

East German doctors few, poorly equipped

by Jutta Dinkermann

With the great wave of refugees from East Germany this past year, there also came much concern about the health care system. In September, the first reports hit the West German press on the looming collapse of the East German health system, due to the exodus of doctors and nurses. "Whole regions are now without specialists," reported the *Frankfurter Rundschau* Sept. 18, and cited the numbers of workers who had left clinics and preventive health institutions. Though there were not yet any reports of the flow of refugees in the German Democratic Republic's newspapers, only denunciations of an "imperialist campaign," the first problems in providing care were already conceded by mid-September.

While Health Minister Thielmann, in the newspaper *Neue Welt*, scored the fleeing doctors as traitors to the patients and violators of medical ethics, on Sept. 15, for the first time, a medical official concretely described the personnel emergency in a Saxon newspaper. In October-November, more reports appeared in Western media—and with growing frequency in G.D.R. papers, too: "Between 8,000 and 10,000 doctors or related health care professionals have left the G.D.R. in the context of the current mass flights" (*Neue Ärztliche*, Nov. 2, 1989). "Six hundred doctors and related personnel of medical facilities leave the Dresden area" (ADN wire, Oct. 27, 1989). "Eleven hundred Berlin doctors and nurses from state institutions have left the state" (*Berlin Zeitung/G.D.R.*, Jan. 3). "Altogether it is estimated by the church that the departure in the health care area is 8-10%" (*Frankfurter Rundschau*, Nov. 8, 1989).

The fragmentary numbers reveal an overall disaster. The situation in the south is significantly worse than in the north of the G.D.R., and the capital stands out, as always, as the best. (The centralization of many resources in East Berlin is indicated, for example, in the waiting time for a routine gall bladder operation: two weeks in the capital, up to three years in the Dresden area.)

Health Minister Thielmann reported during the National Health Conference in September in East Berlin that there were 55,000 doctors and dentists in the G.D.R., without saying how many of these were still practicing. Twenty thousand were classed as clinicians, of which the majority worked in state clinics; only 417 doctors worked in private practice. East Berlin has 43.7 doctors per 10,000 residents—a West

European ratio—but in Rostock and Gera, this drops to 30 doctors per 10,000 residents, and in towns like Cottbus and Neubrandenburg, barely 19 doctors per 10,000 residents.

In 1987 a total of 187 doctors had left the country. In 1988 it was already 282. Between Nov. 6, 1989 and March, 533 emigré doctors registered with the National Health Ministry in Bonn, not counting some 100 former G.D.R. doctors who went to West Berlin. This exodus lost the G.D.R. in months more doctors than it had gained in a full year's new certification (about 100).

In an attempt to stem the tide, in 1988 many doctors' pay was raised, from 900-1,200 marks to 1,330-1,800 marks, above the average skilled worker's 1,100-mark wage. It was a big hike, but it was the first since 1954. And the higher figure is just a ceiling, attainable only under certain conditions with political strings attached. In at least one city, pay rises were linked to a pledge not to travel abroad.

Everything is scarce

"Imagine someone is operating on your brain. An experienced neurosurgeon. But the surgical gloves which he wears are a size too large or too small. If one needs a tumor operation, he had better be lucky. In Jena, tumor patients wait three-fourths of a year for their operations. And if in Gotha a computer tomograph is needed, the patient is out of luck, because there is none there. Then the inquiry goes to Erfurt, whether they have one available. And that could take three months." Thus Dietrich Steube of Erfurt describes the situation in his specialty. Laser surgery, already commonplace in West Germany, is in the experimental stage there. Cancer patients are evaluated, whether surgery is worth it or not, depending on how old they are. "The people who accuse me of leaving them in the lurch, must also do something, so I do not have to leave. I want decent working conditions."

Not only is the hemorrhage of personnel hurting. In reality "everything is scarce"—beds, mattresses, sterilizers, bandages, night tables, stretchers, desks. "The material basis of my practice is at the early 1960s' level," complains a practicing physician in the Thuringian forest area. A doctor in Leipzig reports that the outside temperature of one of the three steam sterilizers in a polyclinic had fallen to -2°C .

"If a farmer needs a horse to plow his fields, he is not helped by three ponies." So the East Berlin pediatric surgeon, Prof. Harald Mau, criticized the sending of beginner medical professionals from West to East Germany as an initial aid measure. The many G.D.R. specialists who have fled can hardly be replaced by imported greenhorns. One solution may be to draw from the sizable portion of the 40,000 G.D.R. physicians who currently work in administration. The recently founded Virchow Federation of doctors is calling for a change in the conditions that have driven their colleagues from the land: for starters, to allocate not the current 5%, but at least 10% of the Gross Domestic Product, to pay for health care.