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Open Letter.

January 22nd, 2026.

Dear Members of Parliament, Ministry of Health officials, Auditor General and the Mental Health and Wellbeing Commission leadership team and board,

We respectfully submit our paper *Reclaiming Health,* and its reform recommendations for your consideration.

> PSGRNZ (2026) Reclaiming Health: Reversal, Remission & Rewiring. Understanding & Addressing the Primary Drivers of New Zealand's Metabolic & Mental Health Crisis. ISBN 978-1-0670678-2-3

Reclaiming Health challenges the foundations of New Zealand's health policy and dietary guidance, arguing that the country's escalating burden of chronic metabolic and mental illness is not inevitable and can be reversed. For several decades, dietary guidance has been developed with the stated aim of preventing obesity and cardiovascular disease. These objectives have not been achieved. Deference to the status quo is untenable when the evidence from mechanistic studies, clinical evidence, and cohort data are considered, as *Reclaiming Health* shows. Instead, New Zealand, in line with other high-income countries, has experienced a sustained and accelerating rise in chronic metabolic and mental illnesses.

Insulin resistance and chronic inflammation are consistently present across the conditions grouped as metabolic syndrome. These conditions include hypertension, dyslipidaemia, type 2 diabetes, and obesity. Insulin resistance is the defining biomarker of cardiometabolic risk. By contrast, the continued emphasis on saturated fat as inherently harmful rests on the assumption that cholesterol is the primary causal driver of cardiovascular disease. Past and current published evidence does not support this position. A strong and coherent body of evidence identifies elevated blood glucose, hyperinsulinaemia, insulin resistance, and inflammation as more drivers of cardiometabolic disease.

KEY POINTS: THE METABOLIC PATHWAY TO CHRONIC ILLNESS:

1. A single systemic metabolic & mental health crisis reframes many diseases as one metabolic failure.
2. Glycaemic and insulin stability underpin metabolic health & reflect core physiological regulation.
3. Insulin & inflammation as metabolic mediators. Displacing the single disease-specific approach.
4. Multimorbidity as signal, not just coincidence. Conditions share common upstream drivers.
5. Cumulative processed & refined carbohydrate exposure. Not just sugar, not just calories.
6. Nutrition & diet guidelines developed to avoid deficiency, not assure functional sufficiency.
7. Macronutrient hierarchy inverted. Carbohydrates structurally privileged over fat and protein groups.
8. Insulin as primary risk biomarker overturns cholesterol primacy.

Critically, elevated glucose and insulin are driven not only by added sugars, but by sustained exposure to processed and refined carbohydrates. Individual tolerance varies considerably. These upstream metabolic disturbances give rise to multimorbidity rather than isolated disease. It is now more common for individuals to present with multiple metabolic and brain-related diagnoses, often at younger ages. People with metabolic syndrome also carry a significantly higher risk of mental illness and other brain-related disorders.

Despite this, dietary guidelines and the processes used to sustain them have remained largely unchanged. Clinicians, meanwhile, continue to report difficulty achieving adherence to low-fat, high-carbohydrate dietary guidance.

At its core, the problem is straightforward. Change has been stalled by entrenched high-carbohydrate dietary patterns, governance frameworks focused on preventing frank deficiency rather than restoring health, and institutional inertia. These frameworks do not adequately account for the role of protein, fat, and micronutrients in metabolic resilience or recovery from chronic illness.

Dietary non-adherence may therefore reflect guidance that is unfit for purpose. Fibre alone cannot substitute for the satiety provided by adequate protein and fat. In fractionated industrial foods, added fibre does not prevent rapid carbohydrate absorption, repeated glucose and insulin spikes, or dopamine-mediated reward activation. The result is persistent hunger, increased snacking, and loss of appetite regulation even when caloric intake is sufficient.

While ultra-processed foods receive increasing attention, regulating them as a single category is unlikely to succeed, as risk varies widely within the group and industry lobbies will contest and slow any pace of change. What can be tracked clinically is the cumulative metabolic impact of diets high in rapidly absorbed carbohydrates, as reflected in glucose, insulin, and triglyceride markers.

Dietary guidelines that downplay protein and fat, and restrict saturated fats, may therefore be contributing to harm at the population level. The health system is structured around avoiding deficiencies rather than restoration and resilience. In such a system, nutrition cannot be deployed as a therapeutic or preventative intervention, and legacy dietary and nutrition guidelines likely sustain the conditions it seeks to prevent.

Multimorbidity and polypharmacy, now common outcomes of these dietary patterns, remain poorly studied and insufficiently funded. *Reclaiming Health* documents how government agencies have been unable or unwilling to reassess prevailing assumptions or create pathways for independent evaluation. *Vote Health* does not ring-fence funding for interdisciplinary research to assess whether current macronutrient and micronutrient recommendations remain fit for purpose.

The paper further identifies the absence of a policy mandate to assess diet and nutrition by age, sex, developmental stage, ethnicity, or metabolic vulnerability across key health strategies, including those for children, Māori, Pasifika, pregnant women, and mental health. As a result, susceptibility to elevated blood glucose and insulin levels, insulin resistance, and early metabolic disease is systematically overlooked.

Notably, *Kia Manawanui Aotearoa: the Long-term Pathway to Mental Wellbeing* excludes diet and nutrition, despite strong evidence that nutritional status is foundational to brain health. Current Ministry of Health-funded health coaching scopes do not include education, or invest in research to examine the contribution of inadequate diets, from conception onwards, that increase psychiatric risk.

There is currently no funding dedicated to the evaluation of improved metabolic screening, access to essential nutrients, or the adequacy of nutrition education across primary, secondary, and tertiary education systems. Health targets remain decoupled from the biological drivers of disease.

Reclaiming Health is a three-part paper of approximately 40,000 words, supported by over 600 citations. Chapters 11 and 12 provide evidence and proposals for reform which are practical and evidence-based. International experts have welcomed the report's synthesis, these are quoted below.

The costs of rising multimorbidity and polypharmacy are no longer defensible. Reform is both necessary and achievable. This *Open Letter* is directed to those with the authority to initiate reform. We ask that you give this paper serious consideration.

Yours sincerely,

Physicians and Scientists for Global Responsibility New Zealand Charitable Trust (PSGRNZ)

- ✓ Reclaiming Health: Full Report.
- ✓ Reclaiming Health: 3 Page Summary + Ch.12 Recommendations for Reform.

'This report is an important moment for New Zealand public health. For too long, the 'voice of nutrition' has been whispered when it should have been shouted. And then the whispers have focused on old, dated hypotheses and science that was flawed. The PSGRNZ rightly identifies that the bulk of our poor health, in both chronic disease and poor mental health is metabolic. It offers a clear blueprint for progress in addressing this. It offers a chance to reverse many chronic diseases and prevent them happening in the first place. These are goals long whispered in NZ and global health, but now we have the blueprint to get on with this important work.'

Grant Schofield PhD, Professor of Public Health, Director, Human Potential Centre. Auckland University of Technology, N.Z..

'The Physicians and Scientists for Global Responsibility have made clear the reasons for the worldwide pandemic of metabolic syndrome, and the role that the Western Diet plays in its pathogenesis. Fix the food and you fix health, healthcare, and society all at once.'

Robert Lustig, MD, MSL, paediatric endocrinologist, Emeritus Professor of Pediatrics, University of California, San Francisco, U.S.A..

'We need evidence-based system changes if we are to combat the twin epidemics of obesity and diabetes. I hope this report sparks needed conversation – and action.'

Leonardo Trasande, MD, MPP, Jim G. Hendrick, MD Professor of Pediatrics, Director, NYU Center for the Investigation of Environmental Hazards, Professor of Population Health, NYU Grossman School of Medicine, Professor of Health Policy, NYU Wagner School of Public Service, U.S.A..

'This document summarises the key science and clinical findings relating to the harms of excessive consumption of sugar, refined carbohydrates and ultra-processed foods. We have gone past the point where there can be any doubt that these food-like substances are at the heart of the multiple crises of chronic ill health both physical and mental. The burden of these effects is surely no longer tolerable to individuals or society. The answer is a simple one but will take concerted and consistent political will to implement. The same will it took to tackle the harms of tobacco. I hope New Zealand takes this chance to be a leader and show the rest of the World what can be achieved for its people.'

Dr Jen Unwin, BSc, MSc, DPsy, FBPsS. Chartered clinical and health psychologist with over 35 years experience, mostly in the NHS. Co-Founder, Food Addiction Solutions, U.K..

'The discovery that diabetes and poor metabolic health can be reversed by dietary means should have revolutionised modern medicine but hasn't. This report summarises much of the important evidence outlining the centrality of our diet for improving health and how we can be less reliant on drugs. I hope this document is a catalyst for the change in health policy we desperately need.'

Dr Simon Thornley, MBChB, MPH(hons), PhD, Senior Lecturer Epidemiology & Biostatistics, University of Auckland, N.Z..

'For over half a century, and over the same time period as the prevalence of obesity and obesity-related diseases skyrocketed, our nutrition recommendations have changed little. And yet, nutrition is recognized as a key contributor to these illnesses, and substantial research has supported changes to our nutritional approach for better health. This document by the PSGRNZ highlights both the long extant and the emerging evidence substantiating an approach that reduces starch and sugar intake, particularly the processed varieties, to reduce the burden of illness in New Zealand (and worldwide).'

William S. Yancy Jr., MD, Professor of Medicine. Medical Director, Duke Lifestyle & Weight Management Center, Co-director, Duke Primary Care Research Consortium, North Carolina, U.S.A..

'The majority of people in the developed world now have poor metabolic health, as defined by the presence of type 2 diabetes, central obesity, elevated blood pressure, raised triglycerides, or fatty liver disease. For example, O'Hearn et al., Journal of the American College of Cardiology, 2022. This nationally representative U.S. study found that in 2017–2018, only 6.8% of adults had optimal cardiometabolic health, meaning that over 93% had at least one abnormality in weight, blood pressure, glucose, lipids, or clinical cardiovascular disease, with the greatest declines seen in adiposity and glucose control over the past two decades. This is mainly a reflection of insulin resistance and in my practice responds best to controlling the intake of both ultra processed foods and refined carbohydrates. This including 'brown' bread. We have 32 peer reviewed papers on this, including one that shows carb restriction to be as good as GLP-1 injections (Wegovy).'

Dr David Unwin FRCGP. RCGP National Champion for Collaborative Care and Support Planning in Obesity & Diabetes, RCGP clinical expert in diabetes, Honorary Senior Lecturer, Edge Hill Medical School. Merseyside, UK. Founder member of The Public Health Collaboration

'What PSGRNZ articulates here aligns with what researchers increasingly recognize: chronic disease is fundamentally a metabolic problem, and dietary carbohydrate burden is a primary lever. New Zealand has an opportunity to lead.'

Benjamin T. Bikman, Ph.D. Professor, Department of Cell Biology, Brigham Young University, Utah, U.S.A..

'This report offers a clear, evidence-based framework for addressing diet-related chronic disease, an issue with significant health and economic impacts. Reclaiming Health defines how our current food environment contributes to illness and how existing policies can make progress challenging. Practical solutions are within reach. By taking thoughtful steps now, we have an opportunity to improve health outcomes, reduce healthcare costs, and support a stronger economy. Acting sooner rather than later will help ensure meaningful change.'

Julia Rucklidge, Professor of Psychology, Director of Te Puna Toiora, the Mental Health and Nutrition Research Lab at the University of Canterbury, N.Z..

'Congratulations to PSGRNZ for producing this paper which is an essential step in changing the understanding of the main causes of disease. This document will lead the transition from just managing the resulting symptoms to clinicians treating the underlying cause and empowering individuals to take control of their own health.'

Dr Glen Davies MBChB, Dip Obs, FNZCGP, FASLM, FACNEM

'To address the crisis in cardiometabolic health, I fully support PSGRNZ's call for a more adaptable approach to dietary guidance, one that is putting adequate nourishment first and is able to move beyond today's narrow definition of 'a healthy diet.'

Frédéric LEROY, Professor of food science & (bio)technology. Vrije Universiteit Brussel (VUB), Belgium.

'I cannot emphasize sufficiently that this report from the Physicians and Scientists for Global Responsibility is of biblical proportions. It is unquestionably the most carefully constructed and complete document ever compiled on this topic anywhere in the world. I can say this with both scientific conviction and personal authority. Because, between 2014 and 2018, I was subjected to a 4-year long public hearing in South Africa into my professional conduct for promoting, on social media, the exact dietary changes presented in this report. By presenting just a miniscule of the material contained herein, I was justly exonerated on all 13 charges. Reading this document leaves us with either of two choices. We either continue to travel the path of dietary iniquity. Or we do that which is right and just for the people of New Zealand (and ultimately the world). There is no other option. The evidence is now transparent; it is before your eyes. The choice is yours.'

Emeritus Professor Timothy David Noakes OMS, MBChB, MD, DSc, PhD (h.c.), FACSM (h.c.), FFSEM Ire (h.c.), FFSEM UK. Cape Town, South Africa.