

VIDEO_ Diet Doctor Podcast with Dr. Gary Fettke (Episode 30)

Dr. Bret Scher: Welcome to the DietDoctor podcast with Dr. Bret Scher. Today I'm joined by Dr. Gary Fettke, an orthopedic surgeon in Tasmania Australia, but also more importantly a man who has suffered for years under investigation and accusation for teaching people about nutrition, teaching his patients about nutrition. He was basically persecuted because he was trying to help people by advising them how to eat.

And he was effectively silenced for years but now has been exonerated and it has fueled him just to teach people more about not only his struggles and what he went through, but it's helped him uncover a lot of the influences behind what we're told or how we're told to eat. And the influences ran deep with industry and religion, and it's really surprising, sometimes it reads like a suspense novel or a fiction movie to really keep you on the edge of your seat and with conspiracy theories.

But as he and his wife Belinda have shown and talked about many times, it's there, it's in writing, it's in documents that they've uncovered. And it's a little scary but at the same time the message is that we have to open our eyes, we have to be aware of outside influence and we have to question the status quo. And that's how we move forward and that's how we learn. As part of his work he's written a book, *Inversion, One's Man Answer for World Peace and Global Health*.

So as you can see by that title, quite ambitious, but he's well on his way to helping us understand this and giving us the path of how we need to see things a little bit differently and understand the influence put upon us. So hopefully this will be a very eye-opening and enjoyable interview with Dr. Gary Fettke.

Dr. Gary Fettke, thank you so much for joining me today on the DietDoctor podcast.

Dr. Gary Fettke: Hello, Bret.

Bret: Well, it's been a pleasure to meet you, I can't believe with all the circles we run in that it's just the first time I got to meet you and it's like meeting a celebrity, which I'm sure if you would have looked back three, four years ago to think you'd be in this position, it'd probably be pretty crazy, wouldn't it?

Gary: I'm just a normal guy, I've never meant to become a celebrity. That doesn't sit well on my shoulders. Even though when I come along to these meetings people want to catch up and chat. What I have just been doing is what I had to do. Just do the right thing. And, you know, I'm fairly stubborn which has been proven over time.

Bret: Right, which is so amazing. You know, you wonder like why was it you that this happened to? Why was it you who saw that as an orthopedic surgeon you weren't helping patients in the way that you could? Why was it you who started talking about nutrition with your patients and then got basically silenced and muted by the societies? But because it was you, because you're stubborn enough, because you're a fighter, because you believe so passionately, you were the one who was able to push through and come out the other side showing that you were right. So what is it about you that made you survive this process?

Gary: The first thing is I recognized the issues of sugar and carbohydrate loading, particular in diabetics, relatively early. So if you came out now as a doctor and said, you know, I'm criticizing the amount of sugar in the patients load in the hospitals, you wouldn't be nearly as much trouble. So first of all I recognized that and then I started talking about it and then I got involved in social media and that's when I got into trouble because I was starting to become a voice.

And the other thing is that my message was, let's reduce sugar for patients, particularly in diabetics. You know, I questioned hospital food, but the most important thing was that I wasn't selling anything. I didn't have a book, I didn't have a business that was depending on it. We did start a dietetic service down the track, but that was because no one else was giving that support that was required.

So because I didn't have anything and I was actually the coal fire and literally looking at the end complications of diabetes and obesity and lifestyle disease whether or not it's arthritis, as it was evolving in my practice, a significant amount of diabetic foot surgery. So it's pretty hard to argue against me if I am actually the surgeon doing the amputations, you know, I'm actually seeing the end product and making a noise about it.

So as it turns out, the cereal industry, the Dietitians Association in Australia I think found me as a threat because I actually had an answer for the problem, but it was actually counteracting completely the opposite of what they were promoting.

Bret: Yeah, let's talk about that for a second. As an orthopedic surgeon, one of your big money makers, one of the big things that you do on a regular basis is joint replacements in people who are overweight and obese and that's what has contributed to a lot of their joint disease. You amputate toes and feet for people who

have diabetes and non-healing ulcers. That's what a big part of what orthopedic surgeons do.

So why were you the one to say, "Wait a second... there's a better way to do this to prevent all this, to prevent people from getting here"? What did you see differently?

Gary: Well, like a lot of doctors who have embarked on the low-carb pathway, you do it for yourself first of all. So I am 20 kg lighter than I used to be. I was pre-diabetic, I had a malignant pituitary tumor about 20 years ago, I had psoriasis, I had a sort of inflammatory joint disease. So I ran my own pathway to my own health.

Bret: Right.

Gary: So adopting low-carb, as it turns out LCHF now, but it started with the whole sugar issue first of all. So I had the benefits from myself and then I started saying, "If it works for me it's going to start working for my patients." In between times I experimented on the family and on my theta team. So I didn't go straight to my patients. And it became-- it was so obvious that this is what we had to do. Again I started speaking out about it.

I come from a background of actually being proactive on patients taking care of themselves first of all, so if you go back 25 years, I wouldn't operate on smokers. And I used to give a paper called, "Where there's smoke, there's fire." For and so the if you looked at the early signs of that it was smoking has deleterious effects on cardiovascular tree, our healing potential, and it's now completely mainstream that we should be avoiding major surgery in people who are smoking.

So the next thing from that was that I started avoiding doing surgery. In fact refusing to do major joint replacements on patients that were too fat. That's a politically incorrect term to use now, but that was the scenario. So I drew a line in the sand with patients with a BMI more than 35 and the literature is there that really supports that stand.

Bret: Because of higher complication rates--

Gary: Well, first of all if I reduce their weight, they don't need the surgery. If they do come to surgery, they have higher complications rates. And that's not just anesthetic, that's theta time, that's wound issues, that's malalignment issues with joint replacements. And longevity-- so they don't tend to last as long.

Bret: Were your colleagues down the street just perfectly happy to operate on those people that you turned away?

Gary: I wouldn't use the word "perfect", but they were happy to continue on that pathway. And so I've had patients that wouldn't adopt what I was recommending and go to my colleagues down the road. Now I'm okay with that. But if you don't offer them the option and the choice to avoid that surgery and the same thing with bariatric surgery nowadays.

We have good options, and when I hear bariatric surgeons saying, well, they tried dieting, I say, "Have they actually tried LCHF?" And they go, "Oh, no, that doesn't work." And I say, "Actually it does."

Bret: When people say they have tried everything and failed and I'm sure that's what they say to you when they come; "I've tried dieting and it doesn't work." And you say, "Well, let's explore this a little bit more." So what have you seen? I mean I'm sure you've seen some impressive changes in people who have adopted LCHF.

Gary: One of the fascinating things in orthopedics is that people actually-- a lot not everyone, they lose their arthritis pain before they lose weight. I have had patients with dramatic improvements in their joint arthritic pain within 10 to 14 days. I can remember a fellow who said, "I've come to you because I know I'm overweight and I've got arthritis and I need a joint replacement."

He said, "I've come to you because I know you won't operate on me straight away and you're going to tell me to diet; I just need help." So he went and saw a dietitian that was completely on board with it and then rang up 10 days later and said, "I have lost all my arthritis pain." He'd lost it all.

Bret: In 10 days?

Gary: In 10 days.

Bret: That's remarkable.

Gary: So if you actually through that concept out there, then there's 1000 of N = 1 stories of people losing their pain or disproportionately losing their pain before weight loss. The weight loss comes along and it's got this added benefits but surely on the long term. But I'm still doing joint replacement on patients who had done LCHF. But they are coming back to me one year down to track or two years down the track they hobble in and they get better quicker. And they are going into training-- I often say, you are in training for joint replacement. Do this, try that, get the fitness up, do a bit of exercise.

Bret: And I think that's a good point because sometimes we have to be careful about overstating the benefits we can get. It's not like it's a cure-all and it's going to reverse

all our arthritis, but it can certainly delay it, it can certainly improve recovery, it can certainly improve function leading into and after a joint replacement.

And those seem like fairly reasonable conclusions that you can draw but when the literature doesn't exist, when the 10,000 person study about half getting LCHF, half getting joint replacement, when that doesn't exist yet, but the clinical N of one's exist, you find it hard to convince other surgeons about what you're seeing? I mean like once you see it, you can't un-see it, so why doesn't everybody see it?

Gary: Well, that's part of my talks coming up is about why as a medical community, we are not seeing it. And that's complex in itself. So what we can do is actually let patients set the example and I go back to the general practitioners. You know, in the orthopedic meetings you keep standing up and saying the same thing. And now I am asked to speak about the topic. You know, at an orthopedic meeting, surgical meetings coming up and I get a voice now.

So there's an interest there in surgeons; we had a chat beforehand-- some years ago I gave a talk on don't operate on obese patients. And I gave 200 papers, you know, a summary of those and against my argument there were three papers. And so I actually think that if we're actually operating on obese patients unnecessarily by doing joint placement-- Bear in mind that in Australia 90% of knee replacements are done on patients who are overweight and obese.

Bret: 90%! So at least people stop doing that because there goes their income, there goes their livelihood there goes a big percentage of their practice.

Gary: Look, I did exaggerate that, okay? The last year's figures it was 89.9%, but let's say 90%. And 74% of total hips are done on patients who are overweight and obese. And increasingly on young women. So that's a demographics, that's from our joint registry. And we've got a problem. I mean that's not an issue for my career, but the next generation of orthopedic surgeons will be operating on those people when their joints fail.

And they are going to fail at a higher rate... we've already got that data. So they are going to fail at a higher rate on younger people.. It's just another layer of the tsunami of lifestyle related diseases it's going to be upon the next generation of medical professionals.

Bret: It's interesting to think about how the demographics are changing unless we can impact it and reverse it which is a big part of your message, isn't it?

Gary: I'm just saying if your tire is worn out on the car you're still going to have it replaced, but if you drive it around carefully and you take a few rocks out of it, it will

last longer. And then when you actually have your surgery it's going to be easier on the patient, easier on the surgeon, easier on the system. They're going to be in the hospital less time.

Bret: And that's an interesting point, a lot of people may not think about that. There's the question of do you need the surgery or do you not, but also how much time is it going to take, how much is the rehab going to take, what kind of impact is that going to have on your life...? Those are important questions as well that a lot of people probably don't think as much about.

Gary: Little simple things, I'll get back to smoking, that patients who are smokers spend longer time in the recovery ward. The same thing actually goes with obese patients. They have longer time for the anesthetic-- longer recovery times. Much heavier nursing problems in the hospitals. Staffing problems, you've got to have extra staff on board to move them around and you got higher worker's compensation breaks because people get back injuries.

Bret: A snowball effect, isn't it?

Gary: Another interesting thing that is coming around is in pain management. It's not in acute pain, but chronic pain management. It's the whole role of the ketogenic diet in that. So it's again anecdotal. But I've got patients who were running low-carb and keto and they seem to have less postoperative pain in their surgery.

Bret: Why do you think that is? Do you think it's something about the ketones, something about the sugar and the carbs or a combination of both?

Gary: I think both. I mean I use the example that if you give kids sugar at a party, they get hyper and then a few hours later they--

Bret: Crash.

Gary: Another side is what would happen to society if we gave everyone on the planet sugar at one time. Would have anxiety, depression, anger, mental health issues. And guess what? We've got all of those. But if we look at it also from the ketogenic aspect of neurodegenerative disorders... That nerves can run just as happily on a glucose load as they can on a ketone load. So it seems to have a beneficial effect in the neurodegenerative disorders. And there are a few papers out there now in pain management talking about ketogenic diets. So again, I use those to my patients; I say, "I can't force this upon you, but here's a non-drug alternative."

Bret: Right.

Gary: And these are all about giving your patients tools to manage their own condition.

Bret: Right, so you mentioned a non-drug alternative and that brings up another whole big topic that you've been very vocal about... So when you're promoting a non-drug alternative in a culture that is sort of fueled by drug companies and drug money you are going against some very big forces that probably don't want you to succeed.

And you have turned-- not only as a physician but you've turned into an investigative reporter, you along with your wife Belinda, to uncover a lot of sort of the beginnings of an anti-meat campaign of people with vested interest in not promoting LCHF. And it's sort of fascinating and almost unbelievable what you found. So I know it's a big topic but summarize some of the basics of what you found that shocked you and has certainly shocked a lot of people who you've been talking to about it.

Gary: I think the science behind LCHF is actually sound. It's biochemistry, it's the stuff that we learn in the first 50 pages of textbooks. It's not in the fine print. So I often describe that eating real food, LCHF is if you eat food fresh that's local and seasonal, then by definition it is low in carbohydrate it doesn't have added sugars, it doesn't have lots of carbohydrate in it, it has health fats in it and it has protein in it.

So the definition of real food is LCHF whereas the definition of the standard diet comes out of a paper bag or a plastic bag. And that's unhealthy. So all I've been arguing and all-- discussing with yourself and others in the scientific world, is we're just talking about biochemistry and real food can't by definition be unhealthy. And Belinda made this observation when myself and Tim Noakes in particular were under investigation for recommending real food.

She said, "You guys are going blue in the face, but it's going to be something else." So it wasn't until she started to investigate my case because I was clearly under investigation for a few years. She come across that the expert witness that somehow mysteriously appeared into my case was actually someone pretty high up in the nutrition world who was working for a cereal company at the time.

So how come that the breakfast cereal industry got involved in my case? And it took another three years but towards the end of 2018 Belinda came across 600 pages of internal emails from the Australian breakfast cereal industry and in them it had that the concepts of paleo and low-carb were affecting cereal sales, profits were down and these seven people were to be targeted. Now I ended up being the only Australian doctor on that list who was meant for targeting.

And then actually in the documents it had details as to which media people are going to be working with newspapers and magazines across all forums to actually target

those people who are promoting low-carb and paleo. So that's scary stuff. And this is actually not some load document. This was actually the briefing document to the CEOs of the heads of the cereal industry in Australia.

So Kellogg's, Nestle, Sanitarium, Freedom Foods and the head of the Food and Grocery Council. Now I am happy to say that because I have actually presented those individual names to send an inquiry, calling them out. And that's Australia, but those five CEOs, or four of those, report directly to the CEOs here in the US. So this is the cereal industry, you know, the biggest corporates at the bottom of that food pyramid that promote the cereals and grains.

They are actually in a working relationship with the Dietitians Association, they've been paid to actually promote the benefits of sugar and cereal. And the Dietitians Association in Australia just like you in the US are the ones that effectively write the dietary guidelines. So here we got the Cereal Industry directly paying the Dietitians Association not only to be involved in targeting of those voices against it, you know, talking about preventive health but they are also the ones writing the dietary guidelines.

So if you think that that started opening Pandora's box... Now it took some years to work out, but along the way Belinda's investigation has completely uncovered and effectively unraveling what's happening with my education, your education and the future of health education along nutrition lines.

So the long and the short of it is we're going back in history and if you look at the history of the dietary guidelines, they have changed over time... they used to be meat and dairy based and over the last 100 years the dietary guidelines in Western society became cereal biased, anti-meat, anti-dairy and rapidly approaching vegetarian and vegan.

Bret: So the way people ate before there were guidelines was very heavy based in meat and low in grains.

Gary: I think the early 20th century one was meat and dairy based. But at it evolved... in 1972 the McGovern report and in 1992 the Food Pyramid and we're sort of seeing the MyPlate here in the US, but effectively it's again a cereal based, anti-meat, anti-dairy, approaching vegan vegetarian. And when you look at the history of that, that's where we have spent a lot of time. So set from the dietetics, the nutrition aspect, the dietary guidelines were started effectively by the Dieticians Association of America...

The American Dietetic Association in 1917. The founder of that Association was a woman by the name of Linda Cooper. Linda Cooper was a protégé of John Harvey

Kellogg. So she was working for John Harvey Kellogg, she effectively started the American Dietetics Association, she then wrote the textbooks for the next 30 years for dietetics, which formed the basis of dietetics and nutrition for the world.

First of all the model of the Dietetics Association as well as the textbooks became that not only for the US, but for Canada, the United Kingdom, Australia, South Africa, New Zealand. So the Western organizations all followed suit and effectively the cereal industry was right there at the beginning.

Bret: We like to think that this was altruistic and just trying to benefit society and tell them the best way to be healthy, but once you have industry involved you can't assume it's altruistic anymore. And why should the industry be involved? There's no reason industry should... with a bias and with a vested interest should be involved in telling people what to eat. But somehow the two got combined very early and have never really separated.

Gary: Well, they haven't separated at all. And of greater concern is that the basis of cereal isn't grounded in science, it's actually grounded in ideology.

Bret: Right, so that's the other risky part. Not only is the industry but now we're bringing in religion and ideology, another thing that has no place in telling us how to be healthy really.

Gary: Well, John Harvey Kellogg and Linda Cooper were both vegetarians, both members of the Adventist Church. And the Seventh-day Adventist Church have been right there at the beginning, heavily promoting their concept and they are promoting the Garden of Eden diet, which is vegan.

Cereal based, anti-meat, anti-dairy... Vegan. And effectively they have been influencing the dietary guidelines for 100 years. So the people involved in writing the vegetarian mandate for the American Association and for the Australian dietetics guidelines were effectively all vegan/vegetarian. And the American one eight out of the nine were actually Seventh-day Adventists.

Bret: Eight out of nine?

Gary: Eight out of nine were vegetarian, vegan, five of the nine were Adventists and the other person who was neither vegan nor vegetarian nor Adventist was working for the processed food industry. So here we've got major influence at the highest levels which has actually come from religious ideology.

And the ideology-- they were well-intentioned, I've got no problem. This is not antireligious. This is you got the belief, then I'm very happy if you have that belief.

However make it grounded. But if you want to start promoting that and influencing that for the whole population make certain is grounded on science and not on an ideology for salvation.

Bret: But that's what's so interesting is that the narrative has changed. Because they can't say it's because of religion and because it's for salvation. Because a lot of people aren't going to be open to that message, so the message has sort of changed. Now it was health, then it was environment and then it's ethics. So the narrative keeps changing but I guess one of the points you're saying is still all comes from that ideological backbone, right?

Gary: They are not so much pro-cereal as they are anti-meat. That's the basis of the Ellen G. White's prophecies And her belief is that meat is one of the-- if you consume meat, that is as close to demonizing yourself as you can possibly do and you will not get salvation if you do that. And that's the backbone of their belief system.

So the terms, "Meat causes violence, causes masturbation, causes cancer", those terms are coming around in the early-- no, the late 19th century, the 1860s, 1870s, the meat causes heart disease came up in the 1900s. Essentially we worked out that meat doesn't cause masturbation and the meat doesn't really cause violence so those messages are the 19th century ones.

So then we got the next message, the meat causes cancer, which continued to come along. And if you look at the data, that's very poor Association data for a couple of cancers with low relative risk ratio but nonetheless get over marketed. And so that narrative of fat causes heart disease is actually part of the meat causes heart disease. It's whatever they can use to try and travel that path.

So we've now moved back to meat causes cancer. Now the latest one is meat causes environmental harm. It's all a complete nonsense. But you got to realize that the backing of this is coming from a religious ideology for salvation, not for health.

Bret: Yes but since we don't hear much, I mean beside from when you and Belinda started talking about it, nobody was bringing this up about religious salvation, so I think a lot of people probably say, "that's not true" anymore. I mean now it's more just maybe industry and people promoting the environment, but it sounds like you would argue, no, the ideological process is still there.

Gary: I will argue both. First of all the Seventh-day Adventist Church has been on this bandwagon for a long time ago. People go, oh, they are only a small group, but they are the second-biggest educator in the world after the Catholic Church. The number of schools they have is just at the top of hill, so over 1400 schools and a couple of

hundred universities around the world. They've got enormous amount of funding. Just in the US they've got 28 hospitals in Florida alone.

Bret: They run 28 hospitals in Florida alone!?

Gary: And so they have this ongoing message coming through. The other big issue is that they spend a lot of time in the developing world on missionary work and promoting the message, their health message and they use that as the entering wage of the church. So they are not coming along saying, we're going to give you salvation, we're going to give you health... come along to our way of eating."

Which is their big promotional one called The Chip program and it's been introduced in countries like Fiji it's just adopting it, the entire country. I mean the Polynesians, the last thing they need is more cereal and grains for their obesity and diabetes epidemic. But it's also being introduced in the US via insurance companies.

Chip program is being adopted and it's effectively a vegan program with a background of religious ideology they use as an entering wedge into the church. And so it's right there, front and central. And the important thing is they are not hiding any of this. If you actually look at this stuff, and last year, in 2018, they published a 20 page article in a Journal called Religion acknowledging everything I've just said.

They are very proud of it, they've got a health agenda for the world. That's the religious ideology, they are promoting that because they need to get the message to every corner of the world, "every tongue", I think is actually in their--

Bret: Every tongue!

Gary: And then for Christ's return. Now, I'm okay for you to have your belief but it shouldn't be forced upon the world's population, both in our eating habits and therefore agricultural practices. The other thing that's involved, that the SDA are involved in, is that they effectively own the cereal industry of the world. And the soy industry and the alternative meat industry. They were right there at the beginning. The first meat alternatives were in fact invented by John Harvey Kellogg.

Bret: Really?

Gary: The soy was effectively brought from China by a fellow, Harry Charlie Miller. He was an Adventist missionary and he started the whole... soy plants in conjunction with Adventist outposts in China. But effectively he brought soy back to the US. And the soy infant formula was promoted primarily by him. And now we say soy and infant formula every day on every supermarket shelf. You've got to realize that they were

there at the beginning. And so that's still there. So they've got not only their own push at an ideological level, they have also got their own food industries.

Bret: And now they're getting funding in venture capital and Silicon Valley involved in backing these fake meat products. And that's sort of a little more dangerous because now once the money gets involved it can start to snowball. And I saw a Twitter post you made about, "can you identify which is fake meat burger and which is dog food?" And they looked very similar, didn't they?

Gary: Well, you couldn't pick them. The Silicon Valley have come in on as the tail end of it. I suppose probably not the tail end of it... I will use the term entering wedge.. One of the big issues we see is that the medical education, so the current education model is being heavily pushed, that we need to travel down the pathway of lifestyle medicine. -Sounds great?

Bret: -Sounds great.

Gary: You know, let's exercise more and eat well and get plenty of sleep and sunshine and have good communication skills. But the nutrition side of that is to move towards vegan. And that is in fact most people don't realize that lifestyle medicine is the Adventist Church. So in all of its different names...

You know, started as the Christian Association of lifestyle medicine and ultimately this moved through a series of name changes pages but it's widespread around the world... and that has a good message however. It's about medical education and pushing that pathway. Side by side with that is the term 'exercise is medicine' which is actually trademarked and one of the initial founding members of that trademark of exercise is medicine is Coca-Cola.

So in this strange relationship we've got these two arms coming together in medical education... look up LifeMed, which is education... The co-concept of education now being controlled by lifestyle medicine, pushing a vegan plant-based agenda and Coca-Cola coming in and they started becoming involved with lifestyle medicine in 2010, started coming in significant relationships in 2012 and the funding pedal was pressed in 2014, 2015.

So we're now seeing this whole rise of the vegan agenda and they don't realize that the propaganda is being fed by the lifestyle medicine, Adventist church message, Garden of Eden diet with the backbone of the processed food industry led by Coca-Cola.

Bret: Great marketing.

Gary: And they've come together, but the trouble is here in the US. You've got now eight universities are adopting this lifestyle medicine plant-based diet as their medical education.

Bret: And they don't understand I'm sure the religious part of it, they don't open their eyes to the industry part of it. They think this is a healthier way for individuals. I want to give people the benefit of the doubt and say they legitimately want to help patients get better and help people lead healthier lives, but we sort of have to pull back the curtain and show them what the science says and where this is coming from and they have to question why is Coca-Cola involved. I mean these things need to be more front and center.

Gary: The processed food industry is well- positioned to continue the vegan agenda.

Bret: Well, they will profit greatly from that, won't they?

Gary: We have come across some documents again from the Adventist Church and their food arm food, saying that they're expecting a 25% increase in their profit because of the adoption of their vegan Garden of Eden diet by millennials.

And so again it's all about being open in the discussion. I am very happy for you to present... Here is my educational package to teach to my medical students, but I come from religious ideological background promoting this for salvation and I have the backing of the processed food industry which is going to help their profit line. I mean, you wouldn't buy into that, would you?

Bret: No.

Gary: Yet we have got an entire generation out there who are taking up this agenda because it's based on your animal welfare animal-rights and questionable environmental statistics. And Peter Ballerstedt's work is just phenomenal. And I've said to Peter... What I'm talking about is I don't trust Peter either. I think he's got a cold counterargument. And there's another side of the coin when you look at the whole environmental impact.

Let's look at both sides of it rather than just taking for granted what you are in cospiracy of folks overnight. Because that's clearly an agenda driven one. And you've got to realize that that agenda is coming from the garden of Eden diet, Adventists and the food industry Coca-Cola. We are not conspiratorial, we looked at this for a couple of years before... we sought counsel from other people and said we lost the plot on this.

And all we're doing is having it ratified. And then last year as I said the Seventh-day Adventist church came out very proudly saying, "We are behind this." Because they have an agenda, they believe in it.

Bret: Yeah, and it sort of leads me to think about the Eat Lancet campaign. Because it seems like that was the attempt to now say this is science-based and evidence-based. And that's what eat Lancet was supposed to be, an evidence-based report to tell us all why we should adopt a vegan lifestyle. But when you dissect it, you can see the evidence isn't there, their recommendations are not based on high-level quality evidence.

So if anything I would hope that would hurt their mission more once people realize that it was basically a well-funded media campaign that wasn't based in science, but yet I don't think their message is getting out there, but that the message has been propagated more as look at this evidence-based approach now to being vegan. And that seems pretty problematic when you start to distort what the evidence says.

Gary: Scientific evidences are thrown out the window I think nowadays. It's completely and utterly biased. Eat Lancet had significant funding behind it from the food industry and the pharmaceutical industry.

Bret: Yeah, why would pharmaceutical industry be involved there? That again that makes no sense except they are going to profit from it, but they should have no seat at the table there.

Gary: None whatsoever. And it's disappointing to see that Lancet actually published it in the first place because it didn't require a lot of review of the articles to rely... Those were just poor articles and very biased. I think it's worth taking another step backwards to the Adventist health studies which they have quoted over and over of the benefits of vegan/vegetarian. Were flawed.

And so when you actually look into them and they're quoted over and over... But the Adventist studies were done by people affiliated with the Adventist Church that re-quote their own articles. So those three Adventist studies last time we looked at them had been re-quoted each time by themselves over 400 times. I mean 1200 re-citations by themselves.

So let's say I write an article and then I cite myself from that article and I cite myself from the article twice. All of a sudden they've compounded. But if you keep telling everyone that your Adventist health studies are fabulous... But the first two Adventist health studies, the definition of vegetarian was that as long as you didn't have meat more than once a week.

Bret: Yeah, once a week.

Gary: And the definition of vegan was as long as you didn't have meat more than once a month.

Bret: Some people say they're perfectly healthy on a vegan diet or vegetarian diet. You don't realize that it still involves some meat by those definition.

Gary: And when you actually dissect those studies and have a good look at them there are other studies showing that other populations not just Adventists actually outlive them. So right to the quoting of the Blue Zones and Okinawa... I have actually gone back to those Okinawan articles and they are actually eating pork.

Bret: They are eating pork; they have the Sardinia pig and they are goat farmers and a lot there that didn't come up in the Blue Zones.

Gary: There's a lot of meat actually out there. And I'm all for having community and spirituality and togetherness and sunlight and exercise and rest and living by the seasons and sleeping by the sun... but don't tell me it's because you've got a plant-based diet when the other variables are just so important. And particularly that plant-based diets being supplemented with meat.

Bret: Right. Does it seem like just too daunting though, too overwhelming that there's too much behind this mission now, too much behind the push, that it's like we are fighting a losing battle? Or you think there's something we can do to show people to open their eyes to where this is coming from and help them see the other side of the equation?

Gary: That's why we're having chat today. Because if we both thought it was hopeless we would've stopped. I have children, we've got a grandson... my future is already determined, but his isn't. Some of the people listening or watching might have seen that Pixar movie Wally. And I think it's brilliant, I often refer people to go and watch Wally.

Very, very completely on the mark in that we are as a society right now are fat, we are overhanging in our chairs, we are lethargic, we are sick, we are medicated to the hilt. And I honestly think this is completely and utterly unsustainable. And we are about to come over a precipice, you know, it won't be a social decline, it will be a social cliff; we will go over this, it will be really ugly in the next 10 years. But in that movie, the Greenleaf, that's my grandson. You know, I'm hoping that he will be armed with health. He will understand he needs to eat real food.

Bret: To explain that for people who haven't seen the movie, what do you mean by that?

Gary: Well, in the movie-- now, go and watch it everyone... But in the movie effectively mankind's been wiped off the planet, we have destroyed our planet underneath us and there is a group of survivors which is still floating around in a spaceship trying to find a spot to actually live. But they actually realize if you actually go back to Earth and you do it right then there's a future again on Earth.

And so therefore I-- Every economic marker, every health marker I look at is we're going to have a massive change in population health. It's scary. However I'm not depressed. I've suffered from this thing called hyper pragmatism. So I'm just being pragmatic about it; this is happening before us. You can see it when you walk down street, see it in your family or community. See it in the hospitals... We need to do something about it. It's going to be messy but let's prepare the next generation for making the difference.

And that's the education I want to see. And my problem... me and Belinda, we see that the education model that's been introduced in the US being pushed in Australia. You know, going back some years, I think it was being pushed into my own university and as it turns out my medical students, we're going to be having this new curriculum thrust upon them. And that's when I came out and started talking to them about...

Actually that's sort of nonsense. I'm talking about real food, LCHF, blah, blah, blah. I didn't realize that I had actually trodden on a hornets nest in my own hospital to my own students. But they were the group that were having this new experimental teaching upon them. That's all been gone by the wayside, but I think that's part of why went into trouble...

Bret: You weren't just affecting patients, you were influencing the next generation of physicians. And industry is going to see that as a big problem that they need to squash.

Gary: But where we are now is, you know, have we squashed Eat Lancet as it being questioned? Yes, but that's only the first phase; it's going to keep coming. It's up to everyone to start calling out-- let's call out the science, but see who's behind it, who's pushing it, because we've seen the results of the last major dietary change intervention, the public health policy.

And that was the introduction of the low-fat high carbohydrate diet. We have had that social experiment for the last 40 years, 50 years. The next thing which is being pushed literally down our throats is the plant-based vegan, anti-meat, pro-cereal... as Belinda says, with a side of Coke.

Bret: Brought to you by Coke with a smile.

Gary: And it's not our fault if you're fat and sick; it's because your lifestyle, and that you haven't exercised enough. Now we've got that whole concept ingrained in their psyche; you are fat, therefore you are lazy. Well, it's not what we've been eating, but we have convinced everyone that it's because they are lazy.

Bret: Yeah, so we need to get rid of that industry influence and get rid of the religion influence and get rid of the pharmaceutical industry influence when it comes to educating people, educating our future doctors and the public. But how do we do that? That's a much harder question. Because it's a free market society and they've got their fingers so deep in people's pockets that they don't know how to get out of it.

Gary: And if you stand up against them, you get into trouble. Because, you know, I refuse to follow the guidelines. My patients in hospital with diabetes out of control were being given three serves of ice cream per day. And I said, this is ridiculous and I was told they are the guidelines. That's sort of the beginning of my journey against the system. I said, well, the guidelines are wrong then.

And they said, those are the guidelines, we can't change them, we have to do as we are told. And I said, okay I'm going to try and change the guidelines. So what do we do? Well, we stand up, we start questioning. One of the problems in medicine is we are educated on this read, repeat, reward concept. It does not suit us as trainees and as doctors to read something and then question it.

Because then you get into trouble and then you are reported to the medical board because you are saying I can't recommend ice cream to my patients. And that's literally what happened. I've got reported because I said this is ridiculous... stop serving my patients ice cream.

Bret: And that is such an important point, the read, repeat, reward, because how are other industries educated? How are engineers taught? They are taught to question everything. To analyze things from different sides, to try and find why one solution is wrong. In medicine we're not taught that. We're not taught to be critical thinkers like that.

Gary: Well, we used to be until 1910.

Bret: What happened in 1910?

Gary: The introduction of the Flexner report. So before 1910 we had a much more holistic approach to medicine. And in 1910 Rockefeller of oil and Carnegie of steel commissioned Abraham Flexner to do the Flexner report which is actually to look at

the medical education. And it became a two-way fight almost at that time between William Osler, who is one of the fathers of medicine, who believed that we should be not medicating our patients, we should be bedside teachers and bedside carers and he was very much against the experimental and drug model.

But Flexner came in with this agenda to actually change medical education. It's a fascinating story. And ultimately the Flexner report went through, big-money won out and the model of medical education became one of that let's lab test and medicate. We stopped the bedside caring, we've stopped the holistic interactions. We didn't stop them completely.

Bret: Only minimize them.

Gary: And out of that model, because Rockefeller came along and supported those institutions that actually adopted the model, 50 medical schools around US and Canada were closed in the subsequent years. And those ones that remained effectively adopted that model. And that was to medicate and test.

And along with that, which was a burgeoning time for the pharmaceutical industry, development of drugs was the birth of the modern pharmaceutical industry. So therefore all around 1910 to 1917 we had the birth of the pharmaceutical industry, of the nutrition science which is not science at all... It's about palatability, marketability, shelf-life profit. We had the two that came together and so I call that generational education.

So since 1910, 1917 we have had the pharmaceutical industry educating us on how to treat our patients. We've had the food industry telling us or educating us, I'll use a softer term, on what to eat. And we've lost the ability to think because they then developed the guidelines, the guidelines say, stick within these parameters...

But the guidelines at the best, only are useful for the median group. Let's say two thirds of the population. That leaves a third of the population out to the side, which the guidelines don't fit. But you, as a medical, have to prescribe according to the guidelines for the median group. That means potentially we are doing harm to at least one third of the population.

Bret: Well, you could even reverse that and say if the guidelines were designed for healthy people and now our society is two thirds unhealthy, so you can sort of flip that on your head in terms of who that represents. But I think it's such an important take-home lesson, whether people can take home from this discussion that, you know, we should not be vegan and we should eat meat or whether it's healthier or environmentally sound...

The most important lesson is question what you're told, question the norm, question the guidelines. Because the people who've put those out haven't questioned the influences, we need to do that and whether you agree or not you have to at least ask the questions. And if you then ask the questions and still agree with them, that's fine, you've done your own due diligence.

But we can't just accept things on face value, we can't do that anymore, because the role of industry, the role of money, the role of religion is too deeply rooted, that's what you and Belinda have taught me that those roots go so deep that we just have to start asking the questions and never stop asking the question; that's the most important lesson.

Gary: Generational education is you don't question your teachers. Nor did they question their teachers before. That's where we are at now. We've just been scared and afraid to question our teachers. And you're absolutely right, question. So if your doctor says, "I want you to take this medication", don't be afraid to say, "Why?"

And when you adopt an LCHF, low-carb healthy fat lifestyle, the very first question I get from doctors all the time is, "I'm worried about the patient's cholesterol." And the patients get that, they are intimidated by that. And I have one really, really simple reply for the health professionals, doctors and so, "What is cholesterol?"

And the scary thing is 99% of doctors cannot answer the question. Just say, what's cholesterol... And unless your doctor can come up with at least five things which cholesterol is there for, then don't take his advice or her advice. Or at least question, because unless we're questioning the doctors, then the doctors aren't going to go and learn. Because they are just following the guidelines. And I did question.

And when you start looking at nutrition science, or "non-science" or "non-sense", it's a house of cards. And that's what all my journey has been in the last 10 years. I press the pack of cards and it just keeps falling down. It doesn't matter if it's cholesterol, sugar or carbohydrate, it's fat, or healthy fats or polyunsaturated oils.

Unfortunately everything I press is falling down. And so in my textbooks I've come to question. You know, Harrison's principles of medicine. I remember my father giving it to me on my 18th birthday. Actually it was 18 plus one day because he said he could give it to me on my birthday because I was completely drunk.

And he gave it to me the following morning. I can still remember him out in the back porch. He said, "Here's your birthday cards next to the definition of alcohol." I can still remember that... Very funny. I mean that's our go-to book. And the editors of Harrison's last year were paid over US \$11 million and declared by the pharmaceutical industry.

Bret: Oh, that's so depressing to hear.

Gary: I don't mind you being paid but put it across the front cover of Harrison's; this has been influenced by the pharmaceutical industry to the tune of \$11 million. Just put it across there. And then I will know... I will know what hat you are wearing.

Bret: On the one hand it's so depressing to hear that influence runs so deep and on the other hand it's great to have voices like yours and Belinda's opening our eyes to that influence and giving us the permission to question, because that's what we need. So I want to thank you for all the information you're putting out there and although I'm sorry for the struggles you had to go through, I'm glad it was you because you are the right person to come through that and become the spokesman to teachers, to open our eyes and ask these questions.

So it's remarkable what you are doing to try and help educate people on the right way and help them educate themselves. So if people want to hear more about you and read more about what you've written and what you've done, where can we direct them to go?

Gary: I think the best site at this point in time is one that Belinda set up called supportgary.com. I know it sounds corny but that's why she set it up. Because I was under investigation and being hammered by the system. And therefore her research and a lot of this stuff is on supportgary.com. I am on Twitter, Belinda is on Twitter, we're still on Facebook...

That's Belinda Fettke no fructose that was changed from Gary Fettke no fructose in the midst of all the medical board investigations. And they said, "You can't talk about this." So we literally just drew a line through Gary and wrote Belinda. Because they cannot silence her. And I've now have been cleared to start talking about this stuff again. I don't think anybody wants me talking about it apart from the patients in the community.

Bret: Only the people who want to get better.

Gary: Right, we're still out there.

Bret: Thank you Gary, I appreciate you taking the time.

Gary: Thank you, Bret.