

German report confirms poor die younger

Dietmar Henning
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Being poor makes you ill and leads to a premature death. That is the conclusion to be drawn from the latest statistics on life expectancy in Germany, as well as the comprehensive report by the Robert Koch Institute (RKI). This once again confirms “the central influence of socioeconomic status on the health of the population.”

Figures from the Federal Institute for Building, City and Spatial Research (BBSR) show that life expectancy in Germany is differentiated strongly by region. The national average of life expectancy for newborns is currently 78 years for men and 83 years for women.

Those with the statistically lowest life expectancy are newborn boys in the town and surrounding districts of Pirmasens (73 years), Hof (73.5) and Emden (73.6). The highest are those in Starnberg near Munich (81.3), in Munich itself (80.9), in Hochtaunuskreis near Frankfurt (80.9) and in Böblingen near Stuttgart (80.8).

On closer inspection, a clear picture emerges. Life expectancy in regions with lower incomes and weaker infrastructure lies far below the average. The map of life expectancy aligns with the map of social inequality. Above all, districts and towns with adverse living conditions can be found in the Ruhr Area, Saarland, some districts in Bavaria and in wider parts of east Germany, leading to premature death.

Pirmasens was once renowned for its shoe industry. Today nothing remains of it and the town is plagued by high unemployment and poverty. The same applies to Hof in Bavaria, where only a tiny fraction of its former textile industry remains, for the former coal and steel towns of the Ruhr Area, for Emden in East Frisia and whole swathes of East Germany.

The Robert Koch Institute also illuminates the causes for the different mortality rates. Its 516-page document, undertaken on behalf of the federal government, brings together all the current studies on the theme and shows why poor men die some 11 years (10.8) earlier than

well-off men. For women, the difference is smaller, but is still 8.4 years.

As well as demographics—the German population is becoming older and smaller—another factor determines the development of “health and care provision in Germany quite substantially”—namely the “strong influence of the social situation.”

“For many illnesses, the clear influence of the social situation can be observed, especially for illnesses of the heart and circulation, and diabetes,” the researchers write. For example, women on low income suffering a heart attack have seven years’ lower life expectancy than their counterparts in higher income groups.

The unequal health outcomes associated with social status begin in childhood and adolescence and continue throughout life. They can be seen especially in health-related behaviour and health risk factors such as excess weight and the effects of passive smoking, as well as psychological problems. “For example, the proportion of children and adolescents at risk of psychological problems in families with low socioeconomic status is considerably heightened compared to families with a high socioeconomic status,” the report notes.

Over 29 percent of 3- to 17-year-old girls and 37 percent of similarly aged boys from poor families present with mental health problems. In comparison, 8 percent of girls and over 11 percent of boys from richer families are affected. The proportion of children and adolescents diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) is largest in the lower income groups.

These health inequalities affect individuals throughout their lives. “Residential districts with a high proportion of socially disadvantaged are often characterised by poor living conditions and lower health outcomes.” These people are often found on busy main routes and crossroads.

“The world of work is the place in society where

social differences are manifested particularly sharply,” the authors write. Skilled male and female workers more frequently admit to “facing greater health impacts from their jobs” than from academics. Correspondingly, workers with lower employment status are ill more often than those with higher status: “The unemployed and those with a precarious link to the labour market, such as the marginally employed, are ill nearly twice as often as those in full employment.

The link between income and “years lived in good health” is even clearer than the link between income and life expectancy. In this regard, the difference between the lowest and the highest income groups is 13.3 years for women and 14.3 years for men, according to the RKI.

Although health expenditure continuously rises—with expenditure of over 11 percent of GDP (approximately €315 billion), health provision was one of the strongest economic areas in 2013—working class and poor families do not particularly benefit.

The vast proportion of health expenditure is consumed by big pharma, hospitals and health insurance companies, as well as some doctors. The health provisions for the majority of the population, financed in Germany by social insurance, face continual cuts by the federal government. In contrast, private health expenditure has almost doubled in the last 20 years, to some €43 billion in 2013.

Despite the warnings regarding the health impact of social inequality, this is growing still further. Only recently, the details of the millions paid to top managers of Germany’s leading companies were published. On average, they earned nearly €6 million each last year. The board chairmen and chairwomen of the largest corporations received more than 180 times the average German salary.

Daimler Chairman Dieter Zetsche pocketed the most in 2015 (€14.37 million); about €1.2 million a month. Even a well-paid skilled worker at Daimler would have to work for 287 years to earn the equivalent; an average earner would need to work 429 years.

Ulf Schneider from the health care company Fresenius received only slightly less in 2015 (€13.9 million). Five other company chiefs received more than €9 million each last year. Former VW chief Martin Winterkorn, who topped the executive pay ladder last year, was probably rewarded similarly to Zetsche and

Schneider, despite having to resign as a result of the exhaust emissions scandal. However, details of his earnings have not been published as Volkswagen has postponed declaring its results and presenting its annual report until the end of April.

Top managers are representative of an ever-smaller group that is enriching itself, while the vast majority of the population face stagnating pay and social cuts. The wages of the lowest fifth of income earners have fallen since the mid-1990s in real terms. In contrast, income for the owners of capital has risen between 2000 and 2014 by 33 percent in real terms.

The top 1 percent owns a third, the top 10 percent owns 60 percent of all wealth, while the bottom 30 percent of the population owns nothing, or has debt. For millions of workers and the unemployed in Germany, social inequality means a premature death.



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