

Coronavirus outbreak: The German government was warned of the dangers of a looming pandemic and did nothing

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A lack of doctors and nursing staff, insufficient beds in intensive care units, inadequate supplies of protective masks, goggles, protective clothing and respiratory equipment—the situation in many German hospitals and medical practices is not up to the challenges of effectively combatting the coronavirus pandemic.

The government was warned of the danger of such an outbreak nearly a decade ago—and did nothing. As early as 2012, a study had pointed out that the necessary medical care for the population in the event of a virus pandemic “exceeds existing capacities many times over.” The study had been prepared by the Robert Koch Institute and submitted to the Bundestag (federal parliament) by the government itself, as part of the “Reporting on Risk Analysis in Civil Protection 2012.”

Based on the experience gained during the SARS epidemic in 2003, the study drafted a “Variant-SARS” scenario according to scientific standards. The course of the SARS epidemic revealed striking similarities with the development of the current Covid-19 pandemic.

The 2012 study estimated the pandemic would last about three years before a vaccine became available. During this time, three highlights of the infection develop in wave form: “Over the period of the first wave (days 1 to 411), a total of 29 million people in Germany fall ill, over the course of the second wave (days 412 to 692) a total of 23 million and during the third wave (days 693 to 1052), a total of 26 million people in Germany are affected.

Over the entire three-year period, a total of 7.5 million deaths were projected to occur as a direct result of the infection, according to the study. In addition, the

general mortality rate would also increase, as the sick “can no longer receive adequate medical care or nursing due to the overburdening of the medical and nursing sector.”

This overloading of the health care system calls for decisions regarding who can still be admitted to a clinic and treated, and who can no longer be treated. “As a consequence, many of the people who cannot be treated will die,” the study continues.

The impact on people and the economy, as well as political and psychological effects, are classified by the scientists in the highest damage class, “E.”

Of the 29 million people affected in the first wave of the disease, many would also recover, but “at the peak of the first wave of the disease, after about 300 days, about 6 million people in Germany are affected by Variant-SARS,” the study states. The health system faces immense challenges that cannot be overcome. “Medical care collapses nationwide,” the risk analysis states. The burial of the deceased also poses a great challenge.

Furthermore, the study points to serious consequences in the care of the elderly who are isolated in quarantine at home and have to be cared for by nursing staff; in addition, it points to considerable problems in the disposal of waste, problems with the range of goods on offer in wholesale and retail, collapse of the pharmacy delivery service and many other crisis situations.

The implementation of the scientific risk analysis into practical measures to combat a crisis is the responsibility of the federal government, which carries out the risk assessment. “In contrast to scientific risk analysis, risk evaluation is a political process in which

social values and the respective risk acceptance are also taken into account,” states the preamble of the document.

The present inadequate condition of hospitals and doctors’ practices reveals which “social values” come first for the German government, and which risks it is prepared to accept. Health Minister Jens Spahn’s remark that Germany has an “excellent health system” compared to other countries means, at best, that other countries are in even worse shape.

Berlin is partly responsible for this international situation. As the television magazine *Monitor* reported on Thursday, the Federal Employment Agency and the Society for International Cooperation (GiZ) have systematically poached experts from other countries, especially Bosnia-Herzegovina, Serbia and the Philippines, with their “Triple Win” project.

GiZ praises “Triple Win” as a profitable project for all those involved. The labour markets of the countries of origin were eased, as many skilled workers were unemployed there, migrants’ remittances back to their countries of origin triggered “development policy impulses” there and the shortage of skilled workers in Germany was remedied.

Through interviews with specialists in the Balkan countries, *Monitor* proves that only the last point, the gain in specialists for German hospitals, is true. The thousands of Filipino nurses who work in hospitals in the Middle East and around the world and try to save families at home from misery with their low wages, show what “developmental impulses” are involved.

Cooperation between the German government and the federal states in the event of a disaster is governed by the 1997 Civil Protection and Disaster Assistance Act (ZSKG), as amended in April 2009. Paragraph 18 of this act states that the federal government, in cooperation with the states, submits an annual risk analysis to the Bundestag, which assists the states in the protection of critical infrastructures, and develops standards and framework concepts which, “at the same time, serve as *recommendations* to the [states] for their tasks in the field of disaster control.” [emphasis added]

As *Monitor* shows, responsibility for taking necessary measures is shifted from the federal government onto the state governments, which in turn pass it on to doctors’ practices and hospitals, the latter expecting instructions and measures from the federal government.

As a result, no one feels responsible for taking appropriate action. The management of health care facilities is left to the profit motives of private operators. The “Reporting on Risk Analysis in Civil Protection 2012” disappeared into the drawers of government officials soon after publication, as *Tagesspiegel* reports.

The chairwoman of the Federal Association of Doctors in the Public Health Service, Ute Teichert, drew attention to the capacity limits of the 380 nationwide health authorities in t-online. Today, there are 2,500 doctors in public health offices, 30 percent less than 15 years ago. The offices have reached their capacity limits with the emergence of higher patient numbers.

Bernd Mühlbauer, Professor of Health Economics at Gelsenkirchen University of Applied Sciences, warned in a *Tagesschau* interview, “We are already short of 17,000 nursing staff in inpatient hospital care alone. He added, “Currently, prices for respiratory masks have increased six-fold,” and demonstrated how branches of the private sector were still enriching themselves at the expense of patients during the crisis.



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