PSGR NZ

Physicians & Scientists for Global Responsibility New Zealand

2026 UPDATE

This Update aims to inform members and colleagues – and act as a go-to summary of our recent work. Since the 2025 Update, Physicians and Scientists for Global Responsibility New Zealand Charitable Trust (PSGRNZ) has continued examining how scientific evidence is evaluated, how government agencies respond to uncertain risks, and whether policy and legislation provide the safeguards required to protect public and environmental health. The work ranges from prevention of chronic illness to hazardous substances, electromagnetic emissions and the architecture of digital government.

For over 25 years PSGRNZ has produced reports and made submissions on government Bills and Inquiries.

All our submissions are available to the public on our website **PSGRNZ.org.nz**. To search for us on Twitter, Instagram, BlueSky, YouTube, Substack, Spotify. Just use our handle: **@PSGRNZ** .

Please note: If you like our work please share it with friends & on social media. We don't have a 'boosting' budget & as a consequence we only have a small number of people following us on social media.

THANK YOU!

Thank you to the many members who have supported us with advice, insight and corrections for our research papers and submissions this year. This voluntary support is essential to achieve quality by the final draft.

MEMBERSHIP

Please – without members PSGRNZ cannot do this work! We've kept our fees deliberately low because your membership is important to us.

Membership information: **HERE**.
Email: info@PSGR.org.nz
KiwiBank Tauranga 38-9001-0432703-00
Charity registration no. CC29935

NB: PDFs can be easily uploaded onto e-Reader devices

PSGRNZ ADVOCACY (2025/26)

SUBMISSIONS

Jul 2025. **Proposed amendments to the: Resource Management (National Environmental Standards for Telecommunication Facilities) Regulations 2016**.

Oct. 2025. **NZEPA proposal to import/manufacture Trifix Herbicide containing triflusulfuron-methyl.**

Jan. 2026. **2026 Telecommunications and Other Matters Amendment Bill (210-2).**

Feb. 2026. **2026 Natural Environment Bill (234-2).**

Jun. 2026. **2026 Hazardous Substances and New Organisms Amendment Bill (304-1).**

Aug 2026. **2026 Environmental Reporting Amendment Bill (321-1)**.

Oct 2026. **2026 Modernising New Zealand's retail payment system (RBNZ).**

Nov. 2026. **2026 Natural Health Products Regulation, Ministry of Health Consultation**.

Note: blue font signals a hyperlink to the document.

Physicians & Scientists for Global Responsibility New Zealand Charitable Trust

Join PSGRNZ today.

You don't have to be a scientist or doctor to join as an associate member.

info@psgr.org.nz

Published January 2026, this major PSGRNZ report with around 600 citations examines the increasing prevalence of metabolic and mental illness and the policy emphasis on treatment rather than prevention.

The extensively researched paper brings together research on insulin resistance, glycaemic instability, nutrition, inflammatory pathways, brain health and the opportunities for remission or improvement through individually appropriate dietary and lifestyle changes.

The report argues that dietary interventions, including whole-food carbohydrate reduction where appropriate, should be more accessible in primary care alongside health coaching, peer support, and clinical oversight where medicines may require adjustment.

It also examines why the public science system has so little enduring capacity for independent nutrition research, prevention and long-term follow-up. It does not claim that all chronic illnesses have one cause or that any single intervention is suitable for everyone.

KEY POINTS: THE METABOLIC PATHWAY TO CHRONIC ILLNESS:

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

At the heart of our paper sits a question: why are interventions that may prevent disease, reduce medication requirements and improve quality of life not evaluated and supported with the same institutional seriousness as pharmaceutical treatments?

OUR OPEN LETTER TO MPs & AGENCIES.

On January 21st, 2026 the Reclaiming Health report was sent, together with an open letter to all Members of Parliament (MPs), Ministry of Health officials, Auditor-General and the Mental Health and Wellbeing Commission leadership team and board.

A few MPs responded to acknowledge receipt of it, however none of the people we emailed contacted us to discuss the implications of this report.

QUICK LINKS TO OUR PAGES

PRESS RELEASE: Mental Health and Wellbeing Commission Gatekeeping Raises Alarm Bells (February 5, 2026)

READ 'RECLAIMING HEALTH' ONLINE: CHAPTER BY CHAPTER

Resonate with RECLAIMING HEALTH? Images for sharing on social media

3 PAGE SUMMARY (1,300 words) + CHAPTER 12: RECOMMENDATIONS FOR REFORM:

STATEMENTS OF SUPPORT from international experts and practising medical doctors for Reclaiming Health.

RELEASE: 'Reclaiming Health' calls for Urgent Reset of New Zealand Health Policy & Sets Out a Path to Reversal, Not Just Management, of Chronic Disease.

OPEN LETTER: NZ Report Calling for Urgent Reset of New Zealand Health Policy.

CONFERENCE PRESENTATION

RECLAIMING HEALTH: FAQs.

FRESHWATER POLICY FAILURE

In 2019 the Soil & Health Association and PSGRNZ released the joint paper Aotearoa New Zealand Policy Proposals on healthy waterways: Are they fit for Purpose? Our white paper highlighted a critical gap in the Government's Action for Healthy Waterways proposals – polluting chemicals were ignored. What this meant was that local councils could evaluate freshwater to identify if it was degraded, but there was no national-level policy to require that local councils step into a suite of testing processes to identify what pollutants were driving that degradation (beyond nutrients from fertiliser and livestock runoff and bacteria).

We sent submissions into the related consultations and sent out press releases to all media. The concerns expressed in that 2019 paper were not covered by the media, despite the fact that a major government consultation was underway.

Seven years ago, we pointed out that freshwater policy cannot credibly protect waterways for future generations if it did not have a systematic way to identify and investigate significant chemical contaminants. Over this same period, Parliamentary Commissioner for the Environment Simon Upton repeatedly raised similar concerns and released a major paper with eight recommendations.

The government had commenced a work programme in 2022 in response to the PCE's eight recommendations, outlined in his 2022 paper: *Environmental reporting, research and investment. Do we know if we're making a difference?* But, even though it was a National Party 2023 election manifesto, by 2024, the programme was to all appearances, discontinued without the establishment of a nationally consistent monitoring framework.

'I am refusing your request in full under section 18(e) of the Act as the information requested does not exist or, despite reasonable efforts to locate it, cannot be found. … there is currently no work to establish a nationally consistent monitoring framework for anthropogenic synthetic chemical contaminants in freshwater.'

The problem, seven years later in late 2026, is that several parliamentary Bills which claim to improve environmental stewardship, continue to fail to address the problem - the gap - that we identified so many years ago. Industrial, agricultural and urban persistent, bioaccumulative and toxic chemicals are ignored in these Bills – continuing the pattern of not talking about pollutant chemicals. If a government agency does not specifically require that a process is followed, and then also fund the work so that it can be done - it will not be done.

- Environmental Reporting Amendment Bill 321-1 - **20/8/2026** PSGR Submission to Select committee**.**
- Natural Environment Bill 234-2 - **13/2/2026** PSGR Submission to Select committee**.**
- **Hazardous Substances and New Organisms Amendment Bill (304-1) – 3/6/2026** PSGR Submission to Select committee**.**

In September we sent an **Open Letter to all MPs** to advise them of this situation. A further response to an Official Information Act request (**sent August 30**) to the Minister for the Environment, concerning the PCE's eight recommendations has been **delayed until November 20th, 2026.**



PSGR's JR Bruning spoke with RCR's Paul Brennan on the glyphosate issue and New Zealand's HSNO Amendment Bill in this July 3, 2026 interview.



25 years.

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Physicians & Scientists for Global Responsibility New Zealand

RF-EMF RISK

Radiofrequency Electromagnetic Radiation (RF-EMF): biological risk and exposure standards

PSGRNZ's 2026 RF-EMF 6-part series of Substack articles explored the science behind non-thermal biological mechanisms, oxidative stress, mitochondrial function and the limitations of standards primarily designed around established heating effects.

The report asks whether existing regulatory review processes adequately test plausible effects of chronic exposures, especially for susceptible groups. Scientific disagreement and uncertainties are important parts of this inquiry. *(Blue colour signals links)*

1. EMF Sensitive? You May Not Be the Outlier You Think You Are
2. A palpable under-representation of public health expertise.
3. The EMF Problem: RF Radiation Governance Without Democratic Risk Assessment
4. EMF Risk Blindspot: The role of modulation in signal interaction
5. The Wired and Unwell Cascade.
6. RF-EMF: Three Biological Pathways, One Upstream Driver

We consider that our article '*EMF Risk Blindspot'* is particularly useful illustrates a likely mechanism of how we can be harmed by non-thermal RF-EMF radiation – and how low-voltage EMFs can upset many biological systems. In particular, the reproductive organs, the brain and the heart. Here is a short extract from the Substack article:

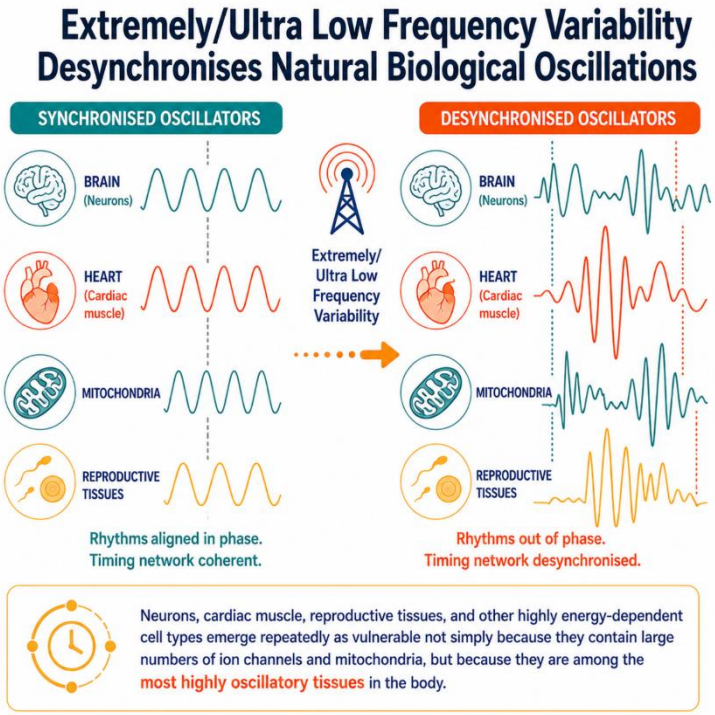
The human body is an electrical machine. Every heartbeat, every thought, every immune response, every moment of sleep or wakefulness depends on the precise movement of electrically charged particles, called ions, across the membranes of your cells. These movements are not random. They are controlled by tiny molecular gates embedded in the cell membrane, each one opening and closing in response to electrical signals in the surrounding environment.

These gates are called voltage-gated ion channels, or VGICs. Understanding them is the key to understanding one of the most important - and most overlooked - debates in modern public health.

Voltage-gated ion channels (VGICs) may be a central mechanism underlying many of the cellular effects resulting from exposures to radiofrequency electromagnetic fields (RF-EMF) (Panagopoulos et al 2025).

The VGIC framework treats the cell membrane not as a collection of individual, independent channels, but as an integrated electrical signalling system, an interconnected network where all the channel types interact with each other, and where disruption to any part of the system has consequences that ripple through the whole (Panagopoulos et al 2025).

Panagopoulos et al 2025 demonstrate that RF radiation is only bioactive because of the low-frequency pulses and irregular modulations embedded within the signal. These irregular pulses are what 'actually' interact - perturb - the VGICs. **To keep reading…**



DIGITAL INFRASTRUCTURE & DEMOCRATIC POWER

- **DATA CENTRES**
- **REAL-TIME PAYMENTS**
- **CENTRAL BANK DIGITAL CURRENCY**

Separate programmes, cumulative consequences

Data centres raise questions about electricity, transmission, water, land, economic returns and foreign ownership. Real-time payments modernisation raises different questions about the operation and governance of national payment infrastructure. Digital identity and government data-sharing systems can make identity verification and information exchange easier.

Each initiative may appear common-sense when considered alone, however, PSGRNZ's concern is whether the state is examining what happens when they become interoperable: which institutions acquire new powers, who controls access, whether transactions or services can be conditioned, and how citizens can query or challenge decisions.

1. THE RESERVE BANK OF NEW ZEALAND & THE MISSING GOVERNANCE TEST

The 2026 Reserve Bank consultation on Modernising Retail Payments prompted PSGRNZ to revisit earlier CBDC consultations and related technical work.

PSGRNZ sent in two responses, arguing that the public requires a candid account of interoperability, programmable payment functions and the potential relationship between payment infrastructure, digital identity and future digital cash. Technical feasibility does not establish democratic legitimacy.

a. 2026-09-10 Modernising New Zealand's retail payment system. Response to the RBNZ, Response ID ANON-9P3F-6N4X-J
b. 2026-10-26 Modernising New Zealand's retail payment system. ADDENDUM: Response ID ANON-9P3F-6N4X-J

The RBNZ's shift to oversee the reform of New Zealand's digital payments infrastructure is not undertaken in isolation. It directly intersects with the RBNZ's CBDC work programme and with the development of a much broader, increasingly interconnected digital public infrastructure.

The RBNZ, Treasury, Public Service Commission (PSC), Department of Internal Affairs (DIA) and Ministry of Business, Innovation and Employment (MBIE) are **all aware** of this wider context and the government's role in coordinating 'the delivery of core digital public infrastructure – digital ID, open data and modern payments'. Modern retail payments may increasingly intersect with digital identity, data-sharing systems and other public and private digital infrastructure.

The RBNZ has now assumed leadership of a major national reform without demonstrating that it has undertaken a deep comparative examination of overseas jurisdictions. The **RBNZ's Issues paper (August 2026)** did not address that much broader context where a digital public infrastructure can become a powerful tool for the oversight of citizens. Instead, its international comparisons largely present the visible outcomes of selected systems, without adequately examining the institutional, legal and constitutional arrangements that produced them, or the longer-term consequences of those arrangements.

This raises fundamental questions about whether, how and on what terms ordinary New Zealanders may be drawn into a broader interoperable digital architecture. Our concerns extend to choices about institutional power, individual autonomy and the purposes for which interconnected infrastructure may be used, with consequences that could endure for decades. Those choices require democratic and political judgement. They should not be determined by a central bank.

To access our Official Information Act requests and read more on this **CLICK HERE**.

PSGR's JR Bruning spoke with RCR's Paul Brennan in this Sept 10th 2026 Interview: Concerns over RBNZ's Payments Push & Digital Control.



2. DATA CENTRES & LONG-TERM STEWARDSHIP

A series of Official Information Act 1982 (OIA) request responses has identified that, most fundamentally, there is no overarching oversight architecture, no attempt to balance the burdens potentially placed on local communities by foreign-owned assets, and no visible mechanism for resolving competing departmental objectives. Investment policy may therefore continue to advance even where other agencies have identified unresolved public-interest concerns.

Parallel inquiries examine whether the cumulative electricity, water, environmental and economic effects of data-centre development are being assessed, and whether government digital-transformation programmes distribute informational power appropriately. Privacy is not merely a matter of consent: it also depends on the limits placed on collection, linkage, access and future uses.

The departmental responses reveal four consistent themes suggesting that the agencies are struggling with public interest impartiality: a presumption in favour of development, fragmented assessment of its consequences, no visible decision rule for navigating uncertainty and ignorance of existing expectations for good regulatory process.

Development is presumed. The documents commence from the premise that large-scale data-centre investment will occur and ask how government can facilitate it while managing its effects. They do not begin with the prior question of whether, at what scale, and under what conditions this development is in New Zealand's public interest. MBIE's preference for a 'light-touch approach' and concern not to diminish (foreign) investor attractiveness suggests an unwillingness of that agency to consider domestic trade-offs.

Risks are identified, but never consolidated. Electricity demand, transmission capacity, water, land, environmental effects, foreign capture of benefits, limited permanent employment and opportunity costs all appear in the documents. MCERT itself recognises many of these trade-offs. Yet there is no released integrated assessment weighing these costs, benefits and alternatives together to establish the net public benefit to New Zealand.

Uncertainty does not operate as a reason for caution. The documents acknowledge important evidence gaps, uncertain productivity benefits, uncertain future demand, possible stranded assets and potentially substantial infrastructure consequences.

The requirements of good public decision-making are not themselves identified. Government has established expectations for good regulatory practice, regulatory impact analysis and stewardship, while public law imposes broader disciplines of lawful, rational, accountable and procedurally fair decision-making.

The released documents do not identify an overarching process against which the data-centre work is being conducted. There is no visible framework requiring officials to define the problem, establish public-interest objectives, examine genuine alternatives, assess cumulative costs and benefits, address uncertainty, identify affected interests, manage conflicts and unequal influence, or determine how competing considerations across agencies are to be reconciled.

Good process cannot readily be reconstructed after major policy and infrastructure commitments have been made. Judicial review remains an important constitutional safeguard, but for developments involving long-lived commitments to land, electricity, transmission, water and other infrastructure, legal scrutiny may arrive only after decisions have become difficult and costly to reverse.

PSGRNZ's public-interest question is whether constitutional protections and independent scrutiny are being designed into these systems before their architecture becomes difficult to reverse.

To access our Official Information Act requests and read more on this **CLICK HERE**.



FLUORIDE

Research and correspondence in 2026 examined whether the case for compulsory community water fluoridation is supported by a sufficiently comprehensive evaluation of absolute dental benefit, total fluoride intake, vulnerable age groups and neurodevelopmental evidence.

PSGRNZ is currently drafting a major report as an update on the current global regulatory positions

GLYPHOSATE

Work has been undertaken behind the scenes to support other groups with their concerns regarding the environmental safety of glyphosate.

In 2024, the Environmental Protection Authority declined ELI's application (APP204718) for a reassessment of glyphosate and glyphosate-containing substances. The High Court subsequently found that ELI had not established a reviewable error in that decision. The NZEPA drew its authority from decisions made in foreign jurisdictions, in particular the European Food Safety Authority (EFSA) and the U.S. Environmental Protection Agency (US EPA).

However, the representative uses of glyphosate in those jurisdictions did not extend to applications on water. New Zealand has a much broader spectrum of representative uses, but these jurisdictions do not supply the risk assessment for those representative uses, therefore any controls imposed, such as an 'approved handler for application onto water' cannot address the safety of the application onto water, as it has not been assessed.

As an example, the Auckland Unitary Plan and NZS 8409 establish operational controls intended to reduce off-target effects, including operator qualifications, spray planning, notification, drift management and species mitigation measures. They do not, however, require or provide a scientific environmental risk assessment of the representative use under consideration, namely the repeated direct application of a formulated glyphosate mixture onto a protected wetland. No scientifically adequate assessment of this representative use has been identified in the material supplied by the regulator or relied upon in the proceedings.

In the absence of such an assessment, the operational controls regulate the manner of application rather than demonstrating that the proposed activity is environmentally safe. Accordingly, compliance with these requirements cannot, of itself, provide assurance that the hazards, exposure pathways and environmental risks associated with that representative use have been adequately characterised.

EMERGING RISKS: AVIAN INFLUENZA

In 2026 DOC commenced a programme to vaccinate approximately 300 core breeding birds from some of New Zealand's most threatened native species against H5N1 avian influenza. These include kākāpō, takahē, tūturuatu/shore plover, kakī/black stilt and kākāriki karaka/orange-fronted parakeet.

DOC publicly described its 2024–2025 vaccination trial as showing that vaccination was 'safe and effective' and would help protect these birds from H5N1. But the trial did not expose vaccinated birds to H5N1.

The threatened-bird trial used an H5N3 vaccine, Poulvac Flufend (A009733). The approximately 300 birds in the 2026 programme are instead to receive a different H5N2 vaccine (A012218). The earlier threatened-species trial therefore cannot, by itself, establish the safety or protective efficacy of the different product now being administered to these birds.

Through official information requests to MPI and DOC, PSGRNZ investigated the evidential basis for vaccinating threatened native birds.

Questions include how an H5N3 trial was used to inform an H5N2 programme, what antibody measures demonstrate, and whether species-specific effectiveness, safety and conservation trade-offs were adequately established. These are questions about the evidence supporting a programme, not proof of vaccine harm.

To access our Official Information Act requests and read our article **CLICK HERE**.

PSGR
Providing scientific & medical information & analysis in the service of the public's right to be independently informed on issues concerning genetics, including genetic engineering & biotechnology, & other relevant matters of science & technology.

RECLAIMING HEALTH RECOMMENDATIONS FOR REFORM

CLICK HERE to access our 3-page summary - including our list of recommendations for reform.

RECLAIMING HEALTH: STATEMENTS OF SUPPORT FROM SUBJECT MATTER EXPERTS.



'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 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.

MOVING FORWARD — PSGRNZ'S FOCUS

- Honour our **charitable objectives** and keep to our **core mission**: *Providing scientific & medical information & analysis in the service of the public's right to be independently informed on issues relating to human & environmental health.*

- Keep a sharp eye on technologies that are implicated in the aetiology of disease or that directly drive disease.

- Identify institutional practices and decision-making processes that result in inadequate, opaque or scientifically deficient risk assessments of regulated products and technologies.

- Shed light on the importance of public trust in good process, and the critical role rigorous, robust and transparent processes should play in securing regulatory legitimacy (and the dependency of the courts on trustworthy processes).

- Necessarily draw attention to issues that are complex, uncertain and ambiguous. This is because when technology butts up against human biology, the extent of potential harm will predominantly be uncertain. For example, a baby or child may have different vulnerabilities based on their developmental age and stage. Have officials considered such issues, and taken into account the long-term impact of early-stage exposures?

- Highlight the importance of the precautionary principle – *'where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation.'* This principle is not discussed in our government institutions, including where a precautionary approach is required by legislation. There are no policy documents supporting regulatory decision-making where there is risk of morally unacceptable harm. Morally unacceptable harm includes harm that is:

    - Threatening to human life or health; or
    - Serious and effectively irreversible; or
    - Inequitable to present or future generations; or
    - Imposed without adequate consideration of the human rights of those affected.

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Our Substack is called **Science, Stewardship & Scalability**.

URL: PSGRNZ.Substack.com

Our interviews with doctors and scientists are published on YouTube and the audio version on Substack and Spotify. You can find us on Substack.com or on Spotify by simply searching 'PSGRNZ'.

