

PSGR

New Zealand Charitable Trust

2022 UPDATE

For over 20 years the Physicians and Scientists for Global Responsibility New Zealand Charitable Trust (PSGR) has produced reports and submitted to government Bills and Inquiries. All PSGR's submissions are available to the public on our website [PSGR.org.nz](https://psgr.org.nz). In addition, we are now on [LinkedIn](#), [Twitter](#), [Odysee](#) & [Instagram](#). This Update aims to inform members and colleagues – and act as a go-to summary of our recent work.

SUBMISSIONS

We've been extraordinarily busy over the past 2 years with our work. Our summaries of submissions can be read from page 3 onwards.

MEMBERSHIP

Please – without your support and membership PSGR 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

For 20 years
PSGR New Zealand
have provided scientific &
medical information &
analysis in the service of
the public's right to be
independently informed on
issues relating to human &
environmental health.



MOVING FORWARD 2022+

The PSGR recognise that the perspectives that have been expressed by the PSGR from 2020 onwards will not necessarily reflect the perspectives of all trustees and all members. However, we sincerely hope that PSGR's perspectives are *more likely* to reflect the perspectives of the majority of our membership and of collegial organisations – which represents a diverse quorum of inquiring minds.

We hope that we have demonstrated a consistency to our work, that reflects and upholds the principles reflected in 20 years of research, information communications and submissions to policy. These principles are:

- I. That our work is underpinned by legal principles and/or fields of law and human rights covenants that support decision-making in the public interest.
- II. That we emphasise the authority of independently produced science that is free of financial conflicts of interest, and the necessary work in encouraging policy and regulatory efforts that integrate and place additional weight on independent science in deliberation.
- III. That decision-making that is of consequence to human and environmental health take particular

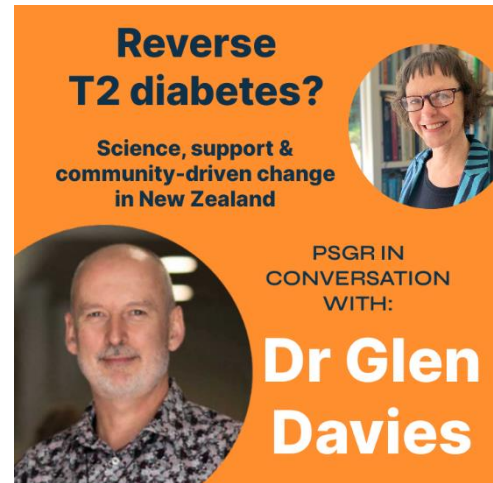
account of the vulnerability of the pregnant mother, infant and child, so that future generations are protected.

- IV. The importance of the precautionary principle in decision-making: where 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 irreversible harm to human or environmental health.
- V. That through either protection of the health of the individual – and/or protection of soil, air and water – natural biology – the interest of the other is served.

draw attention to complex topic areas that are narrowly served by conventional science funding, research & medical approaches.

To watch the interviews either click on the image to go to the video, or find them via [PSGR](#) or go to our [Odysee PSGR](#) page.

<https://odysee.com/@PSGR:f>



TRUSTEES NEWS

After over ten years on the board of trustees, Dr Elizabeth Harris stepped down from her role in early 2021 in order to devote more time to her organisation, The Brain Health and Biofeedback Clinic.

Dr Anna Goodwin joined the board of trustees in 2021. Anna is a USA trained medical oncologist and works online through her organisation the Holistic Oncologist.

INTERVIEWS

We've been conducting interviews with scientists and doctors who stand in an important space – they are advocating for game changing approaches to how we *do* science, how we treat illness and how we *protect* human & environmental health. These interviews seek to



SUBMISSIONS TO BILLS & INQUIRIES

This section includes brief summaries and links both to the original consultation document, the PSGR's response, and outcomes following the submission process. This section is intended as both an historic reference document and a resource for our members.

[1] June 18, 2021: Fluoride in drinking water Bill.

MP in charge: Ayesha Verrall

Inquiry into Supplementary Order Paper No. 38 on the Health (Fluoridation of Drinking Water) Amendment Bill: Proposal to give the Director General of Healthy powers to require community fluoridation of drinking water. The **PSGR stressed** that the endocrine disruption potential of fluoride was downplayed. An oral presentation to the Committee (available [here](#)) and commences at 39min 37sec.

The August report of the **Select Committee** stated that while 2,384 submissions were made – they did not comment specifically on:

‘submissions that were supportive of, or opposed to, fluoridation generally, but that did not provide specific feedback on changes to the bill proposed by the SOP. This is because the bill as introduced had already been through a full select committee process and, in the time available, we wanted to focus on the changes proposed by the SOP.’

Experts were drawn from dental/oral health disciplines and no paediatric endocrinologists with expertise in developmental endocrinology were consulted.

The neurodevelopmental risk of fluoride was downplayed – the experts lacked appropriate expertise. Younger children presently have higher levels of fluoride than New Zealand adults.

COVID-19

In relation to PSGR communications concerning Sars-Cov-2/COVID-19, the PSGR emphasise the following:

The information, submissions and other contents [in this newsletter/submission/on this website] are provided by PSGR in the public interest and for professional scientific and medical discussion. This does not imply that all of the views expressed are held by all Trustees. Links to other sources of information do not imply an endorsement by PSGR of that organisation

The government's emphasis achieving a high inoculation rate has resulted in pressure on medical clinics to achieve a high rate of vaccination. This has been a politically fraught subject, and the PSGR respects the best intention of the government to ensure New Zealand citizens are protected from hospitalisation and death following infection from Sars-Cov-2.

Throughout 2020-2022 PSGR have stressed the importance of the published, independent, scientific literature in guiding consideration around risk so as to prevent hospitalisation and death.

The new legislation gave the Director General of Health sole control over national fluoridation. The Committee debate did not discuss any of the issues our submission attempted to draw attention to.



[2] August 4, 2021: Parliamentary Paper proposing content for new RMA

Consulting authority: Ministry for the Environment

Inquiry on the Natural and Built Environments Bill: Parliamentary Paper. Proposed replacement legislation for the Resource Management Act. 3,015 written submissions, with oral evidence from 301 submitters.

Link to the PSGR submission text. The oral presentation to the Parliamentary Health Committee is available on the link and the presentation commences at 3:24:00.



The PSGR's response emphasised that Aotearoa New Zealand is currently blind to the global pollution crisis and that:

- Pollution is not strategically integrated at high level into overarching policy and regulation & pollution & non-greenhouse related emissions was ignored in the parliamentary paper.
- European & UNEP policies emphasise the pollution as a wicked problem in policy initiatives
- Without substantial change future legislation replicates the failings of the RMA by inadequately articulating the links between pollution, climate change, biodiversity loss & ecosystem degradation
- The national narrative sets the protection of the environment as a linear process through the setting of 'environmental limits' rather than as an integrated cross-sector approach involving deep seated cultural change, and the promotion of both carrot and stick activities.
- The precautionary principle must be positioned at a high level in the new legislation. Action to prevent harm will always involve a degree of uncertainty

A Report of the Environment Committee was presented to the House of Representatives in November 2021. We were pleased to see the precautionary principle discussed. However, gaps remain.

Pollution i.e., toxic (non-greenhouse gas) emissions from activities, continues to remain outside discussion. Light and noise pollution are discussed more frequently than any other form of (e.g., industrial, agricultural, wastewater) pollution.

Environmental targets (a measurable direction to support the achievement of an outcome, including a time by which it must be reached) – set in the National Planning Framework (NPF) – remain defined around water quality parameters.

The Environment Committee have suggested inclusion of 2 formulations for environmental limits in the bill: either a minimum biophysical state, or the maximum amount of harm or stress that may be permitted. However, the space between formulations, and pollution drivers (the stress) remains black boxed and raises more questions. Should lower order regulations identify when irreversible harm has occurred?

Diffuse pollution will often comprise many different anthropogenic emissions. The black boxing of data – perpetuated by the paucity of investment in environmental science research in New Zealand – produces ignorance. The state doesn't produce the science to track decline in systems (linked to regional pollution pressures) over time. We can only hope that the **Precautionary Principle** is placed at a high level (in order for it to be authoritative and protective) in the consequent legislation and across related legislation.



[3] September 22, 2021: Call for Information on glyphosate.

Consulting authority: New Zealand Environmental Protection Authority (NZEPA).

The PSGR's [response paper](#) to the [Call for Information](#) queried why the NZEPA is yet to undertake a formal risk assessment of the most prolifically used pesticide in Aotearoa New Zealand. The PSGR discussed the:

- Failure to address cumulative herbicide use as farmers & applicators struggle to deal with herbicide resistance & use increasingly toxic mixtures in an effort to control weeds.
- Knowledge that there is 'new information' - it is just that the specific committee has never met to deliberate on the 'new information'.
- Recognition that banning home use will have little impact on real use & risk to human and environmental health.
- Fact that applicator exposure is normal, accidental poisonings, such as dermal contact with the pesticide, is a normal part of use.
- Reality that a many new mechanical technologies are available that can immediately result in the transition of local and regional governments away from roadside and urban spraying.
- Understanding that new technology is advancing swiftly in the more heavily regulated countries - as regulation precedes innovation for taking steps to protect human and environmental health. Cabinet budgeting can support rapid uptake of integrated weed management and associated tech (mechanical and robotics technologies) in agriculture.

A [Summary Report](#) was released by the Environmental Protection Authority. It quoted many submissions by the horticulture industry to claim glyphosate 'helps manage resistance.'

It's evident that 'Call for Information' processes are a method by which the NZ EPA avoids reviewing the scientific literature – but then uses the 'evidence' supplied by submitters. This ends up with the regulator weighting the mass of submissions, while not being required to analyse the scientific literature in such a way that draws attention to risk and harm.



[4] October 3, 2021: HSNO Bill to use data from internationally trusted regulators.

MP in Charge: David Parker

Hazardous Substances and New Organisms (Hazardous Substances Assessments) Amendment Bill. ([LINK](#))

The [PSGR's submission](#) concurred with the Ministry for the Environment's proposal that the New Zealand Environmental Protection Authority should apply data, information, assessments, and decisions from trusted regulators.

Our submission highlighted that:

- Systemic deficiencies in regulatory processes resulted in regulatory decision-making defaulting to decisions that uphold industry claims.
- A failure to regulate in the public interest has resulted in an increasing quantity of pesticides in soil & water that are banned in Europe.
- Current cost-benefit scenarios favour productivity claims. Cost-benefit analyses used in regulatory assessment are currently unable to account for ecosystem deterioration, and off-target impacts.

- A stronger application of the precautionary principle should be applied. Uncertainty is prevalent in risk management. Particular attention can be paid to emphasising uncertainty in legislation and the obligation to act precautionarily to protect environmental and human health
- Decisions from trusted regulators could be applied to change the status of a chemical or tighten controls in favour of human and environmental health. However, the downgrading or loosening of controls should trigger a formal risk assessment or reassessment process and public consultation.
- the future Methodology should be structured to prioritise European decisions. The European Commission places the precautionary principle at a high level in policy and regulation. Hazard-based European decisions may more appropriately navigate uncertainty due to the recognition that it is largely unknown at what level disease states triggered by exposure to mutagenic, carcinogenic, reprotoxic and endocrine disrupting substances commence.

The consequent [Environment Committee Report](#) noted 28 submitters, but did not outline or summarise recommendations by the public. The Bill is currently at [Third Reading](#) stage.

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[5] October 11, 2021: COVID-19 Public Health Response Amendment Bill (No 2).

MP in charge: Chris Hipkins

This Bill sought to tighten controls and increase penalties during COVID-19. The PSGR were tremendously cautious in their [submission](#) and [oral presentation](#). One year later we consider that our comments have 'stood the test of time.'

Oral presentation by Dr Damian Wojcik & Jodie Bruning. Hearing of evidence (subcommittee B, 15 October 2021, part IV): [Facebook link](#) at 1hr 25min. Health Select Committee Members in Attendance: Dr Liz Craig, Dr Elizabeth Kerekere, Dr Gaurav Sharma, Simon Watts. Transcript text available [here](#).



The PSGR recommended the legislation should be withdrawn as the Bill contained potential for human rights violations; was unjustified and arbitrary; and would likely have a disproportionate and adverse impact on low-income groups, and in particular, many Māori and Pasifika populations.

The PSGR noted that the documents produced by officials in support of the formulation of the policy, contained glaring omissions. The supporting documents and Bill failed to identify clear endpoints that could ensure the policy would adequately *protect* public health.

PSGR noted an absence of interpretation that can clarify to what degree an infectious disease is 'infectious' or 'quarantinable' in the legislation.

This legal grey area created a space for inappropriate and coercive measures.

PSGR drew attention to the 1956 Health Act which requires that in infectious disease management, officials must act proportionately to the observed infectious disease risk and respect the individual. The PSGR urged the state to not only provide top-down health interventions (such as inoculation) but to provide bottom-up support which could be targeted to support the immune systems of low-income, at-risk groups in order to prevent hospitalisation & death. The PSGR's October 2021 submission drew from the scientific literature and noted:

- mRNA vaccines confer limited and short-term protection – the technology was vulnerable to waning & breakthrough.
- The scientific literature was publishing reports of harm including myocarditis.
- Sweeping healthy young people and children into a generic, 'one-size-fits all' vaccination approach ignored evidence that this group was at low risk for harm.
- Natural immunity conferred greater protection for hospitalisation and death.
- No steps were taken to reduce vulnerability through appropriate health-based measures to protect the immune systems of vulnerable groups.
- Current treatment recommendations were insufficiently complex to address the varying pathologies seen in individuals.

PSGR requested that measures should be taken to ensure equitable access to adequate anti-viral and immune-protective and home-based medical & nutritional therapies. A broad spectrum of medical and nutritional treatments should be accessible including antivirals, anti-thrombotics, sepsis nutrition, and immune-protective treatments – in order to prevent respiratory distress, organ breakdown and thrombosis.

A complex approach could address under-nutrition and target immune health, reducing health inequities that are overly represented in low-income groups.

Submitters comments were disregarded in the [Health Committee Commentary](#). 14,626 submissions were made. These were largely dismissed by the commentary. The [consultation timing](#), while separate mandates legislation were being developed, was interesting.

[6] December 2, 2021: Digital Identity Services Trust Framework Bill

MP in charge: David Clark

Submissions were invited in November for a 'Towards a Digital Strategy for Aotearoa' [Discussion Document](#). The PSGR (and others) [expressed concern](#) that fundamental human rights must be protected and recommended an inquisitorial model of governance so that the governors could actively ensure abuses were not unchecked.

A [summary document](#) was consequently released – governance concerned basic governing duties and assurance of partnership with Māori. Human rights were discussed in relation to the right to digital connectivity. The document did not raise concerns that the digital ecosystem potentially shifted significant informational power to the government and partner institutions.

Submissions to the [Digital Identity Services Trust Framework Bill](#) followed in December. The PSGR's [submission](#) to the DISTF Bill focused on:

- Public being kept largely outside policy development (or concerns dismissed).
- Inadequate articulation of risk.
- Digital frameworks are opaque which creates barriers to transparency and accountability.
- The weak governance structure.

- The failure to provide governors and accreditation team with inquisitorial powers to assess other jurisdictions to identify potential problems or abuses.
- The potential for abuse of power due to asymmetrical power in large players.

The Economic Development, Science and Innovation [Committee Report](#) noted

'We received over 4,500 written submissions on this bill. An overwhelming majority of submissions (4,049) were received in the last two days of our six-week public submission period, or after the six-week period ended. This included almost 3,600 between 8:00pm and 11:59pm on the last night alone.¹ We attribute this influx to mis- information campaigns on social media that caused many submitters to believe that the bill related to COVID-19 vaccination passes.'

Therefore, the large number of submissions were dismissed by the Committee and there was no weighting in the document in relation to any expressed concerns.



[7] December 3, 2021. Proposal P1055 – Definitions for gene technology and new breeding techniques.

Consulting authority: FSANZ

P1055 proposed a change – narrowing the range of foods that would be classed as genetically modified. The PSGR submitted that the definition should not be narrowed. We stated that:

Regulation must start from consideration of the genetic engineering process used to create the gene-edited organism - *process-based* regulation - so that regulators know where things can go wrong and what to look for.

a) PSGR disagreed with the proposal to adopt the United States Department of Agriculture (USDA) revised definition for ‘genetic engineering’ and submits that the definition should not be limited to nucleic acids.

b) PSGR agreed that it is important to regulate gene-edited foods in a manner that recognises their risk. Risk arises from biological and chemical characteristics and via the rapid take-up and application of NBT foods throughout the global food chain.

c) PSGR proposed that ALL gene-edited food and refined ingredients should remain designated as GM food for Code purposes.

d) PSGR proposed that the new definition includes all technology that can alter a pathway or molecule of an organism, that then changes/has potential to change chemical, biological traits of organisms, viruses



[8] March 16, 2022. Te Ara Paerangi - Future Pathways for Science.

Consulting authority: MBIE

The MBIE Green Paper requested input on how to position New Zealand’s science and research system for the future. The PSGR’s response recommended that kaitiakitanga – public good stewardship should be instated as an overarching obligation to direct science and research. This would better ensure science funding would prioritise the public interest.

New Zealand has historically poorly funded scientific and research areas to identify drivers of human and environmental health harm. This failure then produces ignorance, which limits protective regulation and future-focused, meaningful interdisciplinary innovation to solve often persistent, and worsening problems.

Case studies:

Drinking water. Absence of scientific research to identify toxicity from multiple low-level exposures.

Digital Identity systems: Under focus on institutional power and potential exploitation for political or financial gain.

RMA replacement: Inadequately articulated the links between pollution, climate change, biodiversity loss and ecosystem degradation.

Biomedical hegemony: Health research system is unable to prioritise research exploring the drivers of chronic illness and infectious disease risk.

Genetics obsession in Ag: Funding for genetics research in agriculture dwarfs funding to support shifts to less polluting agroecological systems.

Ignorance of chemical contamination: No priority for monitoring, risk assessment, and solutions science. No long-term funding for scientists.



[9] April 13, 2022: Submission to the WHO – Pandemic preparedness.

WHO Member States agreed to establish an intergovernmental negotiating body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response.

The PSGR submitted to the first public hearing.

“What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?”

The PSGR submitted that 2 issues were critical to WHO independence:

1. Removal of financial funding of the WHO from non-government institutions
2. Assurance that data used to support policy and decision-making in pandemic events is transparent and available for review by public health experts.

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[10] August 7, 2022. (Australia) Public consultations on the Food Regulatory System Strategic Plan.

Consulting authority: Department of Health and Aged Care (Australia)

The [Horizon Scan](#) consultation is the first step in reform and modernisation of the Australia New Zealand Food Regulatory System since its inception in the 2000s.

The PSGR submitted that the [consultation document](#) reviewed the foodscape – rather than meaningfully considering the pervasive issues that relating to the quality of science, issues of under-regulation and public trust that conventionally plague regulatory agencies. PSGR considered the document might have addressed the under-resourcing of regulators which inevitably leads to weak regulatory environments, which risk erosion of food standards.

The PSGR also drew attention to the lack of focus on the importance of independent scientific resourcing to support and feed back into the regulatory environment, and triangulate industry safety claims.

