The German Health-Care System: 'Make the Secret Rationing Public!'

During the 33rd German Medical Assembly in Mainz on May 19-22, 2009, Helga Zepp-LaRouche interviewed the president of the German Medical Association, Prof. Dr. Jörg-Dietrich Hoppe. The interview has been translated from German.

Zepp-LaRouche: The online edition of *Die Welt* reported very critically about the first day of the Medical Assembly, and only talked about "setting priorities" as the demand of the doctors lobby. However, I have understood you differently: namely that what you really want to do is to call more attention to the current inadequate care, so as to influence policymakers so that more money will be forthcoming. Is that correct?

Hoppe: There is secret rationing, and what we want is to make it public. We want to pose the policy alternatives: Either to improve financial support for health care within the public, statutory health insurance, or to transparently and publicly accept the expert recommendation that we prioritize medical care.

Dr. Hoppe says that either the government should improve the financing for public health insurance, so it can actually do its job, or it should admit publicly what it is doing secretly: rationing medical care.

Zepp-LaRouche: I noticed at the Medical Assembly, the lack of discussion of the fact that we are faced with a pandemic. I refer to the French virologist Bruno Lina, of the French Reference Center in Lyon, who says that we face the possibility, not of 60,000 infected people, but of 2 billion; and with a mortality rate for the virus of 1 in 1,000 in France, there could be between 20,000 and 30,000 deaths. Shouldn't we launch a crash program and ramp up the expenditures?

Hoppe: When the avian flu hit a few years ago, Germany worked out a pandemic plan, and this pandemic plan applies to the federation, the states, and the health-care institutions. Should it really come to a pandemic—that is, to distinct and widespread human-to-human contagion in Germany, which puts the sick in mortal danger—we would be prepared for it.

Zepp-LaRouche: In the original resolution of the Medical Assembly, which was voted up, you made a connection between the rapid allocation of large sums of money to banks that had gambled away their resources, and the relatively small sums that are made available for health. How do you see the connection between the underfinancing of health care and the collapse of the financial markets?

Hoppe: Of course, there is no direct connection. But one has to acknowledge that the collapse of the financial system made it politically necessary to grant one-time, quite sizable financial support—in whatever form. However, our health-care system has been underfinanced for decades, since we spend only 6% of our domestic product on statutory health insurance, while countries such as Great Britain, Sweden, and others spend 9%. We point out that, in view of this huge gap,

the German health-care system should be looked at more closely, rather than being continually criticized, to determine whether it is collapsing simply for lack of funds.

Zepp-LaRouche: You have often said that the system is on the brink of collapse. The problem, however, remains, that not only are banks worldwide sitting on an enormous amount of "toxic waste," while the whole policy of the G20 in the past two years boils down to honoring the toxic waste; but meanwhile, the collapse of the real economy worldwide is proceeding apace. Those who are now saying that the crisis is already over, are the same people that absolutely failed to foresee the crisis in the first place. Would it not make sense to say that we need a different policy?

Hoppe: We will probably have to accept lower living standards in Germany, as well as a higher number of unemployed, and we will probably also be calling for more money for health care for a while. That's also why it is necessary to have a debate in Germany about the fair apportionment of money for the sick. That is a discussion that simply does not occur, because the politicians insist that there is enough money, but it's just not being correctly administered. That simply doesn't add up.

The U.S. 'Model'

Zepp-LaRouche: By the end of June, U.S. President Obama wants to pass a comprehensive health-care reform, and he has said, as has Treasury Secretary Geithner, that discussion of the Social Security and Medicare systems cannot be taboo. Obama explained in New Mexico that difficult decisions are necessary, and that he is ready for them. Do you not see the danger, that this could be interpeted as a signal from the U.S.A., and that here, too, people would come to the same idea?

Hoppe: No, I do not see this as a danger, because America is no model for us in this matter. On the contrary, the Americans are rather jealous of us; so I think that Germany will not copy such a policy. The problems could more likely come with respect to classical ethical questions. I am concerned more about that, but not about the whole subject of providing for social needs.

Zepp-LaRouche: Even under conditions in which the financial collapse continues?

Hoppe: I don't think America will ever be a model for us, because the health-care system in the U.S.A. has a bad reputation in Germany. People know that there are 40 million people in the U.S.A. who have no insurance, and that those insured under Medicare and Medicaid are in a worse situation than our people who have public health insurance. Even should further budget cuts be made, it is certain that this presents no option for us.

Zepp-LaRouche: Is there not the danger, that if the financial and economic crisis massively increases, a sort of triage or rationing in health care, based on cost considerations, would again lead to euthanasia—as with the Nazis? In America and also in Great Britain, "assisted suicide" is quite openly discussed, and Obama advisor Ezekiel Emanuel has written about how much money could be saved, if doctors were allowed to actively assist suicide. I find this monstrous!

Hoppe: Yes, it certainly is. I made that very clear in my opening speech; the Medical Assembly approved it, and we will also craft a resolution on this topic. I believe that the Medical Assembly will absolutely stick to its guns on this, defending the position that we have adopted. Among our neighbor countries—one in the north, one in the west, one in the south—there are examples which show us how we do not intend to do it.

Which Way to Reform?

Zepp-LaRouche: In your view, how can the health-care system be reformed, so as to return to the Solidarity principle of Bismarck's original social security?

Hoppe: We can hardly turn back the clock; we must move forwards in our reform, and that may not work any longer according to classical Bismarckian principles. During Bismarck's era, and also long after the War, much more than 90% of Germany's national income was gained by wage labor or other human work. But today, only 70% is earned this way; the rest is generated by machines and by making money with money. It is this latter model that has somewhat taken a hit at the moment—on that point we do agree. But I believe we will retain a system financed by fees, which, however will increasingly be funded by tax revenues, so that also the portion of the German population that has private health insurance will be helping to finance the statutory health insurance.

Zepp-LaRouche: There is enormous anger in the population about the collapse of health care. And many people fear for their lives, if they can no longer obtain the best medical care. In Holland, some of the elderly and sick are being killed without their consent,

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Cutting back health care: Shown here are German hospitals that were abandoned in the 1990s. On the right, the beautiful Beelitz Heilstätten tuberculosis sanitorium in Berlin was built around 1900. A complex of 60 buildings, it was taken over by the Soviet Army after World War II, and became the best-euipped military hospital outside the Soviet Union. After the Russians departed in 1994, the property was sold; today, part of the grounds have become an "adventure" theme park.

if they are over a certain age. How does this cohere with the physician's Hippocratic Oath?

Hoppe: Not at all!

Zepp-LaRouche: How can enough political pressure be applied to force [German Health Minister] Ulla Schmidt to resign?

Hoppe: I don't think this will happen before the next parliamentary election. Then we will see how the political constellation forms, whether she will be health minister again or not. But we have to live with whatever health minister we have; and if Ulla Schmidt returns to office, we would also conduct rational discussions with her in relevant non-public meetings. That has been quite effective up to now.

Zepp-LaRouche: You have often said that 1992 was a turning point. Are you referring to [German Health Minister Horst] Seehofer's health-care reform?

Hoppe: Seehofer and Dressler. Although at that time we had a CDU/CSU[1] coalition government with the FDP, Seehofer reached an agreement with the SPD social expert, Rudolf Dressler. That laid the groundwork for changing our health-care system, in the sense that it introduced the first steps toward budgeting. In particular, it announced that there would be competition in the statutory health insurance system, which lead to the introduction of an instrument called "risk structure compensation"; today this has become a bureaucratic Molloch, which costs a lot of money and causes a lot of trouble.

Zepp-LaRouche: What role do private clinic corporations play today, and medical centers funded by private investors? Don't they tend to squeeze out the current system?

Hoppe: They do have the good luck that they don't have to earn their money through health care, so if they want to invest in it, they can use funds that they earned elsewhere and invest them in their own institutions; this accords them advantages, compared to free, non-profit institutions, compared to self-employed physicians' practices, and also compared to the municipalities that are so strapped for cash, that they have to sell clinics. (Indeed, it's not really a question of selling: They give them up to busi-

1. The government included the Christian Democratic Union (CDU), the Christian Social Union (CSU), and the Free Democratic Party (FDP), with Christian Democrat Helmut Kohl as Chancellor. The Social Democratic Party (SPD) was in the opposition.

nesses that are, as a rule, oriented toward making a profit.) Nevertheless, that is a model of success, since health care is an economic factor that probably has the best future ahead of it, and in which plenty of money can be made. Unfortunately, policymakers have not yet figured this out.

Zepp-LaRouche: Don't you mean that if non-medical managers ultimately decide what the doctors in these medical centers do, things will ultimately go in the direction of the HMO system such as the U.S.A. has?

Hoppe: Yes, it certainly does. And that is just what we are complaining about, which the others are denying; but de facto, it is the case. Perhaps not for every individual medical procedure, but generally, the patients that are accepted into these institutions, have been checked out first to see whether caring for them will be profitable or not. That can scarcely be denied, since it is simply a fact. But those who are admitted are given the standard treatment; the accommodations are usually also good; and those who work there and those who are treated there are satisfied. But there are many who have no chance at all to be accepted there.

Zepp-LaRouche: In the U.S.A., the doctors are complaining that in this HMO system, 35% of the costs incurred are for bureaucracy, whereas in state programs it is only 5%—an enormous discrepancy. Then it also came out that information about disease patterns was not kept confidential, so that, for example, people could not get a job, because their files included reports of a family history of a chronic disease.

Hoppe: Right, the HMOs are closed systems. With them, the medical care institution and the insurance provider are closely intertwined, and the caregivers—the doctors who work in this system—have to consider the interests of the insurance company. They have to mind the regulations; and the 35% that you mentioned, includes not only bureaucracy—that is, administration—but also the profit made by the operators of the HMOs, the insurance carriers—and this is substantial: 14-18% is actually the norm. Any business that goes below that is considered unsuccessful.

Morality vs. Money

Zepp-LaRouche: Do you have an idea of how the globalized pharmaceutical companies could be brought back to responsible business practices?

Hoppe: These are not benevolent institutions, but market participants, like the auto industry and other industries. All I expect from them, is to also concern themselves with those who have rare diseases, which might not necessarily make any money for the company. I understand when the pharmaceuticals firms take in more money for medications that have long been on the market, in order to finance research and development for patients who would otherwise have no chance of having such medications developed for them.

The pharmaceutical companies find themselves somewhat between Scylla and Charybdis: They are acting in the system as pure, profit-oriented businesses, but it is a system that also has a benevolent side, and, if you will, a compassionate foundation. So that makes it an ambivalent business. We should never forget that if money competes with morality, morality is seldom the winner.

Zepp-LaRouche: That is why I really believe that the health-care system is so fundamental to the common good, that it should not be allowed to be privatized, but should be protected by the State.

Hoppe: That is the old approach, which we pursued in the past, and that is the basic idea that the State should concern itself with the welfare of the population, since the State has a protective function. It took care of this welfare protection by making sure that there were enough facilities available for ambulatory and inpatient care; but the parties directly involved should take care of things on the micro-level—and the State was really quite good at handling this. Only when the whole system was begun to be centralized, with Berlin concerning itself with what goes on in the very remotest corner of the Republic, did our health care go through a radical change.

Zepp-LaRouche: In the course of the paradigm-shift according to which money makes money, real production was more and more neglected, and speculation was fostered; this also caused a change in values, such that man was increasingly looked at as a commodity. I am of the old-school belief that human life must be held sacrosanct. What more could the doctors do, to make sure that in this enormous economic crisis, our high ethical level is maintained? Should this not be given more attention?

Hoppe: We have our medical council system for that, since it's undeniable that even doctors can be led

astray. There are some who are more market-oriented than benevolent, and so we have to see to it that in our own domain, our ethics prevail and not those exceptions that are mammon-oriented. We do that as well as we can. The classical example are the so-called Individual Health Benefits [IgeL—care which is not paid by insurance, but by the patient privately—ed.]; here the limit of merely selling benefits is sometimes exceeded; our job is to put a curb on that, and we hope that we do a pretty good job.

Zepp-LaRouche: Thank you for letting us speak with you.