

German health minister wants to make health care system fit for war

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With the “new era in the health care system” announced by German Health Minister Karl Lauterbach, health care spending will be further slashed in favour of military armaments. The entire health care system is being subordinated to the pro-war policy of the coalition government.

At the beginning of the month, Lauterbach (Social Democrat, SPD) stated that the German health care system must be prepared for “possible military conflicts.” The health minister announced a draft law for the summer that would close a legal loophole in order to be prepared for a “military alliance case,” i.e. NATO going to war directly against Russia. “After the criminal Russian attack on Ukraine, this challenge has unfortunately become more important,” said Lauterbach.

At the same time, the SPD man made clear that with increasing military involvement, Germany would have to be prepared for a large number of casualties among the population. “In the event of a crisis, every doctor, every hospital, every health authority must know what to do. We need clear responsibilities—for example, for the distribution of a large number of casualties to hospitals in Germany.”

“In the event of war, a large proportion of the personnel in the Bundeswehr [Armed Forces] hospitals will be working primarily in field medical centres. The capacities of the Bundeswehr hospitals alone would therefore not be sufficient to treat the number of wounded soldiers transported back to Germany over a longer period of time,” said Siemtje Möller (SPD), Parliamentary State Secretary in the Ministry of Defence.

The “new era” in health policy is part of the current preparations for war against Russia. Now that Defence Minister Boris Pistorius (SPD) has announced that

Germany must be made “fit for war” again and is openly threatening Russia with war, the recently leaked talks between high-ranking German military officials show how far the plans have already progressed.

It is significant that the Ministry of Health’s draft law is being closely coordinated with the Bundeswehr. At the same time, academia is also being orientated towards the needs of the military. With the ban on so-called “civilian clauses” for universities, the strict separation between civilian and military research is to be abolished in future.

Most recently, Lauterbach and the government have initiated massive cuts in health care. On the one hand, the health budget for the current year has been cut in favour of further funding for armaments, while on the other, the hospital “reforms” are causing an unprecedented number of hospitals to close.

The centrepiece of these is a new remuneration system that is supposed to relieve hospitals of economic pressure. In reality, however, not a single cent will flow into the provision of care, which will further increase the pressure. Under the pretext of wanting to reduce “major quality deficits” through more specialisation, further cuts and closures in the hospital sector are being pushed through.

Recently, Lauterbach once again made clear that as far as the government was concerned it is a matter of large-scale hospital closures. “It is quite clear that we have an oversupply of hospitals,” he said. In allegedly “oversupplied” cities, bed occupancy rates of 50 to 70 percent were not uncommon, he claimed. “We don’t have the staff for other facilities. That’s why we have too many hospitals.”

The health minister fails to mention that the extreme staff shortages are due to decades of cutbacks. During the coronavirus pandemic in particular, the government

literally bled hospitals and staff dry. According to a recent study, the vast majority of hospitals expect the shortage of nursing staff to worsen. Eighty-six percent of the hospitals surveyed believe that the staffing situation on general wards will worsen over the next three years.

This is precisely the conclusion of a study published last Monday by the auditing firm BDO and the German Hospital Institute (DKI), which was made available to the dpa news agency. “Hospitals are facing a bleak outlook for the near future,” it says.

A so-called deficit clock is ticking on the German Hospital Federation (DKG) website, which now shows a deficit of over €9.4 billion. For 2024, 71 percent of hospitals in Germany expect their financial situation to deteriorate further. And according to forecasts, almost one in five hospitals in Germany could close in the next ten years.

Since the end of 2022, more than 40 hospitals have filed for insolvency, six more in January alone. Another 80 could slide into insolvency this year. The federal health ministry is refusing to provide urgently needed support in order to accelerate a “cold structural change.”

In mid-February, the federal and state governments settled a dispute over hospital reforms. An agreement was reached on so-called transparency for hospital treatments. This is an important preliminary stage for the planned reforms and the associated cutbacks.

While superficially concerning a public list of services, case numbers and hospital staffing, the agreement actually creates the basis for the reorganisation of hospitals according to “service groups” and “levels.” This means that more than 300 will probably be downgraded to outpatient centres and thus lose their hospital status.

It is considered certain that the costs of the reforms will be passed on in full to workers through increasing mandatory health insurance contributions. All reserves built up here will then also benefit the cutback plans.

Speaking to finance daily *Handelsblatt*, economist Martin Werding said provocatively that the use of reserves for investment in hospitals would not fulfil their purpose. These funds should be used for the intended structural reorganisation of the hospital landscape, he said, “including a reduction in the number of hospitals.”

The emergency department reform announced in January also aims to cut services and reduce the number of hospitals.

The background to this is the unsustainable conditions in emergency departments, which are increasingly overloaded and are to be transferred to new so-called integrated emergency centres in future. There is to be one centre per 400,000 inhabitants. These centres are also to include an outpatient emergency practice in the immediate vicinity. In addition, telemedicine and GP care at weekends are to play a greater role.

In other words, the overloading of emergency centres is simply to be compensated for by poorer treatment of patients. Instead of increasing the staffing and funding of emergency departments, the draft serves as a template for further restrictions and closures.



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