Editorial

Children's rights and wrongs

The wrongs

Easter is here. Children in many countries will be indulged and overfed during this time with sweets and other goodies in abundance. Have we considered what effect this has on our children, apart from the massive energy intake? A randomized controlled trial⁽¹⁾ to test whether intake of food colours and other additives affects children's behaviour, has come to the conclusion that a common mix of chemical food additives increased the level of hyperactivity in children aged 3 and 8–9. The results are supported by a previous meta-analysis⁽²⁾.

Do we have to say any more to produce a serious change in the use of food additives, especially in regard to foods commonly consumed by children, where the bright cheerful colours and diversified shapes of sweets are so clearly targeted towards children?

The rights

On a broader issue, the UN Convention on the Right of the Child (CRC) is signed by almost all countries of the world. The two exceptions are Somalia and the USA. How can that be? What is the reason why one of the richest countries in the world has this in common with one of the poorest? A commitment by the State Department and Senate including a presidential signature is needed for full ratification, and the only progress made is a signature by Madeleine Albright in 1995. Not enough. Are children of the US different from other children in their need for protection and support? Later on this year, we will introduce the issue of nutrition from the human rights perspective in this journal.

The State Children's Health Insurance Program (SCHIP), the programme that subsidizes health insurance for children of poor US families, ran out at the end September 2007, and President George W. Bush vetoed a compromise bill on 3 October 2007. The statement below from Georges C. Benjamin, Executive Director of the American Public Health Association, stresses the urgency of the issue as follows:

The American Public Health Association urges all members of the U.S. House of Representatives today to support legislation to reauthorize the Children's Health Insurance Program (CHIP). Congressional negotiators have addressed the major points of opposition. They've come up with a plan that even the program's worst detractors should not be able to find fault with. While it doesn't achieve universal health care coverage for kids, it provides 10 million low-income children from working class families with access to health insurance coverage. The bill would also provide improved benefits to enrolled children, including quality dental coverage, parity in mental health coverage and medically necessary benefits for low-income children.

We urge the House to approve the measure today and to send the president a bill with strong bipartisan support that protects the health of our kids and heeds the overwhelming desire of the American people to make sure kids are covered.³

Just before Christmas, the Democratic-led Congress officially waved the white flag of surrender on its top domestic issue: the State Children's Health Insurance Program. Eleven months and two presidential vetoes after vowing to expand its reach, the House instead passed and sent to President Bush a bill that will essentially continue the programme in its current form until 2009. This means that children in US families struck by poverty and thereby at higher risk of nutritional problems of both over- and undernutrition, can still have their medical and dental treatments, at least for now.

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References

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