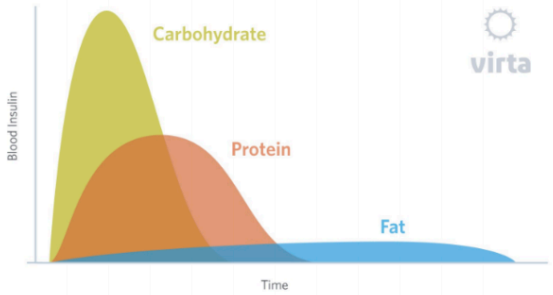
***…To provide context, 1.7% of the cohort died, while only 0.8% experienced any level of remission… the chances of dying were higher than the chances of any remission.***
http://care.diabetesjournals.org/content/early/2014/09/12/dc14-0874.full-text.pdf

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




**What happens when we eat carbohydrates, protein and fat?**

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



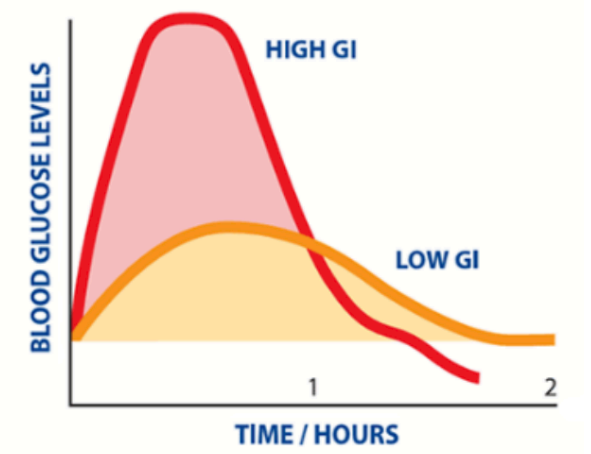

Carbs and fats provide energy for the body. When carbs are limited in the diet, fat becomes the preferred and efficient fuel source. When you reduce your intake of one macronutrient, you have to increase your intake of at least one other macronutrient—otherwise you'll feel hungry and not have enough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

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

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

**What is the Glycemic Index?**

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




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

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

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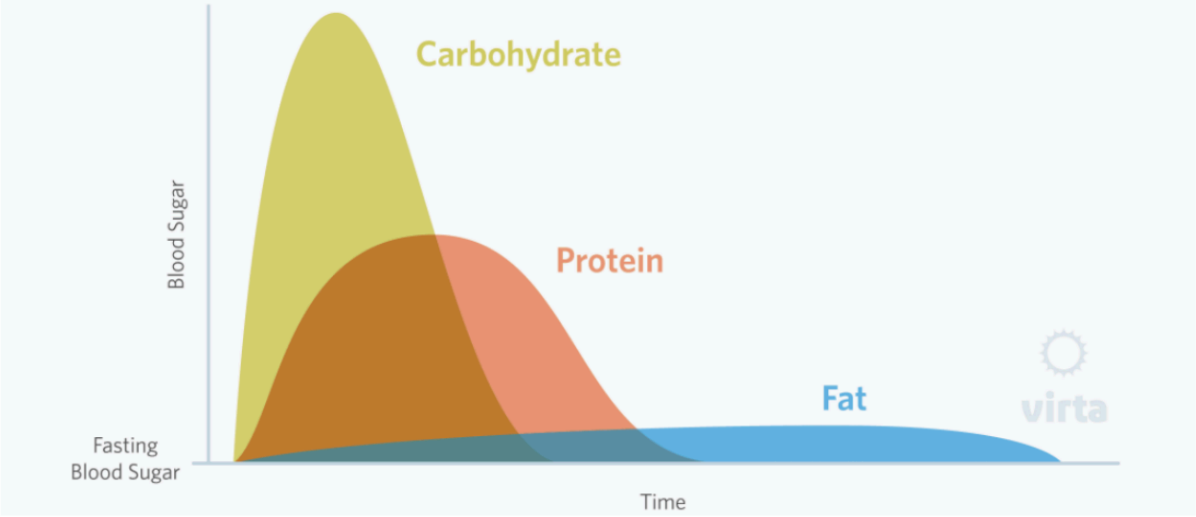
**Low-GI crew recklessly ignore theory and evidence that restricting carbohydrate outperforms high-carb Low-GI**

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




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

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

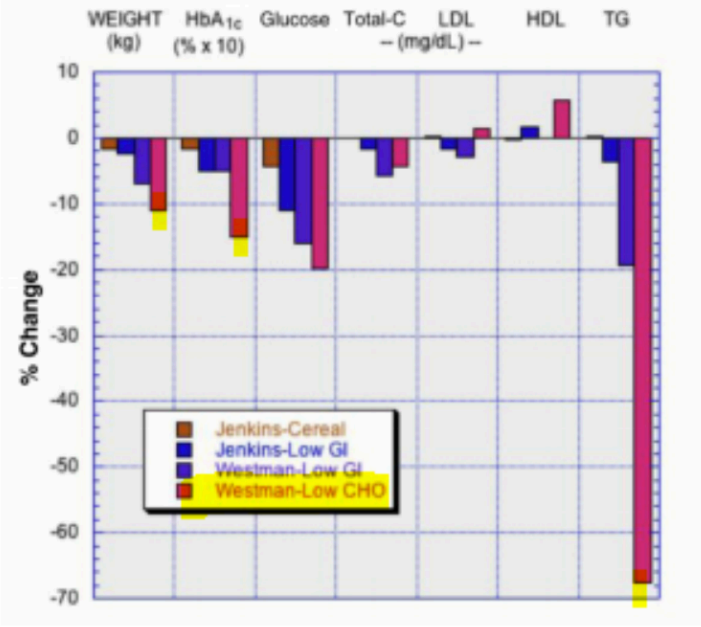



**Fig. 9.** Comparison of low-glycemic index diet with high-cereal diet, and of low-glycemic index diet with low-carbohydrate diet. Data from [6,70]. Redrawn from [75]. CHO, carbohydrate; GI, glycemic index; HDL, high-density lipoprotein; LDL, low-density lipoprotein; TG, triglyceride; Total-C, total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

Source: RR's *Submission to ACCC's Scamwatch*

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

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

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

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

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

Appendix 2

### Diabetes Mellitus Case for Action - Declarations of Interests

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

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

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

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

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

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

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

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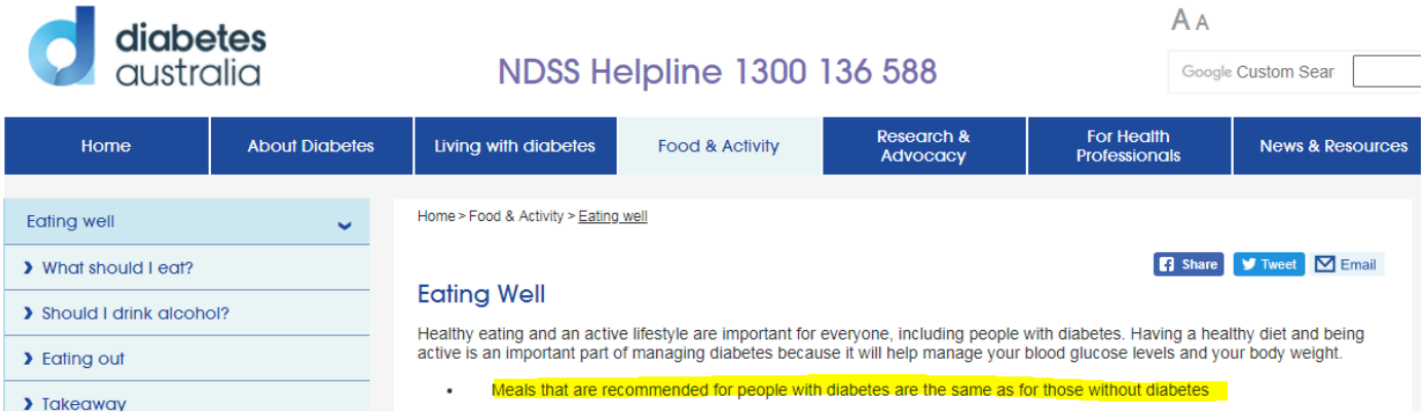
https://www.baker.edu.au/impact/ausdiab/sponsors

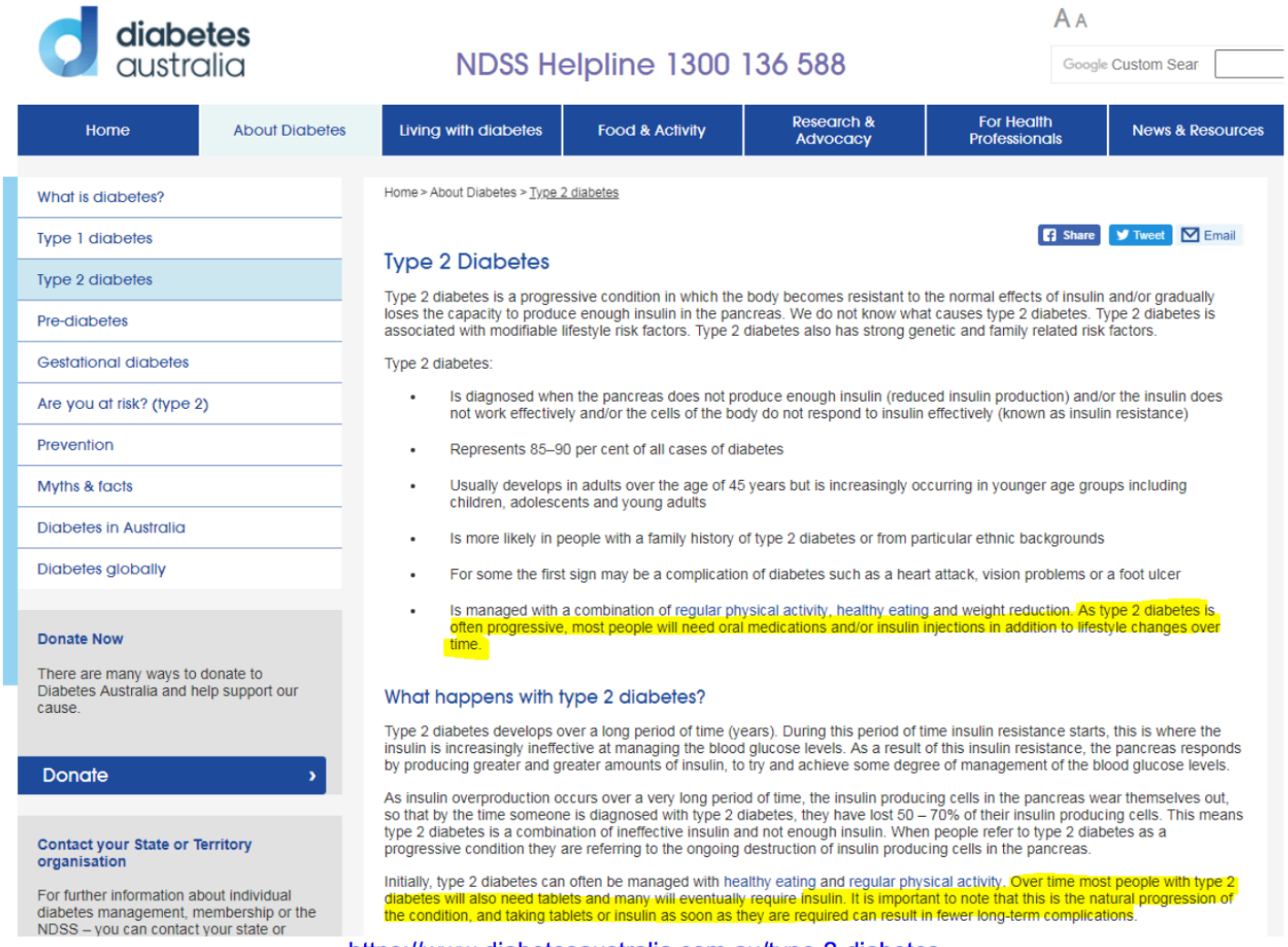
https://www.australianparadox.com/pdf/Letter-to-ACCC.pdf

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




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

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




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

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

**Rory Robertson**
Sunday, 10 August 2014

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

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

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

**1. BACKGROUND**

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

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

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

**University of Sydney's 2018 Annual Report confirms taxpayers gift it ~$750m each year despite false promise of "excellence"**


### 1. Operating revenue

The 2018 operating revenue of $2,500.5 million was $155.3 million greater than 2017. The following table and chart show the major components of this increased revenue.

| | 2018 $M | 2017 $M | Change $M | Change % |
|---|---|---|---|---|
| Income from students (including HECS-HELP and FEE-HELP) | 1,272.6 | 1,144.9 | 127.7 | 11.2 |
| Federal government research grants | 405.4 | 394.3 | 11.1 | 2.8 |
| NSW Government research grants | 32.9 | 28.9 | 4.0 | 13.8 |
| Other research and consultancy activities | 125.6 | 112.4 | 13.2 | 11.7 |
| **Total research income** | **563.9** | **535.6** | **28.3** | **5.3** |
| Federal government operating and capital grants | 304.9 | 309.1 | (4.2) | (1.4) |
| NSW Government operating grants | 2.6 | 3.3 | (0.7) | (21.2) |
| Income from private sources | 356.5 | 352.3 | 4.2 | 1.2 |
| **Total** | **2,500.5** | **2,345.2** | **155.3** | **6.6** |

p. 38 https://sydney.edu.au/content/dam/corporate/documents/about-us/values-and-visions/University%20of%20Sydney%202018%20Annual%20Report.pdf

**Rory Robertson**
**20 April 2016**

# Request for formal retraction of infamous *Australian Paradox* paper

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

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

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

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

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

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

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

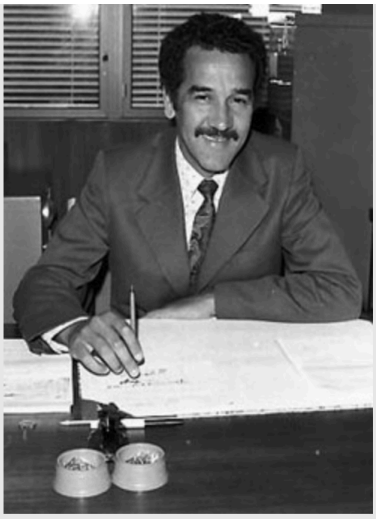
Unreasonably, since 2012, the University of Sydney's scientists and management have falsely claimed everything is fine:

"Dear Mr Robertson
I have received your e-mail of 24 May [2012].
On the advice available to me the report of Professor Brand-Miller's research which appears in Nutrients was independently and objectively peer-reviewed prior to its publication in that reputable journal.
In that circumstance there is no further action which the University can or should take in relation to your concerns.
Yours sincerely
**Michael Spence**
**DR MICHAEL SPENCE | Vice-Chancellor and Principal UNIVERSITY OF SYDNEY**"
http://www.australianparadox.com/pdf/SydneyUniVC%20LETTER070612.pdf

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

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

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

*Charles Perkins*, 1974
National Archives of Australia,

**Life Summary** [details]

**Birth**
16 June 1936
Alice Springs, Northern Territory, Australia

**Death**
18 October 2000
Sydney, New South Wales, Australia

**Cause of Death**
kidney disease

**Cultural Heritage**
- Indigenous Australian

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

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

**Awards**
- Officer of the Order of Australia

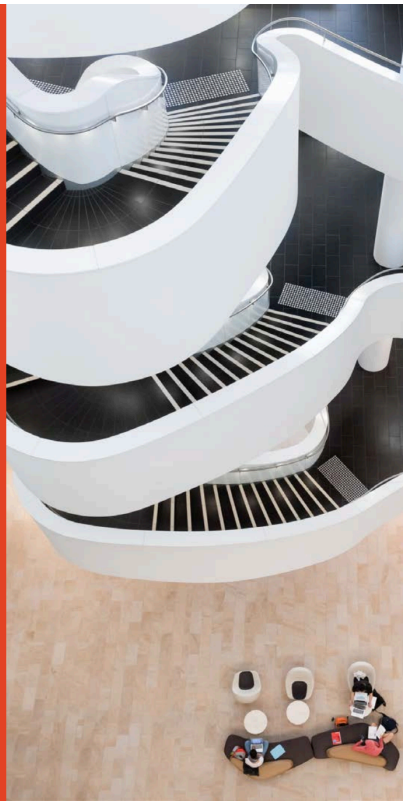
**Key Events**
- Freedom Ride, 1965

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

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

Stephen J. Simpson

THE UNIVERSITY OF SYDNEY



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

75

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

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

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

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

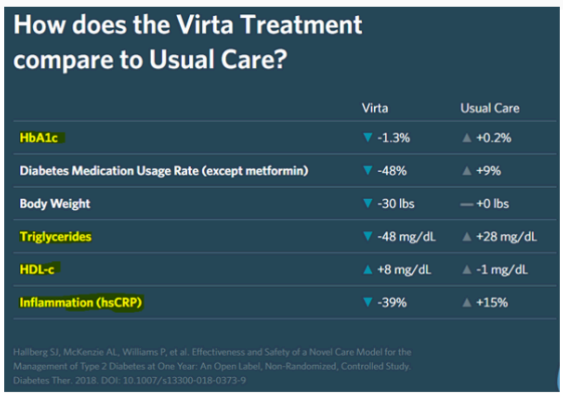
If excessive consumption of sugar and other carbohydrate causes type 2 diabetes – and clearly it does – then the diet that *fixes/cures* type 2 diabetes – straightforward carbohydrate restriction - is likely to be more helpful in limiting dementia (a.k.a. type 3 diabetes) than a sugary high-carbohydrate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

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

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

My goodness….

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



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

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

## Dedication

Charlie Perkins was born in Alice Springs near the red centre of Australia in June 1936. I was born there 30 years later in March 1966.

I dedicate my body of work on the Charles Perkins Centre's *Australian Paradox* sugar-and-obesity fraud and *Cell Metabolism*'s mouse-diet-and-human-health deception to my mother, Elaine Lucas, who nursed Aboriginal and other Australians in remote places - including Katherine, Alice Springs, Balcanoona, Woorabinda and Baralaba - from the early 1960s to the late 1980s. And to my late father, Alexander "Sandy" Robertson, who grew up in Scotland and in the Scots Guards then briefly shifted to Melbourne and then Coogee in Sydney before working with cattle, sheep and wheat across country Australia for half a century, and taught me (and my brother and sister), often by example, much about what is right and much about what is wrong.. (A longer piece on Dad's life and times can be found in one of the links below.)

I also have firmly in mind people like Bonita and Eddie Mabo, Faith Bandler, Charlie Perkins (who Dad says he knew briefly, and so too his brother Ernie, in The Territory over half a century ago), Waverley Stanley and Lou Mullins of Yalari, and especially Noel Pearson, all of whom worked or are working indefatigably for decades to improve the lot of their peoples left behind.

Finally, I wonder whatever happened to the many Aboriginal boys and girls I met across country Australia when I was a boy, including those with whom I shared classrooms and sports fields back in Baralaba (central Queensland) in the late 1970s. Much of the news over the years has been tragic and depressing. https://www.australianparadox.com/baralaba.htm

**Please note**: In this and other documents, I have detailed influential incompetence and worse in nutrition and health "science", and by Group of Eight university senior management. Importantly, if you read anything here or elsewhere from me that is factually incorrect or otherwise unreasonable, please contact me immediately and, if I agree, I will correct the text as soon as possible.

This all matters because more than one million Australians today have type 2 diabetes, the number growing rapidly. Many of these vulnerable Australians can expect mistreatment, misery and early death, harmed by high-carbohydrate diabetes advice promoted by a range of respected entities advised by highly influential Group of Eight science careerists. The unfolding diabetes tragedy can be seen most clearly in the quiet suffering of short-lived Indigenous Australians.

**Rory Robertson**
**economist and former-fattie**
**https://twitter.com/OzParadoxdotcom**

**+61 414 703 471**
strathburnstation@gmail.com

**Please respond "please delete" if you would prefer not to receive occasional updates on scientific integrity and public health.**

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

**Here's the latest on that epic *Australian Paradox* sugar-and-obesity fraud**: http://www.australianparadox.com/pdf/ABC-investigation-AustralianParadox.pdf

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

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

**Want to stop trends in your family and friends towards obesity, type 2 diabetes, heart disease and various cancers? Stop eating and drinking sugar:** http://www.youtube.com/watch?v=xDaYa0AB8TQ&feature=youtu.be

**Here's the diet advised by Dr Peter Brukner, recently the Australian cricket team's doctor:** http://www.peterbrukner.com/wp-content/uploads/2014/08/All-you-need-to-know-about-LCHF1.pdf ; http://www.abc.net.au/catalyst/lowcarb/

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

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