

Study calls for closure of over half all health clinics in Germany

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A study by the Bertelsmann Foundation, which promotes “reform processes” and “the principles of entrepreneurial activity” to build a “future-oriented society,” proposes closing more than half of all clinics in Germany. Less than 600 of the current 1,400 hospitals would be maintained under the plan, according to the report, published on July 15, commissioned by the Berlin Institute for Health and Social Research.

With the grotesque argument that only the closure of clinics could achieve more staffing, better equipment and higher quality, the report also calls for further reductions in hospital stays and an even greater focus on generating profits.

According to the authors, around 5 million people a year in Germany stay unnecessarily in hospital. They could just as well be treated as outpatients, reducing the number of hospital stays to 14 million a year.

The reduction in the number of clinics is justified by the fact that “many hospitals are too small and lack the necessary equipment and experience to handle life-threatening emergencies.” By reducing the number of clinics, the report’s authors claim, a variety of complications and deaths could be prevented. In the future, the focus would primarily be on the quality of hospitals with accessibility no longer a top priority.

Brigitte Mohn, a board member of the foundation, funded privately by the Bertelsman Group, one of the world’s largest mass media companies which is also active in the service sector and education, summed up the goal of “future hospital care” with undisguised cynicism, “The reorganisation of the hospital landscape is a question of patient safety and, above all, has to pursue the goal of improving the quality of care.”

On patient care, Mohn added, “If a stroke patient reaches the nearest clinic after 30 minutes but does not

find a suitably qualified doctor and the medically necessary specialist department, it would be better to drive for a few minutes longer to a well-equipped clinic.”

Mohn is a member of the family that owns Bertelsmann. Her mother, the company matriarch Liz Mohn, is one of the richest women in the world, with a fortune of around three billion euros. Brigitte also sits on the supervisory board of Rhön-Klinikum AG, an operator of private clinics that would benefit from the closure of municipal hospitals. Among others, Rhön-Klinikum AG operates the University Hospital of Marburg and Giessen, where hundreds of workers protested against low wages and poor working conditions earlier this year.

The consequences of decreasing the accessibility of clinics is obvious. More complications and deaths will occur because patients cannot be treated quickly enough. In addition, ambulances, emergency physicians and paramedics will face a significant additional burden.

The argumentation of the study is extremely mendacious. The Cologne / Leverkusen region was selected as a model, which is one of the most densely populated areas in Germany. According to the Bertelsmann study, 24 out of a total of 38 hospitals should be closed in this region by 2030.

Even here, the study estimates that about ten percent of residents would require more than 30 minutes to reach the nearest hospital after the proposed shutdowns. According to the study, this could be reduced to about three percent if a different “speed model” were used. In plain language, this means that ambulances would face completely unrealistic higher speed assumptions in order to increase accessibility.

The study criticises the level of dilapidated

equipment in hospitals. In 2017, one in three clinics did not have a computer tomography (CT) scanner and 61 percent had no device for conducting coronary angiography. “Often, both equipment and experience are missing to provide for typical emergencies like heart attacks and strokes.”

This not only says a lot about the state of Germany’s clinics, it is also a result of the very policy that is being proposed by the study. Health care has already faced decades of cuts. After equipment and staffing have fallen victim there are no more “rationalisation reserves.” Not infrequently, these extreme austerity measures were justified by citing supposed “quality and efficiency improvements.”

The study faces justified criticism from many sides. Gerald Gass, president of the German Hospitals Association (DKG), accused it of promulgating “the destruction of social infrastructure on an almost adventurist scale.” Such proposals were the exact opposite of what the commission “Equitable Living Conditions” for rural areas has proposed.

The DKG challenges the assessment of the study, according to which a contraction of clinics and a pooling of doctors, nursing staff and medical devices would achieve better quality care. This assessment was “absolutely unsubstantiated.”

Uwe Lübking, the social policy expert of the German Cities and Municipalities called the report “shocking,” explained that she “would have been more interested in the model region Uckermark or Swabian Alps.” In many such regions there were already shortages of local doctors. “If the hospitals close, there is nothing left at all,” Lübking noted.

But the study is not just health policy lunacy, with the aim of increasing profits through a “reorganisation” of the hospital landscape, there is also a political agenda lying behind it. The social welfare infrastructure in Germany is to be smashed up as much as possible in order to provide funds for increasing the repressive powers and capacity of the state at home and abroad. For years, politicians and economists have banged the drum for drastic cuts in the hospital sector, which can now be achieved only through closures.

As early as the end of 2018, AOK health insurer’s boss Martin Litsch announced that a quarter of hospitals in Germany should be closed because they were superfluous. For years, most economists have

been calling for more competition and the closure of uncompetitive clinics that are financially in the red.

Last year, management consultants PWC called for “systemically important clinics” to be strategically located and only these should be allowed to survive. All other clinics are expected to face up to the competition, and those that make losses closed down. According to PWC, systemically relevant hospitals should lie within an acceptable radius of up to 50 kilometres for the population they serve.

The authors of the Bertelsmann study have already made clear that the implementation of their proposal would not mean the end of mass closures. If it turned out that not every department in a hospital was working at full capacity, another “concentration exercise” might be “useful.”

The study and the push to smash up vitally needed social infrastructure in Germany must be taken seriously.

In Greece, the so-called Troika of the European Commission, the IMF and European Central Bank, under the leadership of Germany, has imposed a brutal austerity programme which has virtually destroyed the public health care system. Today, people in the EU member state are dying from treatable diseases because they do not have the necessary funds for medication or surgery cannot be performed. Similarly, in Latvia, more than half of the country’s clinics were closed after the 2008 economic crisis under pressure from the EU and the IMF, with devastating consequences for the population.



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