

Hospital closures continue in Germany despite COVID-19 pandemic

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Although every hospital bed in Germany is needed because of the coronavirus epidemic, many hospitals are facing closure.

Especially in rural areas, where health care is threatened due to the closure of medical practices, more hospitals will be shut down. This will put into practice the plan issued last year by the Bertelsmann Foundation, a right-wing think tank, according to which fewer than 600 out of some 1,400 hospitals will be maintained in Germany. The absurd justification for this is the claim that the mass closures would allow for the optimization of care, since small clinics close to patients' homes lack both trained staff and necessary equipment.

Instead of better equipping smaller hospitals and improving pay for medical staff, especially nurses, hospital boards, including many private, church and municipal ones, prefer to close the facilities down.

As the *World Socialist Web Site* reported on March 31, the catastrophic consequences of the policy of cutbacks and privatisation of the last 30 years are now becoming apparent everywhere. Especially since the introduction of Diagnosis Related Groups (DRG), a patient classification system that standardizes prospective payment to hospitals, the health care system has ceased to be geared to the needs of the population, and instead to the generation of profit.

Hospitals were given an incentive to reduce capacity. Whole wards or departments were closed, which are urgently needed today. Clinics that sought to take countermeasures went bankrupt in droves, were forced to close, or were sold. The new owners are generally more inclined to close down if the facilities are not generating sufficient profit.

In the name of reducing "overcapacity," hospitals enter into cooperative ventures and concentrate on service areas that enable them to make enough money to survive.

Numerous clinics have already been forced into insolvency. In the period from 1991 to 2017 alone, the number of hospital beds was reduced by a quarter. The number of clinics across Germany fell from 2,400 in 1991 to

1,400 today.

Because of the coronavirus crisis, the Robert Koch Institute and Federal Health Minister Jens Spahn (Christian Democratic Union-CDU) are now calling on hospitals to clear beds for intensive care patients and increase the number of places available. This makes it even more absurd that some hospitals are about to close.

The hospital in Havelberg (Saxony-Anhalt) is to close despite the resistance of the local population. Hospital workers are being given their notices of termination this week.

The hospital in Lehnin is the smallest in the state of Brandenburg, with 55 beds. According to a report in *Ärztezeitung*, this hospital and its specialist department for internal medicine are to be closed. Only the rehabilitation clinic will remain.

This would also shut the accident and emergency centre operated at the same location. Only palliative care, which is located in the hospital, will continue to operate as a "special facility," with 10 to 15 beds. There is resistance here too—also with reference to the coronavirus crisis.

The Loreley Clinics in St. Goar and Oberwesel (Rhineland-Palatinate) are also facing closure. The main shareholder, the Christian Marienhaus Hospital and Nursing Home Group, considers the two hospitals to be unprofitable. A takeover by the Red Cross failed for the same reason.

The affected small towns of St. Goar and Oberwesel, as well as the new Hunsrück-Mittelrhein municipality as co-shareholders, wish to keep the hospitals open. A few days ago, local residents hung bed sheets out of windows as a sign of protest.

The clinics' municipal shareholders had suggested that the hospitals be used for the treatment of coronavirus patients. This was rejected by the Rhineland-Palatinate state Ministry of Health, since emergency and intensive care units at the Loreley Clinics had already been closed at the beginning of 2020.

However, it is not clear why they cannot be reopened. Elsewhere, appropriate emergency facilities will be set up in

exhibition halls or similar facilities to ensure the care of COVID-19 patients. According to a Marienhaus spokesman, a final decision is to be made at a shareholders' meeting on April 9.

The Marienhaus Group is also working on plans to close or merge clinics in the Saarland. The Marienkrankenhaus St. Wendel, the Marienhausklinik Ottweiler and the Marienhausklinik St. Josef Kohlhof in Neunkirchen have already been working closely together for years in the Saar-East alliance. Now the Marienhaus group of companies is working on a concept to close the site in Ottweiler and merge it with the clinic in St. Wendel to form a hospital. The reason cited for this is a considerable building renovation backlog at the clinic location in Ottweiler.

The closure of the hospital in Ottweiler endangers regional care in view of the coronavirus infections of employees at the St. Wendel hospital, which can admit only acute emergency patients.

In the Saarland, a considerable thinning of the overall hospital density is imminent. This summer, the Caritas hospital in Lebach, with 450 employees and 183 planned beds, will close. At a protest rally in front of the building, staff representatives and the Verdi union called for state intervention in order to secure health care and jobs. However, Verdi is not planning a fight to defend jobs, but is demanding a "social contract" and "burden sharing," making a toothless appeal to the public authorities to assume their responsibility.

Politicians have initiated a discussion about a so-called Nordsaarlandklinik. This threatens both the hospital in Losheim and hospitals in Hermeskeil in Rhineland-Palatinate (institutions of the Marienhaus Group).

The board of the Marienhaus Foundation blames "massively tightened federal regulations" for the fact that more and more smaller hospitals are struggling to survive: ever new regulations covering personnel and structural requirements, the outsourcing of the nursing budget and now the new "reform" law covering the Medical Service (MD), which audits hospital accounts.

The reform provides for high penalties of €300 to €30,000 for hospitals, which are imposed even for minor errors in the billing of services, e.g., if a blood pressure measurement is forgotten in the documentation but is still billed. In principle, 10 percent of the total costs must be paid, which can easily run into the hundreds of thousands of euros for operations with complications and long periods of stay.

The complicated billing practices also require valuable time of doctors and nursing staff, who are currently urgently needed for the care and treatment of patients.

Hospitals in the Heinsberg district of North Rhine-Westphalia, which has been hardest hit by the COVID-19

crisis, sounded the alarm last week because they see a new wave of costs coming towards them as a result of the MD reform, which could threaten their existence.

The hospital in Riedlingen in Baden-Württemberg will be closed as early as April 1, three months sooner than planned. According to the operator, Sana, only one doctor will be available as of April. All others will have left by that date at the latest.

Numerous specialist clinics, whose facilities and 120,000 employees could also contribute to mitigating the coronavirus crisis, feel their existence threatened because a draft bill by Health Minister Jens Spahn stipulating that hospitals must cancel planned operations and treatments. They will face massive losses, which cannot be offset by the planned reimbursement of €400 to €500 per day of occupancy. Specialist clinics expect costs of up to four times the amount Spahn plans to reimburse per day of occupancy.

Rehabilitation clinics, which are supposed to ensure follow-up treatment and post-op rehabilitation, will also suffer huge losses due to the postponement of planned knee, hip and spinal operations. The number of these facilities has already decreased substantially as a result of cuts made in the health system in recent decades, and would probably be reduced even more by the measures planned.

The COVID-19 pandemic has made it abundantly clear that the ruling class and its politicians are not able to guarantee the population a secure provision of health care facilities and the corresponding personnel. The turn to profit maximisation and privatisation, and massive health sector cuts in recent decades, whose deadly consequences are now becoming apparent, must be reversed. Clinics and health facilities must be converted into public utilities and placed under the control of working people in order to serve the sole purpose of the good of society.



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