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Last week I heard this disturbing story from an Asthma Nurse Educator for the Porirua Asthma Service:

"I visited a family who had almost no furniture in the house. They had taken their child to the doctor one evening in the previous week for an asthma attack. They spent \$80 for the visit and the medications. This was their entire food budget for the following week. They were eating white bread and butter"

I don't think this family will be saving!

In this Budget I am looking at how the government has prioritised the most vulnerable and poor in our society – children living in low income households. In New Zealand today one in 15 adults live in poverty – too many – but an appalling one in 3 children live in poverty. About 300,000 children¹. The elderly are largely protected from poverty because of inflation adjusted superannuation, but the children have not had this protection. Their needs were overlooked by the sweeping economic and social reforms from the mid 1980s to the mid 1990s. These "reforms" were associated with increasing inequality and poverty, especially among children².

As a paediatrician – a children's doctor – why am I so interested in children's poverty?

Because I see shocking rates of poverty-related disease and injury in New Zealand children, which have escalated during the 1990s. Many children are unnecessarily permanently disabled, with lasting costs to them, to their families and society.

The most public face of poverty-related disease is meningococcal disease, which is especially common where people live in crowded homes – in South Auckland among

Pacific children under one, about 1 in 300 have been struck with this disease. But our rates of other preventable third world diseases are less well known³

- such as rheumatic fever, pneumonia, chronic lung infection (bronchiectasis), gastroenteritis, ear disease, dental disease and serious skin infections (cellulitis).
- More of our infants die than in many other similar countries, and our ranking in the world has fallen over the last 3 decades.
- We have high rates of deaths among Maori children, 90% of which are potentially avoidable.
- Our adolescents and young adults are dying excessively due motor vehicle crashes and suicide.
- Our dental health used to be the best in the world, but policy changes have plunged us downwards. Children and young people now have disturbingly high rates of missing and filled teeth.

The danger is that we are accustomed to these high rates of disease, injury, disability and death as the “normal” child health picture in New Zealand, even though the rates are shocking in comparison with other OECD countries.

Income is widely recognized as the most important determinant of health⁴⁻⁶.

It determines:

- the ability to purchase nutritional food;
- the size, adequacy and location of housing⁷; 11,000 state houses were sold off in the 1990s. When you are poor, and not in a state house, rental costs can be crippling, forcing families to shift often, or double up to survive.

Income also determines

- the ability to afford to heat the home, buy clothing, bedding, soap and towels;

- the ability to pay for phone and transport,
- to pay for participation in sport,
- to pay for visits to the doctor and prescriptions
- to pay for education.

For 300,000 New Zealand children in poverty it is not possible to afford all of these things.

In the words of a young Auckland rap group, No Artificial Flavours, writing about their current experiences living in poverty:

*“...Do you know what it feels like
When you’re having dinner and the power runs out
The kids are in the shower and the water runs out
Three babies are crying ‘cause their powder run out
Instead of buying food every week
they’re paying bills
so every night they’ve got somewhere to sleep....”*

The deteriorating health of children, and its relationship to inadequate incomes, have been documented in numerous Government⁸⁻¹³ and non-government reports^{3 14-19} over the last decade. The Public Health Advisory Committee report to the Ministry of Health in 2004 confirmed that each step down the distribution of household income is associated with an increased risk of worse health or death⁵.

The cumulative effects of long-term inadequate nutrition, crowded substandard housing and living conditions, and unaffordability or inaccessibility of primary health care over the last 15-20 years have taken a lasting toll on the health of hundreds of thousands of New Zealand children, causing loss of well being, and even permanent disability in some.

Since 2001 there have been some modest measures introduced which have begun to redress the deficits for children² – such as

- the building of some new state houses (but the current waiting list stands at about 11,000 households),

- the Healthy Housing Project which has improved the size and quality of some state houses,
- there has been improved participation in early childhood and tertiary education,
- the working for families package,
- more money injected into primary health care,
- and the development of Maori and Pacific health providers.

However there has been little evidence of improvement in child health as a result of these new policies, because they are not nearly enough to address the shortfall in need resulting from our country's long-term neglect of children.

The need to fully redress the policy neglect of children has never been more urgent.

At the Knowledge Wave Conference 2003 at this University Professor Dame Anne Salmond²⁰, in speaking about NZ society said *"....If we want a prosperous knowledge economy, ...The fate of the bottom 20% of our children should be at the top of our list of national priorities..... "*

This Budget is said to be about securing the future and the social health of New Zealand. However the word "children" appears only 3 times in the 18-page budget speech, illustrating how they are currently undervalued in the future of New Zealand. How wrong and short-sighted this is.

Cullen says that too much jam now is likely to lead to crumbs later. What about the children who don't even have bread to put jam on?

In this Budget there is

- Increased funding of early childhood education
- Funding for 421 more teachers
- Increased funding of special education
- Further funding of the immunisation register

- Increased disability support - but this has been woefully inadequate for a long time
- Increased uptake of the Primary Health Care strategy

There is no children's voice in this budget, or the imminent election, but I will try and speak for them.

If I look through the eyes of a young child living in a low income household, unable to afford all the necessities, what does this Budget deliver now to improve my health, and thus my ability to contribute to the future of New Zealand?

- My dad has a low paid job – earns only \$9.50 per hour. I am worried about an economic slump and my dad would become unemployed.
- *If he does lose his job, does the Budget provide a reliable safety net for me so that I won't have to live in worse poverty?* **No**

- My family are struggling to pay the rent, and we have had 3 moves in the last year.

In the budget have my chances of being able to live in state rental improved?

Yes - a little – over the next 4 years more state houses will be built – I reckon about 1000 more state houses each year – but we are needing 11,000 state houses now in New Zealand, so 1000 doesn't seem very many.

- In February I got sick with a chest infection, and my mum and Dad took me to the nearest doctor on a Saturday - it cost them \$45. So when I got sick again in April mum and dad couldn't afford to take me to the doctor, so then I got really sick with pneumonia, and had to go to hospital.

Does this Budget provide free primary health care for me whether I get sick in the day or night or the weekend? **No – there are no plans for doctors' fees to cost less or become free in the evening, night or weekends.**

- My parents couldn't pay for my antibiotic prescription when I was discharged from hospital. I suppose they could have if they bought less food for the family.

*In the Budget have my prescriptions become free? **No***

- My first teeth are full of holes, and I would like to have healthy teeth when I am a grown-up.

*Does the Budget provide me with free dental care when I need it at my school? **No***

- If I get an illness like meningitis and become permanently disabled, the stress of it all could result in my parents splitting up. My mum wouldn't be able to go to work, because she would have to look after me. How would we manage financially? She would be on a benefit I suppose.

*But has the benefit been increased enough in the Budget so Mum could meet my basic needs? **No***

It seems that Dr Cullen and the Government think it is “*prudent and sensible*” for these things to wait for yet another year.

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