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Global Support for New Zealand Report Calling for Urgent Reset of New Zealand Health Policy: “Reclaiming Health” Sets Out a Path to Reversal, Not Just Management, of Chronic Disease.

A **major new report** released today by Physicians and Scientists for Global Responsibility New Zealand (PSGRNZ) 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.

The report has been sent with an [open letter](#) to members of Parliament, New Zealand health agencies, the Auditor-General of New Zealand, and the Mental Health and Wellbeing Commission.

Titled [**Reclaiming Health: Reversal, Remission & Rewiring**](#), the report synthesises evidence from metabolic science, nutritional psychiatry, clinical practice, and population data. Diabetes, cardiovascular disease, depression, anxiety, neurocognitive disorders, and obesity are shown to be rising together, often within the same individuals and at younger ages. [Link: 3 page summary paper + Reform Recommendations.](#)

At the centre of the analysis is the carbohydrate–insulin pathway, in which repeated blood-glucose spikes drive unstable insulin, insulin resistance, inflammation, and mitochondrial stress. These processes often begin years before diagnosis and cut across traditional disease categories, including mental health.

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.

The report challenges long-standing assumptions that obesity and saturated fat are the primary causes of metabolic disease. Obesity is reframed as one possible downstream outcome. It also integrates evidence on food addiction, showing that refined carbohydrates and some ultra-processed foods activate reward pathways in ways analogous to addictive substances, undermining satiety and making long-term dietary adherence difficult in modern food environments.

International experts have welcomed the report's synthesis. “The Physicians and Scientists for Global Responsibility have made clear the reasons for the worldwide pandemic of metabolic syndrome,” said **Dr Robert Lustig**, paediatric endocrinologist and Emeritus Professor at the University of California, San Francisco. “Fix the food and you fix health, healthcare, and society all at once.”

“This report is an important moment for New Zealand public health,” said **Professor Grant Schofield**, Professor of Public Health at Auckland University of Technology. “For too long, the voice of nutrition has been whispered when it should have been shouted. The PSGRNZ rightly identifies that the bulk of our poor health, in both chronic disease and poor mental health, is metabolic.”

“We need evidence-based system changes if we are to combat the twin epidemics of obesity and diabetes,” said **Dr Leonardo Trasande**, Professor of Pediatrics and Population Health at NYU. “I hope this report sparks needed conversation, and action.”

“This document summarises the key science and clinical findings relating to the harms of excessive consumption of sugar, refined carbohydrates and ultra-processed foods,” said **Dr Jen Unwin**, UK-based clinical psychologist and co-founder of **Food Addiction Solutions**. “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.”

Lead author, sociologist Jodie Bruning, emphasises that a central theme of *Reclaiming Health* is policy failure rather than individual failure. The report documents how health governance frameworks progressively draft out individual biology and metabolic vulnerability, with legacy nutrition models aimed at preventing acute nutrient deficiency rather than supporting metabolic and brain health.

This disconnect has ethical consequences. The report highlights how informed consent is compromised when people are not told about the likely progression from prediabetes to diabetes, or about cumulative medication pathways and risks. Low-income communities experience a disproportionate and preventable burden of harm, and early-onset disease in young people reduces lifetime health and quality of life.

Crucially, *Reclaiming Health* does not stop at critique. Part III documents real-world success, drawing on clinical and community examples from New Zealand and overseas where diet-first, low-carbohydrate approaches, supported by health coaching and peer support, have led to remission of type 2 diabetes, reduced prescribing, improved cardiovascular markers, and better mental wellbeing.

New Zealand research features prominently, and includes a [recent paper](#) by Professors Carolyn Zinn and Grant Schofield and colleagues, demonstrating that carbohydrate-restricted dietary approaches can restore insulin sensitivity and metabolic flexibility even in people with established disease.

Taupō-based doctor and former **GP of the year**, Glen Davies, who works with people with prediabetes and diabetes and has [witnessed multiple remissions](#), and sustained improvements in health biomarkers, described the report as “an essential step in changing how we understand the main causes of disease... empowering clinicians and individuals to treat underlying causes rather than simply manage symptoms.”

The report concludes with a whole-of-system reform agenda, calling for diet-first approaches in local communities, expansion of health coaching, reform of school food programmes, improved metabolic screening, strengthened informed consent, and reform of education, science, and regulatory systems. It supports Professor Schofield’s proposal for a prevention-led health system, including reallocation of health funding, food policy reform, reduced reliance on medication, and stronger accountability mechanisms.

PSGRNZ says the message is ultimately hopeful. The science shows that reversal and remission are possible, and that aligning health policy with human biology offers a credible path to improved wellbeing, reduced health costs, and restored public trust.

As Professor Schofield put it: “Now we have the blueprint to get on with this important work.”

END. **Any enquiries:** Trustee and lead researcher Jodie Bruning. Email: info@psgr.org.nz

REPORT: PSGRNZ (2026) Reclaiming Health: Reversal, Remission & Rewiring. Understanding & Addressing the Primary Drivers of New Zealand's Metabolic & Mental Health Crisis. Bruning, J.R., Physicians & Scientists for Global Responsibility New Zealand. ISBN 978-1-0670678-2-3. **3 page summary + Recommendations.**

Statements from international experts and practising medical doctors:

'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 Ruckridge, 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 minuscule 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.