

# TB outbreak in New Zealand school

A New Zealand correspondent  
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A severe outbreak of tuberculosis has hit one of New Zealand's poorest secondary schools, Tangaroa College, in the working class area of south Auckland. Fourteen cases have been confirmed among students. Another seven, and at least one teacher, are expected to return positive tests. The school's 400 students and staff are now being tested.

Medical authorities have been forced to initiate mass TB screenings in parts of the North Island. A second school, Mt. Roskill Intermediate, was tested for a potential outbreak.

Tuberculosis is usually considered a disease of 'Third World' countries, appearing in conditions of poverty, poor housing and nutrition and overcrowded living conditions. It is a bacterial infection spread by coughing that attacks the lungs, lymph nodes, bones and kidneys. In New Zealand, mass inoculations of school-aged children against TB were discontinued in 1981, with the authorities stating that disease had been eradicated.

Auckland health authorities immediately tried to blame the outbreak on Pacific Islanders. Auckland medical officer of health Lester Calder acknowledged that such a substantial outbreak was 'unusual', but insisted it was due to arrivals from the Pacific and Asia. He called for compulsory TB screening of all immigrants. His department, however, subsequently confirmed that the source of the outbreak at Tangaroa College was local.

An Auckland University school of medicine senior lecturer, Colin Tukuitonga, criticised the health authorities, saying the conditions of poverty that contributed to the spread of TB were 'rife' in some New Zealand communities, particularly in south Auckland. 'It's a load of rot to say it is imported, when the problem is here in New Zealand,' he said. 'Facing up to poverty in New Zealand is so unpalatable, people just don't want to know--but if we refuse to address the real

problem, we won't solve it'.

The National Party government of Prime Minister Jenny Shipley has remained silent on the TB outbreak and its causes. There were no statements by the health or education ministers. Opposition parties' representatives linked the re-emergence of tuberculosis to poverty, but quickly moved to cover up their own parties' responsibility for this.

Labour Party health spokeswoman Annette King blamed the National Party's policy of charging market rentals for state houses, saying people unable to pay such rents are forced to live in overcrowded houses and even garages. While this is true, the impoverishment of the working class has not been the result of a single policy. It has arisen from the imposition of the demands of big business on the working class over an entire period. The Labour government of 1984-1990, of which King was a member, opened up this assault.

A new academic study has documented the rise of social inequality since 1984 under all governments--Labour, National and the recent National-New Zealand First coalition. Professor Srikanta Chatterjee (Massey University) and Nripesh Podder (University of NSW) have completed research into household income distribution in New Zealand. Among their detailed findings are the following:

- Income inequality has increased sharply since 1984, due principally to sharp increases in unemployment, the effects of the financial markets with interest rates soaring to unprecedented levels, the 1991 cuts in welfare benefits and more stringent eligibility requirements for superannuation.

- There has been a 'spectacular' redistribution of income, with the bottom 80 percent of income earners suffering a reduction in their share of total income, while the top 5 percent enjoyed a 25 percent gain.

- The relative decline in household incomes has been greatest among the poorer sections of the population.

- A dramatic increase in unemployment has seen an enormous increase in the number of working class people on benefits. The number of single parents receiving the domestic purposes benefit nearly doubled, from 53,000 to 104,000, while the number of sickness beneficiaries rose from 9,400 to over 34,000.

While these trends have hit most other OECD countries, New Zealand has experienced a 'particularly strong and rising tide of inequality', according to the authors. The 'very rich became even richer, while the bulk of the rest of the population became poorer,' with the poorest faring the worst.

This economic restructuring has had real effects on public health. These are reflected in the statistics for tuberculosis. While the rate for European New Zealanders is currently 2.7 cases for every 100,000 people, those for the most oppressed sections of the working class are significantly greater--10.5 for Maori and 27.1 for Pacific Islanders.

Nor is it accidental that this outbreak of TB--the most serious in 10 years--should occur in a school, that is among the young. They are the most vulnerable to the impact of poverty, including the spread of infection.

Tangaroa College is only one of many secondary schools rated 'decile one' by the Ministry of Education's 10-point measure of social and economic status--meaning that it serves one of the poorest communities. In the south Auckland region there are at least six more such high schools, with others clustered in Porirua, near Wellington, and the rural areas of Northland and East Cape.

The crisis facing the public health system was further underlined during the week when Auckland Healthcare announced it was seeking private sector finance to build a long-overdue new hospital in central Auckland. The hospital, expected to cost \$240 million, will not gain full government funding due to budget cutbacks imposed in response to the international economic crisis.

The scheme, which has received initial approval from Health Minister Bill English and the health spokesman for the right-wing ACT party, means the hospital will be built and owned by private sector financiers, and leased by Auckland Healthcare. A similar scheme is being considered by Capital Coast Health, which runs the public health system in the Wellington region, where the local major hospital is notorious for its years

of neglect.

These developments will set the scene for the privatisation of the public hospital system. The access of working class people to decent, affordable health care will become even more remote and public health crises will become increasingly frequent.

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