

Good Morning;

I would like to start by telling you what a pleasure it is to be here with you today and to thank the organizers for having the vision to invite someone completely outside the nursing profession to be part of this leadership summit. So a special thank you to the Ontario Agency for Health Protection and Promotion and also the RNAO.

Poverty and Health and Poverty Reduction and Poverty Eradication have been my rallying cries for far too long. Poverty has been skipped over in favor of other more pressing needs or things that we think we need like Tax cuts, TAX credits, arenas, community centers, and even the weather, or volcanoes can take precedent over the human suffering that we see in our cities and towns across the province.

Often we are told that people find themselves in poverty because of some moral or personal failure, a lifestyle choice. Poverty in our Province became a shameful and semi permanent feature on our streets, in our parks, and drop INS. People, men and woman, teenagers were left to cope as best they could with hunger and need, left to live and die in dreadful silence amid the plenty that they saw around them.

The Voices of these people where rarely heard they had been silenced. I was one of those people muzzled and muted; I just accepted the punishment of living in poverty, I was too busy just trying to survive.....we paid for that silence with our health and for some they have lost their lives.

Because of that Voices from the street has been determined that we cannot leave it to others to speak for us. People with a lived experience, sounds like something nice except we call our happy time **memories** yet lived experience ties together the hunger, despair, emptiness, sadness, isolation, fear, the madness of it all the loss of dignity and respect. We see the visible poverty but the hidden poverty that public health nurses may see that steals the futures of infants and children putting them at risk for future health problems, The kind of poverty that forces families apart creating divisions in couple's and families the stress of paying the rent putting food on the table takes a heavy toll. Poverty that causes children to fall behind in school because it is hard to learn on an empty stomach and the family discord keeps them awake at night when Mom and Dad are fighting; there is no comfort in sleep for this child or teenager.

I was one of those people who suffered with poverty; I got sick with cancer and found myself in a much forgotten place. I lived within a world that was filled with unforgettable experiences that still haunt me to this day. My health did not improve after the chemo I was constantly sick and the pills increased year after year until I was taking 26 pills a day, in poverty terms it almost made a meal. Those years in poverty will end up costing me even more in the long run, my life will be cut short no matter what I do now to look after myself, seems strange but it is a fact poverty reduces your life expectancy. I could fill this room with studies that show the true costs of poverty in dollars to our health care system and diminished health outcomes for people who live in poverty. Year after year the studies pile up yet we are so slow to react.

Yes we have a poverty reduction strategy for reducing child poverty yes this is a good thing but it is not nearly enough not if we want to survive into the future that will guarantee strong public health care, where public health will take on an even more important role. Yes we have made strides forward we have a government and partners that seems committed to poverty reduction. Our fight around this issue has been civil, proactive but there are huge significant gaps. I have struggled many a night with a poverty reduction strategy that ignores those individuals and families without children as often this group includes those who live with the very least. I have stood beside my partners and fought for increased child benefits and child care; how you can not want end child poverty? We all want this.

After the last provincial budget I felt really bad I was angry and upset at how people on social assistance were treated..... a paltry 1% increase but not until NOV and DEC an extra 6 bucks for a single that will buy a package of drumsticks for the month. But the cut in the special diet was a real kick in the backside. All that night I was called on the phone from around the province by strangers and friends most wanting to know what they were going to do when their special diet money was gone, some in tears saying that they would die, I tried to reassure people that they would somehow survive that I had no details on what the new program would look like when it started and when the special diet would end...hell the government didn't even know. Some really forward thinking people there at Queens Park. I wonder how many of them stayed up well past midnight taking calls from distraught people. I could have turned off my phone and gone to bed but I refused that option.

Social determinates of health is such a tidy little phrase or title. Now I could have bored you all to death with a PowerPoint presentation using graphs and charts, statistics and studies, showing outcomes, measures, results etc....But I wanted to move past that and talk about what it is like at ground level, to speak to you about the struggle of choices impossible choices that people are faced with in their lives.

When I was on Social Assistance there was not a day I did not struggle with choices. I lived in a market rent a damp dark basement apartment, so to keep this apartment and a roof over my head I took money that was meant for food and transportation and paid my rent leaving me very little to survive on for the rest of the month. I had very little, a couch, small TV with bunny ears, a coffee table, a dresser, a bed, a couple of chairs, a toaster, a microwave, few dishes, the apartment came with an old fridge and stove. The fridge never had much in it outside of mustard, ketchup, soda pop; the first week of the month you managed to get in some supplies, meat, lots of pasta, cheap margarine, maybe some eggs, maybe a treat of cheese, some cheap white bread and anything that was cheap with sugar. By the 10th of the month it was time to shop again.

This trip there are no choices left, you only have so many dollars left, you stretch your food dollar, macaroni is added to the Kraft dinner, cheap cuts of meat wieners, hamburger, buy the reduced meat cheap, cheap veggies and fruit from the reduced

section, anything canned on sale, more cheap white bread, soda pop, sugar anything with sugar! I would buy anything with sugar to kill the pain of hunger that would soon arrive. Sugar kept me going I was in constant physical pain, and constant mental anguish. Some choice you are left with- little or nothing at the end of the day. Those choices did nothing to improve my health, they kept me moving. Those mustard sandwiches, with pepper, sometimes toasted kept the pangs of hunger at bay. I no longer see eye to eye with mustard, I have trouble walking past mustard in a grocery store; thank god ketchup and I still can enjoy a meal together. I cried several times writing this, those days are relived in poor people's daily lives, the loss of dignity and respect and this lived experience. These are not choices they are dictated terms. These choices are tough and real. So when we talk about health, public health, protection and prevention are we taking into account the circumstance of where people are. Do our programs around health promotion take into consideration these social inequities? I ask that you move outside of your profession, think long and hard about how I could make impossible choices and stay healthy?

Now allow me to tie all this together. We have set out priorities in our local LIHN's and public health, type 2 diabetes being one of the area's around prevention along with public health this is a very important initiative that will save lives and keep people from suffering from a disease that is often preventable. We know that for diabetes there are high risk groups, Aboriginals, Hispanic and Asian, south Asians and people of African descent. Many of these groups make up large numbers of people in poverty I just wondered how we are to prevent diabetes in people who live in poverty when we all know that there are two steps, two small changes in your life style that can prevent or delay the onset of type two diabetes.....healthy eating and exercise (physical activity) both are almost impossible when you live in poverty. This being the case is it excusable that we allow those in living in poverty to suffer with type 2 diabetes leading to heart disease and stroke, kidney disease, eye disease, and nerve damage.

Somehow this strikes me as being so counter productive with what we are trying to achieve in our communities. On one hand we have put thousands of our citizens in danger but not allowing for adequate incomes to cover such basic needs as rent, food, transportation etc. Yet we are spending millions on prevention of this insidious disease....we appear to have a double standard we will help and educate those in our society who we deem to be worthy of prevention programs but being poor means more of what I have seen over the last 14 years more poor people with amputations, blindness, heart disease and stroke and early death. Nurses and public health nurses are no strangers to seeing the damage that poverty inflicts on our communities. You are making a difference but your scope of making change is hampered by policies that often undue the important work on health promotion and prevention. Let us continue to work towards these important goals of a healthy population where poverty which is 100 % preventable no longer inflicts it lethal damage on so many of our citizen's thank you for hearing my voice and voice of those who struggle with poverty.

