

Fabrication of two surveillance cameras by management following my public interest disclosure

Alzheimer's disease is expected to become one of the most economically burdensome health issues over the next few decades, potentially surpassing other major diseases like cancer and cardiovascular conditions.

As the official custodian of histological slides from the first recorded case of Alzheimer's disease (1,2), which hold great scientific and public interest (3,4), and related material (5) I have a significant responsibility. These materials were officially transported with me from London to Sydney, with transportation costs covered by the University of Sydney at the time.

Following multiple instances of theft in the building where my office was located (pages 3-6), I followed management's directive and set up my own security measures as instructed (pages 7). When new research on these materials made headlines (6; pages 8-9), I installed a motion-triggered still camera to protect them.

I had no choice but to install a security camera, as it was not possible to improve the security of my office otherwise (page 10). Despite the instruction to all staff to keep doors locked I found mine unlocked on multiple occasions. This necessitated additional security in the form of a security camera which I believe was fully covered by the instruction to "exercise your own security". My concern was protecting the irreplaceable material as well as my own reputation and that of our university against potential claims of negligence (pages 11-12).

Towards the end of 2019 and just a few months before we began working from home due to COVID-19, I upgraded to a professional security camera as they became more affordable. As before, this security camera operated only in my locked office and when I was away.

More than a year later, in 2021, while still working from home due to COVID-19, my security camera alerted me to an intrusion in my office. I witnessed a man I had never met taking photographs of my belongings without permission. I immediately called our institute's administrator.

It turned out that the camera had recorded management misconduct, which is summarized in my public interest disclosure (PID) (page 13). Contrary to the numerous false claims made by

management against me following my PID, and even propagated in the media on their behalf by willing journalists, there was **never** a surveillance camera in my office. The proof is attached (page 14).

I purchased a security camera with limited storage capacity that only records when triggered by motion, intended to prevent theft. I never recorded conversations or images of other staff members without their knowledge or permission when they were visiting me in my office as maliciously suggested by management and its helpers in the absence of **any** evidence. My security camera was only on when my office was locked and I was away. That was its purpose and there was one documented intrusion, which is mentioned in my PID.

Notably, management took away (against my advice, page 15) and never returned my security camera, likely because its forensic evidence supports my PID.

The outrageously false claims made by management, that I had installed and used a surveillance device, which were completely untrue, were further exacerbated in the review meeting report. In this report, Janice McLeay, the external hired chair, and Marcel Dinger, a recently appointed Dean, claimed that I had committed misconduct by displaying a small, handwritten warning sign on my office door (to deter potential thieves) and by leaving an iPhone in an upright position at the periphery of my desk. One of the individuals mentioned earlier in my PID had claimed that this iPhone 'appeared' to be a surveillance camera. This was completely absurd and absolutely untrue, but was used by management as a reason to terminate my contract.

References

1. Graeber MB et al. Histopathology and APOE genotype of the first Alzheimer disease patient, Auguste D. *Neurogenetics*. 1998 Mar;1(3):223-8.
2. Graeber MB. No man alone: the rediscovery of Alois Alzheimer's original cases. *Brain Pathol*. 1999 Apr;9(2):237-40.
3. M Enserink, *Science* 279: 2037, 27 March 1998
4. D Brown, C Suplee, *The Washington Post*, 29 March 1998
5. Graeber MB et al. Rediscovery of the case described by Alois Alzheimer in 1911: historical, histological and molecular genetic analysis. *Neurogenetics*. 1997 May;1(1):73-80.
6. Müller U, Winter P, Graeber MB. A presenilin 1 mutation in the first case of Alzheimer's disease. *Lancet Neurol*. 2013 Feb;12(2):129-30.

Beware Computer Theft

Date: Fri, 13 May 2011 15:29:45 +1000 (05/13/11 01:29:45)

From: Norman Crothers <norman.crothers@sydney.edu.au>

To: all@bmri.med.usyd.edu.au <all@bmri.med.usyd.edu.au>

Dear All

Please be aware that a Macintosh computer has been stolen from the public area of Level 5 of Bldg F. You should take precautions with your computers and other attractive equipment.

Make sure any computers in open areas are well secured with good locking devices; lock your rooms when you are not there, particularly if you are in an area which strangers may access; report any suspicious persons or behaviours **immediately**.

Regards

NORM CROTHERS | Executive Officer

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Please think of our environment and only print this e-mail if necessary.

[Bmri-all] Important: BMRI Building Security

From: Alison Macgregor <alison.macgregor@sydney.edu.au>
To: bmri-all@mail.usyd.edu.au <bmri-all@mail.usyd.edu.au>
Date: Thu, 30 May 2013 02:36:05 +0000 (05/29/13 22:36:05)

Hi all,

Yesterday afternoon a theft of personal belongings occurred on Level 3 of Building G. To strengthen the security in Building G, **the lift will soon require swipe access to reach levels 3, 4 and 5**. However it is still important to be vigilant, as the security of the valuable items contained in our buildings is all of our responsibility. This is not the first time things have been stolen from our secure areas.

If you see someone you don't recognize that isn't using a swipe card, e.g. coming after you in a lift or behind you through a security door, politely ask who they are here to see. If you don't get a satisfactory answer, call Security (**x13333**), especially if this is after hours.

Thanks,

Alison

ALISON MACGREGOR | Administration Assistant
Brain & Mind Research Institute | Faculty of Medicine

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Bmri-all mailing list

Bmri-all@mail.usyd.edu.au

<http://mailman.ucc.usyd.edu.au/mailman/listinfo/bmri-all>

[Bmri-all] BMRI Security and Access Policy to be implemented on 2 January 2014

From: Michael Milne <michael.milne@sydney.edu.au>

To: Michael Milne <michael.milne@sydney.edu.au>

Date: Thu, 12 Dec 2013 06:38:36 +0000 (12/12/13 01:38:36)

Cc: all@bmri.med.usyd.edu.au <all@bmri.med.usyd.edu.au>

Dear All,

As the BMRI continues to grow, it is important for us to improve our building security and our access procedures. A need has been identified for staff and students to be easily identifiable when they are on the premises. **There have been incidences of unauthorised persons gaining access to secure areas in recent times, resulting in theft and a worrying breach in building security.**

In the interests of safety and security, the Management Committee has resolved that from 2nd January, 2014 **all BMRI-located staff and students will need to have their staff or student ID card visible at all times on BMRI premises.** To assist you with complying with this new requirement, Alison will be distributing a quantity of University lanyards and cardholders.

Staff and students who do not display their identification card risk having their access to the building revoked. You are also reminded that under no circumstances are you permitted to prop open doors to provide access to people who do not have access (e.g. visitors) or staff and students who have misplaced their access card.

Only Senior University Academic Staff or members of the Operations Team have the authority to approve access. Access by staff belonging to partner organisations will need to be approved by a Senior University Academic Staff member associated with the partnership and/or the COO.

Please note that those with the authority to approve access requests is as follows:

Bernard Balleine
Michael Barnett
Tom Becker
Max Bennett
Renee Bittoun
Michael Buckland
Patrick Brennan
Daniel Brown
Norm Crothers
Stewart Einfeld
Nick Glozier
Claire Goldsbury
Manuel Graeber
Adam Guastella
Ian Hickie
Damian Holsinger
Michael Kassiou
Matthew Kiernan
Jim Lagopoulos

Matt Laver
Simon Lewis
Steven Meikle
Michael Milne
Sharon Naismith
Brian O'Toole
Toni Ottavio
Michael Valenzuela

Also please note that some additional refinements will be introduced in January (a visitor policy) and that a protocol is being developed for authorising access to high risk areas (e.g. imaging) and will be provided to the Management Committee for review and approval in the new year.

Regards,

Michael Milne

MICHAEL MILNE | Chief Operating Officer
Brain & Mind Research Institute

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Bmri-all mailing list

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<http://mailman.sydney.edu.au/mailman/listinfo/bmri-all>

Security

Date: Mon, 04 Jul 2011 09:09:37 +1000 (07/03/11 19:09:37)

From: Norman Crothers <norman.crothers@sydney.edu.au>

To: all@bmri.med.usyd.edu.au <all@bmri.med.usyd.edu.au>

Dear All

Please be aware that to manage the risk of theft, or inappropriate access to materials, from parts of our buildings requires that we keep parts of the buildings secure behind swipe locks, or where this is not practical (e.g. Clinical areas) **you need to exercise your own security** locking cabinets and office doors.

We have recently reactivated the glass doors to the student / staff open area in the centre of level 2 of Building G for this reason. Three of the clinical rooms on that level are being brought into use for headspace and will be accessed via the bridge from Building K with the door held open during normal hours.

Similarly the door from Building K to level 3 of Building F will be reactivated and the lift control retained for access to level 3.

Do not block/wedge open any of these or other security doors, doing so will send an alarm to University Security, and of course may place your goods and your files at risk.

Kind regards

Norm

NORM CROTHERS | Executive Officer

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News

Alzheimer's first case verified

THE UNIVERSITY OF SYDNEY

TUESDAY, 15 JANUARY 2013

More than a hundred years after Alois Alzheimer identified Alzheimer's disease in a patient an analysis of that original patient's brain has revealed the genetic origin of their condition. The brain specimen tested was discovered in a university basement late last century after a search by rival teams of academics.

"It is extremely satisfying to place this last piece in the medical puzzle that Auguste Deter, the first ever Alzheimer patient, presented us with," said Professor Manuel Graeber, from the University of Sydney.

"It is not only of historical interest, however, as it ends any speculation about whether the disease is correctly named after Alois Alzheimer. Alzheimer's ability to recognise this dementia more than a century ago provides compelling support for specialisation in medicine. Alzheimer was a founding father of neuropathology, an important medical specialty that is still underrepresented."

Professor Graeber, from the University's Brain and Mind Research Institute, Sydney Medical School and the Faculty of Health Sciences, collaborated with Professor Ulrich Müller's team from the Institute of Human Genetics of the University of Giessen in Germany to produce the molecular diagnosis recently published in *Lancet Neurology*.

For years scientists have been wondering whether the first case of Alzheimer's disease had a genetic cause. In 1901 Auguste Deter, a middle-aged female patient at the Frankfurt Asylum with unusual symptoms, including short-term memory loss, came to the attention of Dr Alzheimer. When she died, Dr Alzheimer examined her brain and described the distinctive damage indicating a form of presenile dementia.

For decades the more than 200 slides that Alzheimer prepared from Deter's brain were lost. Then in 1992, after Professor Graeber uncovered new information pointing to their location, two teams of medical researchers began a dramatic race to find them.

One team searched in Frankfurt but it was a team headed by Professor Graeber, then working at the Max Planck Institute for Neurobiology that finally located the material at the University of Munich in 1997.

The slides were examined and confirmed beyond doubt that Deter was suffering from Alzheimer's disease, with large numbers of amyloid plaques and neurofibrillary tangles in the brain that are hallmarks of the disease. Until now a more sophisticated DNA analysis of the small amount of fragile material in single slides has not been possible.

Since their rediscovery, a significant number of brain slides have been under the official custodianship of Professor Graeber who has been at the University of Sydney since 2010. He is preparing a book on the material.

"We found a mutation whose ultimate effect is the formation of amyloid plaques. These plaques, which form between nerve cells and seem to suffocate them are the key diagnostic landmark of the disease."

Alzheimer's disease represents one of the greatest health problems in industrialised societies



The full diagnosis of the first ever Alzheimer's case proves that the disease was correctly named after Alois Alzheimer - over a century later.

Image: svedoliver/iStockphoto

today. An estimated 100 million dementia sufferers are predicted worldwide by 2050, the vast majority of whom will have Alzheimer's disease.

95 percent of Alzheimer's patients suffer late onset of the illness after they turn 65. Five percent fall ill before that age (early onset) and Auguste Deter belongs to this group.

"We have revealed that Auguste Deter is one of those in which early onset of the disease is caused by mutation in a single gene," said Professor Graeber.

Fwd: Security

From: Manuel Graeber <manuel@graeber.net>

Date: Mon, 4 Jul 2011 09:39:10 +1000 (07/03/11 19:39:10)

Cc: Wei Li <weili81@gmail.com>

To: Norman Crothers <norman.crothers@sydney.edu.au>

Dear Norm,

I am wondering whether I could have a better or second lock for my door (the door opposite to mine has a better lock). You may remember my door was left open last year when I was away. The cleaners do come in. I have this unique historical material in my office as well as patient names. And I will be going to Europe for 4 weeks.

Best regards,

Manuel

Begin forwarded message

From: Norman Crothers <norman.crothers@sydney.edu.au>

Date: 4 July 2011 09:09:37 GMT+10:00

To: "all@bmri.med.usyd.edu.au" <all@bmri.med.usyd.edu.au>

Subject: Security

Dear All

Please be aware that to manage the risk of theft, or inappropriate access to materials, from parts of our buildings requires that we keep parts of the buildings secure behind swipe locks, or where this is not practical (e.g. Clinical areas) you need to exercise your own security locking cabinets and office doors.

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Similarly the door from Building K to level 3 of Building F will be reactivated and the lift control retained for access to level 3.

Do not block/wedge open any of these or other security doors, doing so will send an alarm to

[Bmri-all] Safety and Security

From: Norman Crothers <norman.crothers@sydney.edu.au>

To: bmri-all@mail.usyd.edu.au <bmri-all@mail.usyd.edu.au>

Date: Tue, 8 Jul 2014 06:32:23 +0000 (07/08/14 02:32:23)

Dear All

Please do not prop open any fire doors in any circumstances as this is a serious hazard and a breach of the regulations. Some doors, for example, L4 between Buildings F & K, and L2 between Buildings K & G, are equipped with an automatic hold open which will release and shut the doors in case of a fire alarm; these are fine to be open that way.

Also, with the occasional theft, mainly of computers, that takes place, please don't prop open any of the swipe access doors into secure areas or labs. Rooms outside swipe areas should be kept locked when not in use.

Thanks

Regards

NORM CROTHERS | Executive Officer

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[Bmri-all] Theft on Level 4 of Building F

From: Ed Hendriks <ed.hendriks@sydney.edu.au>

To: bmri-all@mail.usyd.edu.au <bmri-all@mail.usyd.edu.au>

Date: Tue, 2 Jun 2015 04:01:48 +0000 (06/02/15 00:01:48)

Dear All,

Please be advised that a theft has just occurred on level 4 of building F. This area is accessible to the public. The thief stole cash and cards directly from the victims unattended bag and started to make multiple transactions. Security have been alerted.

Dr Ed Hendriks | Executive Officer

Brain & Mind Research Institute

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Subject: RE: Privileged and confidential - report of alleged wrongdoing - our reference SI 2021-19
Date: Tuesday, 25 May 2021 at 11:56:01 Australian Eastern Standard Time
From: Martin McLoughlin <martin.mcloughlin@sydney.edu.au>
To: Manuel Graeber <manuel.graeber@sydney.edu.au>
CC: Dan Dai <dan.dai@sydney.edu.au>

Dear Professor Graeber

Thanks for your email.

I've copied the allegation submitted under the *Reporting Wrongdoing Policy* below for information:

Submission under the REPORTING WRONGDOING POLICY

I was approached as the President of the University of Sydney Association of Professors (USAP) by a senior colleague who wanted to see me because Professor John Hunt, the former Head of School, allegedly attempted to bribe and blackmail a vulnerable young colleague in order to go after their supervisor. Several professorial colleagues are willing to confirm that they were also approached with the same information.

I feel it to be my duty to put this on file and to ask for an investigation so that additional witnesses can be heard.

HR is fully aware that Robyn Ward has brought John Hunt to this university, that he acted on her behalf and that she tried to whitewash him when he showed similar behaviour towards me (the grievances are on file).

Many colleagues have experienced Professor Robyn Ward to be extremely vindictive and this explains why Professor Sarah Young like John Hunt have tried to move me, the Brain Tumour Research Professor, from the Brain Tumour Research Floor even though there is a Commonwealth contract, and the environment is essential for my work, which has previously been interfered with when the BMC zebrafish facility was abandoned, and I was not even informed although my ARC grant depended on it.

When Professor Sarah Young learned that my office has a security camera, she used her position to try and find out whether there could be potentially incriminating material either on the camera or stored elsewhere. As proven by the camera recording, Professor Sarah Young and Mr Matthew Storey were executing Professor Robyn Ward's long-standing and completely unreasonable plan to move me out of my dedicated (Commonwealth contract) research environment, the true reason for their visits to my office on 11 and 12 February. Importantly, the witness to Sarah Young's and Matthew Storey's wrongdoing has filed their resignation announcing the decision in an email to more than 70 people. I have heard that this long-serving staff member was severely bullied causing their sudden resignation. This happened on the first business day after I had pointed out Ward's serious conflict of interest to the Head of HR, Ms Karen Haywood, who may or may not be implicated.

Ward has demonstrated on numerous occasions that her vindictive behaviour goes to extreme lengths. I had been one of the signatories of a no confidence vote against her in the past. In addition, I have signed off a letter as USAP President to the previous VC, cc'ed to the Chancellor, on behalf of USAP Council that voiced concerns about the leadership of the medical faculty.

Sarah Young's written lie (in her letter of 19 February 2021 to me) about the real reason for her visit to my office is revealed and documented by the security camera recording as is Matthew Storey's motivation for taking photographs. In addition, Young and Storey demonstrate a complete lack of understanding and respect for the importance of medical history which makes one wonder why they work at a university.

The above behaviour of Faculty management (Ward, Hunt, Young, Storey) which I ask to be investigated is particularly incompatible with a medical faculty and may ultimately put patients at risk. This is my second and even more important reason for strongly recommending an investigation.

ORDER PLACED
10 June 2019

TOTAL
\$219.84

DISPATCH TO
[Manuel Graeber](#) ▼

ORDER # 250-2964829-8528606
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Re: My custodianship and the reputation of the University

From: Manuel Graeber <manuel.graeber@sydney.edu.au>

To: Sarah Young (Medical Sciences) <sarah.l.young@sydney.edu.au>

Cc: Stephen Garton <stephen.garton@sydney.edu.au>, Rhianna Keen <sydney@nteu.org.au>

Date: Tue, 23 Feb 2021 01:56:41 +0000 (02/22/21 20:56:41)

Dear Professor Young,

There is a security camera on historical furniture protecting the holdings in my office against theft, and theft protection is its sole function. The security device is only active when I am not in my office and hence the clear instruction not to enter my office in my absence. This instruction is in writing, well known and the cleaners respect it. That's why I tried to call Michelle several times when your photographer started his work. I have legal obligations to protect the holdings (below).

The holdings in my office absolutely require theft protection as explained earlier and to protect the good name of the University first of all. We also have to demonstrate due diligence in critical areas, especially if we aim to be a world-class university that works at the cutting edge and want to be able to deal with uncharted territory. Predating your arrival, there have been many discussions about the security problem on our floor, but the resources of the University are limited.

My office is also special because I am an international authority in my field. I am medically registered in three other countries (Australia does not have my medical specialty yet) and I receive international consultation requests although I do not do them currently because of time constraints, including from Mayo Clinic Rochester (MN, USA), perhaps the most respected diagnostic centre in the world where I have been a visiting clinician in the past. The international clinical paperwork alone deserves special protection, but I also have a confidentiality agreement with the WA Government. We have even published a new disease entity recently (attached). This makes strict protection mandatory and photography is not permitted. You may remember our conversation and you may now understand my comment better that my assignment to your school does not make sense.

Taken together, if you remove the theft protection you will be responsible if there is an incident in my understanding and I have to emphasize this again only because I have to decline any responsibility for your actions. My clinical and ethical advice to you is as clear as it can be.

The even more important point: there is an overarching massive problem concerning academic governance in the Faculty not only in my but in very many colleagues' view and your approach illustrates this further.

You will understand that the FMH governance matter is a very serious one, and you will hear from the NTEU as soon as possible. I have requested a formal investigation, again to protect the University, and witnesses are preparing to come forward.

It is my recommendation to leave the anti-theft protection in place, also to avoid tampering with the device (in your own best interest).

Yours sincerely

Manuel Graeber

PROFESSOR MANUEL B. GRAEBER MD PhD FRCPATH | Neuropathologist