

25 April 2022

Barbara Irwin

Privacy of
natural persons

To Whom it May Concern

I wish to make a submission on the New Zealand Income Insurance Scheme.

I agree with the essence of a New Zealand Income Insurance Scheme but feel that loss of income through redundancy or a health and disability issue need to be separately addressed and maybe managed by different government departments. From the document it appears a lot of consideration has been given to displaced workers and those affected by health condition/disability are an afterthought. If you are displaced, made redundant, you still can work, with a newly diagnosed serious health condition or disability that is usually not the case.

My background highlighting the reason for my submission:

I was diagnosed with bladder cancer in September 2020 and then on Christmas Eve 2020 unrelated breast cancer. Both aggressive and both I have been advised of having a reoccurrence rate of between 50 -75%. The bladder cancer has already reoccurred. I have been in active treatment since October 2020 and had to have several months of work without any form of income, while I undertook surgeries, chemotherapy, and radiation treatments. Having a partner without independent children meant we were not eligible for Income Support from MSD as my partners income was just above the threshold of \$60,000 gross regardless of our financial commitments.

I find this unjust that I have worked all my life, paid taxes, but when I needed support my partners income determined I was not eligible. Equally it was unfair that it did not consider her expenses. What it meant is that all our savings for house repairs, insulation etc have gone. I am at a stage I am going to need to withdraw my kiwisaver, as my future treatment for my bladder cancer (cystectomy, 8-10 hour surgery) will require several months off work for recuperation. Throughout the financial pressure has and is so stressful and meant that I was returning to work as soon as possible against my specialists' advice. I am a Mental Health Support worker, with 15 years in my current position on an hourly rate of \$25. At 58 years of age, I will not have the ability to recover my kiwisaver earnings should I need to use them or have any significant savings to go into retirement with. In fact, I am

being placed I believe unfairly into poverty and am in a worse financial position than the clients I support.

Areas that I would like considered.

1. That people with a health and disability do not have a six-month limit but are reassessed at this time and can remain or be placed on another form of income such as a sickness benefit, irrespective of their partners income should they still be in treatment or have ongoing issues that means employment is not a viable option.
2. That a person with a health or disability is not subject to only being able to apply once for this scheme as it does not consider further reoccurrence of illness or a new disability.
3. The scheme proposed does not consider anyone that is given a palliative or a terminal diagnosis or for example someone who experiences a stroke and has a long recovery. Does this mean after six months, any income under this scheme is stopped and they receive no government assistance as is the case now? Couples with independent children or no children are disadvantaged having to go back to rely on one income if their partner earns above \$60,000, under the scheme could this be until they die? What undue pressure is this putting on the working partner, their relationship at a time of great stress?
4. No consideration has been given to the inequity for women's lower wages, or for those on a low income. If a person on a minimum wage is taxed on their 80% "Income Insurance" is this an income that covers basic needs that are pressured by extra costs of a health condition and or disability?
5. That delays in getting treatment are not recognised, i.e "post code" treatment, hospital resourcing, covid etc, treatment could well be over 6 months. And how does one retrain if undergoing chemotherapy in that six-month period let alone the effects of chemotherapy on cognitive function after treatment has stopped.
6. The scheme does not recognise the extra costs associated with a health condition such as a cancer diagnosis. I propose that regardless of a partner's income, people should have access to a community services card to be able to access cheaper medical and dental needs etc. For example, certain chemotherapy treatment causes permanent hearing loss, erosion of teeth, eyesight changes etc. Prior to treatment I spent approximately \$2000 on my teeth so I could go forward with receiving treatment. In the future, I am faced with substantial ongoing dental bills because of the chemotherapy that I will need to meet or live without seeking treatment because of the cost.
7. It is unclear how a person with ongoing health issues that may require a change of career is supported without them being placed into financial hardship if their partner earns above \$60,000 gross, considering they may no longer be able to work fulltime.
8. That consideration be given to abolish the \$60,000 gross capped income limit for couples without independent children, as why is a person who is independently assessed for taxation when working is suddenly limited by their partners income.

9. That an injury can be covered for life by ACC, but this is not the same for illness's that are life changing and having ongoing challenges physically, emotionally, and financially.
10. That there is no consideration given to the expenses incurred by people having to travel either rurally or to another centre to access treatment. Currently MOH funding for travel and accommodation can easily take 6 weeks to be recompensated, but it does not cover all the costs. People must have the money upfront, which is an added stress. Also, people are having to use their leave entitlements for appointments and treatment if they live rurally or away from treatment and then are placed in the position of leave without pay. For example, being an Invercargill resident, I spent 6.5 weeks in Dunedin for radiation treatment.
11. Currently, people are having to go into debt, or use give a little as their means of survival, how can this be just at a time of such stress.

I hope you will consider the points I have raised and am happy to speak to them. Equally I am happy for my submission to be published, except I do not want my address, cell phone or email to be published for general viewing. I look forward to your response.

Yours sincerely

Barbara Irwin