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Submission to the Child and Youth Wellbeing Strategy

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1) Health Care System

New Zealand children are experiencing an epidemic of chronic disease.

The '*new normal*' of children's health includes - allergies, anaphylaxis, Chronic Fatigue Syndrome (CFS), autoimmune disorders (diabetes, childhood rheumatoid arthritis, arthritis, multiple sclerosis etc.), thrombocytopenia purpura (ITP), autism, speech delay, neurological disorders, encephalopathy, meningitis, ADHD, childhood cancers, and more. This epidemic of serious childhood illness must be terrifying for parents, medical professionals, educators, the NZ Treasury and all New Zealanders. How are we going to manage the financial and emotional costs in years to come?

This epidemic needs to be managed using a different paradigm because what we are doing is clearly not working. We need to reassess the causes – starting now!

In our view the best way to manage long-term health costs is to focus on the creation of good health as being the primary goal instead of an increasingly more expensive disease management system. This would have the added benefit of making the health budget sustainable. The first step should involve an open and objective analysis of the current health care model to assess cost-risk-benefit and analyse whether what we are doing in health care is actually the most beneficial for our children. Improving children's health has the flow on of long term healthy adults – a win-win for the health care budget.

That analysis should include :-

- a) Whether the establishment of Integrative Medical Centres could deliver more benefit for patients.

These centres would be where patients can access the best of conventional and natural medicine, and where practitioners from all disciplines would work cooperatively for the holistic health of children, with an extension of this practical cooperation into our hospitals. Children's health care needs to start with the least invasive, lowest side-effect health solution first. For example, starting with nutrition, and going on to vitamin therapy, herbs (naturopathy) or homeopathy, and so on. Only as a matter of last resort, should medicines with known harmful effects, such as antibiotics, steroids, inhalers etc, be introduced, as opposed to the current medical model which tends to be the opposite.

- b) Should our medical system incorporate complementary and alternative medicine therapists, (see the Ministry of Health CAM report 2004 here as a possible starting point) - [http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/C64721A66307CAD4CC256EF200701547/\\$file/Complementary%20and%20alternative%20health%20care%20in%20New%20Zealand%20-%20advise%20to%20the%20Minister%20of%20Health.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/C64721A66307CAD4CC256EF200701547/$file/Complementary%20and%20alternative%20health%20care%20in%20New%20Zealand%20-%20advise%20to%20the%20Minister%20of%20Health.pdf))

c) Should natural remedies be subsidised in a similar way to pharmaceutical drugs, (e.g. Vitamin C therapy for cancer and other illnesses)

d) Should the PHO amount of \$600pp be allocated to the parent to be used as they see appropriate, giving the parent more control over their child's medical treatment.

Parents on low incomes often do not have enough money to access natural/alternative health care for their children, whereas children of wealthy/middle class families have access to CAM and more expensive medical treatments, and healthy nutrition. If this situation continues there will end up being a massive health divide between the children of rich and poor parents in New Zealand. (There already is, but it will get bigger).

A broad, integrative approach to health care based on what is best for the child and must be free from corporate or personal vested interests. Is it valid to question whether this is currently the case, where, for example, Immunisation Advisory Centre is partly funded by Glaxo Smith Kline, which also coincidentally has recently become the manufacturer of almost all the vaccines used by the New Zealand health system. This kind of corporate interference in our health care system is unacceptable and must end if NZ children are to receive impartial and appropriate health care. The current medical business model provides no incentive for drug manufacturers or medical practitioners to promote good health. In fact both are protected via the ACC system, with its "no blame" policy.

Antibiotics should be a medication of last resort. Current data shows antibiotics have long term negative effects which are impacting on NZ health. Research shows antibiotics can result in encephalopathy, and if given at the height of whooping cough infection, not only makes the disease worse, but extends the duration for 5 days. Antibiotics permanently affect how the body works, both biologically and epigenetically affecting the immune system, the gut, the brain. If NZ children are to be given 'the best start in life', alternatives to antibiotics must be used. It is well recognised that over use of antibiotics is reducing their efficacy when we really need them for the most serious of infectious illness. This is ringing alarm bells internationally with top medical professionals and scientists. Their addition to animal feed is a dangerous use of antibiotics, and may well be affecting children's (and adults) health in ways that we haven't even begun to investigate. There are numerous alternatives – too many for this submission. Please contact me if the working group wants to view the data.

Government and the Ministry of Health must recognise that the requirement for the informed consent of the patient before administration of a medication or a medical procedure/intervention is a basic human right and is often not followed in our health care system. A proper and fully informed consent for medical treatment, including vaccination, and a discussion including non-drug based alternatives needs to happen in every medical appointment.

We must defend the right of every person/parent/legal guardian to choose to decline invasive medical procedures/interventions, or to require alternative treatment, for their child with no resultant punitive action of any kind.

2) Mental Health

We are very concerned about the increasing number of young New Zealanders currently taking anti-depressant medication, and the alarming number of young people committing suicide.

Pharmac figures show that in 2007/08, antidepressant prescriptions included 14,733 for 6 to 18 year olds, and 72 for children aged five and under.

The ways we are dealing with depression in NZ may well be the ones with the worst possible outcomes. Please read this paper for well researched and valid information about depression, suicide and pharmaceutical medication. It has insights into how better to

manage depression and suicide in New Zealand. More importantly, it is not based on pharmaceutically driven pro-medication ideology. I suggest using Maria Bradshaw's research and recommendations to improve mental health outcomes and reduce suicide rate in our young people. The fact that the MOH has not done this yet tells me that there is little interest in actually putting policy in place to make a serious difference.

https://www.researchgate.net/profile/Maria_Bradshaw/publication/317579112_It_Takes_A_Village_The_case_for_adopting_a_social_approach_to_suicide_prevention/links/5940f1b6a6fdcce57234cb01/It-Takes-A-Village-The-case-for-adopting-a-social-approach-to-suicide-prevention.pdf

At the heart of the current mental health paradigm is the biomedical approach which believes that mental illness is caused by brain and neurotransmitter dysfunction, and recommends pharmaceutical interventions as the first line of defence, despite evidence of limited efficacy in the majority of patients. This approach fails to acknowledge the many psychological, social and nutritional factors that can contribute to mental health issues. There is a great deal of evidence however that mental illness can be the result of our immune system working in overdrive, causing inflammation that may manifest in the brain. The gut and brain are intimately connected through millions of nerves, yet the gut-brain connection, which should be paramount in the treatment of mental illness, is often ignored.

The working group should consider reforms which encompass a more holistic multi-faceted approach to the treatment of mental health with a focus on empowering individuals.

This would include access to natural medicine, addressing the social determinants of health such as housing, social inclusion, meaningful work, access to education, financial support and meditation for the management of stress.

We must support individuals in connecting with their community and ensure access to good quality foods and pure, uncontaminated water.

Support also needs to be directed to individuals and families in recognition of the importance of a physically and emotionally secure childhood in the prevention of mental health difficulties.

Maria Bradshaw's paper says "A 1978 study of 658 consecutive psychiatric outpatients who received medical and biochemical evaluation, found medical disorders which produced psychiatric symptoms in 9.1% of cases. The illnesses presenting with psychiatric symptoms in order of frequency were infectious, pulmonary, thyroid, diabetic, hematopoietic, hepatic and CNS diseases. The most frequent presentations were of depression, confusion, anxiety, and speech or memory disorders. Forty six percent of these patients suffered from medical illnesses previously unknown to either them or their physician. As a result of their study, the authors made a plea 'for careful medical evaluation of psychiatric patients'."

This is of particular importance in Auckland, Hamilton, Wellington, Dunedin and Invercargill as water fluoridation has been linked to thyroid disorders, and hence psychiatric symptoms. Also of particular importance is that vaccination is linked to CNS disorders and therefore psychiatric disturbances. Head injuries, (from sports, MVA or being hit) for example, might be another cause of psychiatric disorders that require appropriate care (cranial osteopathy for head injuries is very effective. Homeopathy and acupuncture also has success), Current medical treatment for head injuries is limited beyond acute first aid, and prescribing psychiatric medications for these issues will cause more harm than good.

All young people presenting with psychiatric disorders MUST undergo a complete health evaluation to rule out underlying health issues – and must NOT be given anti-depressants, which are linked with serious health outcomes and suicide. They must also undergo a complete allergy evaluation, as certain allergies are known to cause hallucinations and psychotic episodes and can go under the radar as a cause of mental illness. They must also

be assessed for vaccine induced brain injury, as correct treatment requires an accurate diagnosis.

3) Fluoridation

Ninety Seven percent of the Western European population, and the entire population of Japan, drink non-fluoridated water. More and more studies are uncovering the detrimental effects of fluoridation on health, and proving that the benefits for teeth are minimal or non-existent, yet our Ministry of Health continues to vigorously promote it.

If the New Zealand Government is serious about children's health and wellbeing, it must stop putting fluoride in the water supply. Fluoride has become such a common environmental toxin due to water fluoridation, medication, agrichemicals etc, that dietary fluoride levels are far above the MOH guidelines of around 1ppm/day and in some cases may be closer to a toxic dose of 6ppm/day or more.

Sodium fluoride, hydrofluorosilic acid and other chemical products called "fluoride" are toxic chemical waste products that are classified as class 6 poisons and should not be placed into public water supplies. Medicating a population through the water supply is in breach of accepted medical ethical codes as there is neither informed consent, nor the ability to opt out. The fluoride put in water is not pharmaceutical grade and is often contaminated with heavy metals, which are also neuro-toxic.

The neuro-toxic effects of fluoride have been well proven to cause a reduction in IQ in children (by up to 7 points), increase rates of cancer, thyroid disease, and neuro-developmental disorders. Babies born in fluoridated areas have been shown to have disturbed thyroid hormones. An English study linked fluoride to higher rates of hypothyroidism. There is research to suggest an increase in Downs Syndrome with increasing exposure to fluoride. As Downs Syndrome is due to damage early in pregnancy, it's important to reduce any toxic input during the time of a woman's reproductive life to reduce chances of giving birth to a child with congenital abnormalities.

Environmental Scientist Declan Waugh has uncovered some concerning data about the effect of fluoride on genes regulating immune system, cancer, asthma etc as well as effects on neurotoxicity and endocrine balance. He talks about very obvious differences in health statistics between fluoridated and non-fluoridated areas. There is quite a lot of data coming through that points to fluoride as being astonishingly toxic, which makes sense as it is one of the most reactive elements on the periodic table. His presentation can be found here - <https://www.youtube.com/watch?v=h7JUYXNVmiw>

Also take into account the work of child and foetal pathologist, Dr Vyvvan Howard and his studies on neuro-endocrinology and effects of fluoride in infancy. <https://fluoridefree.org.nz/international-experts-to-speak-in-dunedin-and-wellington-september-2018/> .

Children are susceptible to chemicals due to their developing physiology, and unborn children are particularly so. We need to protect them against fluoride poisoning by working on multiple ways to reduce fluoride intake.

Actions that should be taken -

- Promote non-toxic alternative toothpastes and mouthwashes and check food (especially imported food) for fluoride levels (especially tea which is a natural accumulator of fluoride).

- Warn women who are pregnant or considering becoming pregnant to reduce their tea intake, use non-fluoride toothpaste and mouthwash, use non-fluoride drinks.
- Reduce fluoride going on to our pastoral land and becoming part of our food chain. It has been estimated that 1,000,000 tonnes of fluoride as a fertiliser contaminant has been spread on pastoral land in NZ in the past 50 years. Other countries work hard to get fluoride out of their soil, yet we are just adding it without oversight.
- Reconsider fluoride intake from fluoride based medications – such as commonly used seretide, antidepressants and antibiotics which could increase fluoride intake to a toxic dose, especially in those already receiving 1ppm in every litre of water.

Fluoride Free NZ has some useful data on this page - <http://fluoridefree.org.nz/information/research/specific-health-studies/>

4) Dental Health

Regular dental care should be accessible for all children, whether at their local school or through mobile dental clinics. Poor dental hygiene has a dramatic effect on other aspects of children's health and wellbeing.

On going education on dental hygiene and good nutrition to build healthy teeth should be part of the primary school curriculum, Plunket programme, and the Mothers for mothers program (see section later in the submission). A programme similar to Scotland's child-smile program <http://www.child-smile.org.uk/> but with no fluoride involved, may be a useful model.

Fillings comprising slow release fluoride and amalgam should be banned. There is no control over the amount of fluoride a child with fluoride fillings, living in a fluoridated area, and/or using Fluoride toothpaste, is ingesting and it may easily be a toxic dose. Similarly, amalgam fillings slowly release mercury over time. It is also a well known neuro-toxin, it is totally inappropriate for our mokopuna to have mercury placed inside their mouths. The technology involved in other more advanced fillings is so good that they are expected to last decades while both mercury and fluoride fillings leach and collapse over time.

Parents of children with poor dental health should be referred to a properly trained nutritionist who understands dental health – and that treatment should be funded by government. The reduction in costs over a person's lifetime, if they follow the guidelines, would be enormous.

5) Vaccination

NZ's vaccination policies need to be completely reassessed because the use of an unproven medical intervention in the prevention of infectious disease has serious health and social implications.

Our government has *never* funded a causality study that would **disprove the association between vaccination and the 'new normal' of children's health**. Independent research needs to be carried out to examine whether all the vaccines being recommended today are safe, effective and necessary for the protection of the community. It is also important to have comprehensive evidence that it is safe to inject multiple vaccines simultaneously before continuing this practise.

A study should be undertaken - headed by an unbiased, independent group, with no ties to the pharmaceutical industry, or IMAC, which claims, despite the studies not having been done, that the benefits of vaccines far outweigh the risks. Considering the costs involved – i.e. the cost of the vaccines, plus the cost of vaccine injury – both to families and to the MOH is in the millions, it makes sense that it must be done. If this study/comparison remains 'undone' science, then the MOH should not legally or ethically continue its vaccination program.

It could easily be done by comparing the vaccinated against the unvaccinated cohort in the past ten year time frame. This data is already in the community as there hundreds of vaccine refusers in New Zealand who are happy to be the non-vaccinated control group. Some of this data may already be partly available in the form of the Dunedin longitudinal study. .

Dr Judy Wilyman's thesis (link below) covers most of the issues on vaccination pertaining to NZ. Although she is writing about the Australian experience, it is not dissimilar to the one we face here. The information in this thesis needs to be taken into account with Child and Youth Wellbeing in mind, because if we are creating a chronic disease epidemic with vaccines, which claim to prevent disease, then we need a serious reassessment of the policy.

<https://ro.uow.edu.au/cgi/viewcontent.cgi?article=5550&context=theses>

Dr Wilyman writes "Whilst the government claims serious adverse events to vaccines are rare, this is not supported by adequate scientific evidence due to the shortcomings in clinical trials and long term surveillance of health outcomes of recipients. A close examination of the 'Swine Flu' 2009 vaccine and the vaccine for human papilloma virus (HPV), intended to prevent cervical cancer, shows shortcomings in the evidence base and rationale for the vaccines. Not all vaccines have been demonstrated to be safe, effective or necessary. It also concludes that the government's claim that the benefits of vaccines far outweigh the risks cannot be sustained due to the gaps in the scientific knowledge resulting from unfunded research and the inadequate monitoring of adverse events after vaccination."

Another example of medical malfeasance in the vaccine industry is well covered in this article - <http://ahrp.org/laffaire-wakefield-shades-of-dreyfus-bmjs-descent-into-tabloid-science/> .

This article <https://info.cmsri.org/the-driven-researcher-blog/vaccinated-vs.-unvaccinated-guess-who-is-sicker?fbclid=IwAR0EatRqHgFiTlbVx6QLfasM6xYoUMHa2TkJWxzubs4M7IKTWQMNxE1xVk0>

covers the increase in chronic illness in vaccinated verses non-vaccinated children. If we were to extrapolate the health care costs and the education costs to New Zealand circumstances, we may find vaccination increases health care costs dramatically (hence our call above for a study). The issues raised need to be taken into account when the NZ government, MOH and Pharmac make decisions on vaccine policy.

Compulsory reporting of vaccine adverse reactions should be enforced. Every ill child presenting to A&E, a hospital, or medical centre must have their vaccine history noted and parents asked if they observed any changes in their child's health following vaccination. Parents of children that have reacted to vaccination must be counselled before any further vaccination, as a child that has an allergic reaction to vaccination often goes on to further and worsening reactions. There are numerous genetics at play, some children/families are far more susceptible to vaccine injury and this needs to be taken into account if we are to protect our children from harm

Medical professionals should take informed consent seriously. Parents need to be given the vaccine insert, and the medical terms of the "Post Marketing Experience" explained in detail. Parents should not be told that 'vaccine reaction' is one in a million' as that is not an

empirically proven statement. Parents need to be told that their child may die as a result of vaccination or may suffer encephalitis, convulsions, etc so that they can make an informed decision on this medical procedure. The CARM data from 2016/7 shows that babies have died in NZ from scheduled vaccinations and it is only fair that parents (and medical professionals) know this.

Parents need to be informed of all substances injected into their infant in a vaccine. The blood brain barrier is not developed until 6 months of age and other systems, such as kidney function and gall bladder function are still 'in their infancy' and have difficulty dealing with any toxic substances, let alone injected toxins.

Parents need to be informed that most vaccines contain antibiotics. Many children are allergic to antibiotics and using any vaccine carries the serious risk of anaphylactic shock to this and many other vaccine ingredients. Vaccine ingredients include but are not limited to Neomycin, Polymyxin, Gentamicin, Kanamycin, Aluminium Hydroxide, Aluminium Phosphate, Sodium Borate, Polysorbate 80, Egg protein, Formaldehyde, Gelatin, Phenol, Monosodium Glutamate (MSG), Phenoxyethanol, GMO yeast, aborted foetal cells and more.

Medical professionals need to upgrade their knowledge of vaccine injury and how to diagnose and treat vaccine-injured children. The enormous stress burden placed on families dealing with vaccine injury takes them out of society and isolates them and it is unfair to expect them to carry the entire burden of care for their injured children. They are not adequately compensated for the damage done, and cannot sue the pharmaceutical companies who make the vaccines due to our "no blame" ACC system. One solution is for vaccine manufacturers to take full responsibility for vaccine safety, and pay for all care, education, and support of vaccine injured children. They may take vaccine safety more seriously.

An example of how vaccines may be causing further health issues is the current one with meningitis. Meningitis is a known side effect of vaccination, and yet, we are introducing another vaccination to 'combat meningitis' without first checking to see if the meningitis cases were indeed vaccine induced and whether just stopping vaccination will solve the issue. Our practice of trying to fix the problem without first identifying the cause means that we may never resolve some of our children's health problems.

6) Organic New Zealand

It is a matter of urgency that Government strongly encourages the use of non-hazardous farming practices to reduce the chemical loading on our young people. There are positive benefits for the whole community in regenerative agriculture - building healthy fertile soils rather than the use of artificial fertilisers and pesticides where our food supply is grown. Community gardens with organic mulching and manures to enrich the soils should be encouraged, where organic, spray-free crops are grown. (i.e. sustainable and regenerative farming practices).

Good food grows healthy children so NZ needs a healthy food policy whereby food supplies provide an acceptable level of nutrition – a high mineral and vitamin content. Food should not be just free of bacteria, but have high nutrition value, low to no pesticide residue, low sugar content, low/no preservatives, and no-transfats and toxic /damaged fats - in other words safe to eat in every sense of the word.

GMO's have been shown to cause health problems in research animals so foods containing them should have no place on our supermarket shelves.

People with low incomes often buy cheap food and sadly, cheap food is often nutrition deficient, high calorie, imported, loaded with salt and flavour enhancers, cheap fats, preservatives etc.

GST should therefore be scrapped and replaced with a Financial Transactions Tax. Replacing GST (\$15 in every hundred dollars) with a transactions tax at a quarter of one percent (25 cents in every hundred dollars) on all withdrawals from bank accounts would put significantly more money in the hands of lower paid New Zealanders who currently pay tax far out of proportion to their incomes. It would also contribute to a reduction in child poverty generally. It would generate roughly the same in tax revenue as GST, but with a substantial amount coming from the speculative sector of the economy. That raft of financial transactions such as credit default swaps, debt securities, convertible and exchangeable bonds, currency trading, derivatives etc, currently avoid the GST net.

Other useful measures might include -

- 1) Stop the importation of "rubbish" food.
- 2) Make sure food produced in NZ is quality for everyone.
- 3) Provide incentives for the production of organic and certified sustainable healthy food – that way it may be cheaper to eat well, and chemically produced food become no longer commercially viable.
- 4) Promote food education beginning at primary school to ensure that children know which foods are healthy, and which foods can cause chronic illness, including obesity. These programs should be based on the latest evidence that is free from commercial influence.
- 5) Conduct research, into the use of ingredients in food that may cause chronic illnesses such as diabetes and heart disease. If the results can show unambiguous evidence, removing those ingredients should be made part of the NZ health policy.

A good food policy will reduce health care costs surprisingly quickly and pay for itself.

7) Agri-Chemicals

New Zealand can no longer afford to use uncontrolled chemical agriculture. Agrichemical sprays have long term negative effects and synergistic negative effects in combination. Horticulture is close to where people live so people are exposed to spray and spray drift, whether they are working in orchards or not. Children are more affected by sprays due to their size, metabolic rate and development.

Glyphosate is the active chemical ingredient in the commonly used herbicide marketed as Roundup. Despite a US Jury granting a terminally ill retired groundskeeper US\$289m in damages for his non-Hodgkin's lymphoma, which was attributed to herbicide Glyphosate, the New Zealand Government has taken no precautionary measures to protect its citizens. Many concerned citizens are questioning why local and state governments are lagging so far behind countries such as Canada where most provinces have introduced cosmetic herbicide bans in urban areas. This is not only for Glyphosate/Roundup but for a range of harmful herbicides and pesticides with known links to cancers, neurological and autoimmune diseases. The International Agency for Research on Cancer (IARC) lists Glyphosate as being "probably carcinogenic to humans" and there is sufficient evidence to demonstrate animal carcinogenicity.

Research also indicates that Glyphosate is a bio-accumulative residue in soil and food and can now be measured in the general population via blood, urine and breast milk. As well as being an endocrine disruptor, Glyphosate is also a Neurotoxin and is causing the breeding of increasingly resistant weeds. A massive decline in global bee populations, reducing

pollination, and crop yields has also been attributed to use of Glyphosate and neonicotinoid chemicals.

When alternative non-hazardous measures such as steam treatment and non-toxic products approved for organic farming are available, it makes little sense that the precautionary principle isn't applied.

We suggest

- 1) The government needs to call for an immediate ban on Glyphosate use in all public areas, particularly around schools and parks, to protect our children.
- 2) The use of Glyphosate in farming should be eliminated as soon as possible, with a transition period to ensure that farmers are not disadvantaged during the change.

8) Mothers for Mothers Program

At risk mums and families who qualify should be eligible for support person - a "super-mum" who can help new parents transition smoothly from perhaps a dysfunctional family environment to a place where they can learn best practise for child raising.

Super-mums should be both experienced in child rearing from practical, hands on experience of being a mother, and have had extra training to learn how to support new parents who may not have had the best start in life themselves. This gives older mothers a chance to share their knowledge and wisdom, gain respect from their community, up-skill and earn money, and it gives new mothers a fresh start in life where they can gradually build up confidence in themselves. They could learn positive strategies for working with infants and babies, self-love and self-care (you can't give to others what you can't give to yourself), good nutrition and healthy shopping, housekeeping, budgeting, emotional support etc. (We could work out a curriculum if asked).

There would obviously be a need for 'supervision' and psychological support, both for the people receiving the "super-mum" support and those providing it. The upcoming tech unemployment economy will likely provide many willing candidates for these roles.

9) Cannabis Law Reform

We suggest legalisation of NZ grown, non-GMO, pesticide-free and organically produced cannabis for medicinal purposes, including raw forms and proprietary forms of whole plant medicinal cannabis products. Medicinal cannabis has the potential not only to relieve the suffering of New Zealanders with a range of medical conditions, but also to significantly reduce current healthcare costs.

Many children with severe health issues such as epilepsy have been helped by oral medicinal cannabis. It should be easily accessible for these children, as often conventional medical treatment is either ineffective and/or harmful or causes developmental problems. It may help depression and reduce anti-depressant use, which will also reduce pharmaceutical costs and suicide risk.

It should be made available via prescription and be subsidised on a similar basis to pharmaceutical drugs so that it is accessible to people on low incomes or with chronic health issues (epilepsy, chronic pain for example).

10) Funding of Child and Youth Wellbeing Strategy

The 'user pays' mantra of neo-liberal economics has created demands on family incomes that have put undue pressure on lower income families and the once-thriving middle class. More shamefully, a quarter of New Zealand children have been forced into poverty. It is a priority of Social Credit to remove these demands, and allow families access to a full range of social services without further eroding incomes.

Many of the suggestions we have made are likely to be considered "too expensive" to be put into operation. However if they were considered an investment in the social capital of our society they are likely to provide significant long term benefits, as would substantially improving the financial status of low income families.

Maria Bradshaw, co-founder and CEO of CASPER (Community Action on Suicide Prevention Education & Research) wrote "Suicide rates increased in states that reduced their per capita expenditures for public welfare during the 35-year period, 1960 to 1995. In 1990, not only were suicide rates higher in states that spent less for public welfare than in states that spent more, but states' spending for public welfare was the only variable that accounted for the widening of differences in states' suicide rates."

Australian economist, Peter Self, declares that "health, housing and education are the basic requirements of individual welfare as well as being essential for the prosperity and effective functioning of a modern society...." He adds that, although these requirements may be less tangible than material goods, the social elements of welfare are vital ingredients for our "social capital".

In Paul Dalziel's contribution in "The Decent Society" - a book published in response to the austerity policies implemented by the National government of the 1990s - he admits: "On the expenditure side, the first call on government funds is its interest commitments on public debt. This item accounts for nearly 20 per cent of tax revenue, and is the legacy of decisions by previous generations to finance budget deficits by issuing public debt."

"Given that most of the bonds issued by Treasury are owned by and owed to overseas creditors, it is obvious that we are being short-changed by a financial system which also needs "a good rethink" - better still the recognition that such an analysis has been the focus of Social Credit thinking for several decades, the result being the development of practical and ethical financial policies for funding the infrastructures basic to a healthy economy.

Hence our claim that our sovereign central bank, the Reserve Bank of New Zealand is equipped to credit-fund (at a small service charge only) what is needed by society. Indeed, a decade ago the RBNZ was operating a credit facility amounting to five billion dollars for the major banks to aid them through their liquidity crisis.

We urge the working group to look at the \$4,700,000,000 currently allocated by the government for debt servicing annually and recommend in your report that funding for government borrowing be sourced from the Reserve Bank to free up that wasted interest for investment in a comprehensive Child and Youth Wellbeing Strategy. Additional funding from the Reserve Bank specifically for the Child and Youth Wellbeing Strategy could also be made available.

Further material on how this could be done is attached.

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This submission has been prepared for the Social Credit Party by Tracy Livingston.

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