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# HEALTH SERVICES IN EASTERN EUROPE

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Summary: *Free health care for all citizens has been widely proclaimed by the Soviet Union and its East European allies, not only as a basic human right, but as a primary accomplishment of post-war development. Each of the countries of Eastern Europe has a complex public health care system in place, purportedly providing complete health care at no cost to the patient. But is it truly free? Is it accessible? Adequate? Effective? What is the state of health of these societies? How do they stand in comparison with other nations of the world?*

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## INTRODUCTION

Increasing life expectancy, lowered infant mortality, and an overall decreasing death rate are generally accepted as measures of the well-being and health of a nation. The increased prosperity and technological progress that accompany the industrial development of a modern state are expected to stabilize and reduce death rates and increase life expectancy. Yet in recent years the indicators of the health conditions in the Soviet Union and Eastern Europe have run counter to this trend. Nicholas Eberhardt of the Harvard Center for Population Studies recently reported that:

> Progress in reducing mortality virtually ceased during the 1960s in most of these countries. By the early 1970s life expectancy at birth for men and women was unmistakably falling in some of them.

Eberhardt elaborated on the evolution of this trend:

> Like the Soviet Union, Eastern Europe enjoyed rapid improvements in health in the 1950s and early 1960s, when life expectancy at birth rose by nearly 6 years. By contrast, life expectancy in the 12 European NATO states rose less than 3.5 years. In the early 1950s life spans were nearly six years shorter in Warsaw Pact Europe than in NATO Europe. By the later 1960s the gap had been narrowed to 2.5 years. Since that time, however, the gap has once again widened; by the early 1980s life spans were nearly five years longer in NATO Europe than in Warsaw Pact Europe. In part this spoke to health improvements in the West, but the rapidly growing gap was also due to Eastern European trends. After rapid strides, health improvements had come to a halt, and for the region as a whole, life expectancy has actually dropped in recent years.[1]

According to figures submitted to the World Health Organization, the age-standardized death rate for males from all causes has risen since 1970 in Bulgaria, Hungary, and Poland. In seven others countries worldwide--Cuba, Uruguay, Czechoslovakia, Denmark, Ireland, Romania, and Sweden--the rate has declined by less than 10% since 1970, although in Denmark and Sweden it was already relatively low at the beginning of the 1970s. Canada and the USA belong in the next group of countries in which the mortality rate has declined by between 10% and 20% over the same period; and Puerto Rico, Hong Kong, and Japan have lowered their mortality rates by more than 30% since 1970.[2]

Female death rates have universally fallen since 1970. But in Cuba, Bulgaria, Hungary, and Poland, the size of the decline has been less than 10%. Czechoslovakia, Romania, and Yugoslavia, along with Canada, Denmark, France, Norway, Sweden, the United Kingdom, and New Zealand, have registered falls of between 10% and 20% since 1970; while Japan, Finland, Chile,

Costa Rica, and Puerto Rico have lowered their female mortality rates by more than 30% during the same period.[3]

There are numerous factors that could have contributed to this picture of deteriorating health conditions in Eastern Europe vis-a-vis the West. The stress that accompanies modern industrialization, which was introduced at a faster pace in Eastern Europe than in the West, undoubtedly contributed to an increase in heart and circulatory problems. Also, inadequate concern was shown for the environment during this period of intensive industrial growth, and industrial pollution is likely to have added to the health hazards in Eastern Europe. The incidence of respiratory diseases, in particular, is likely to have been raised by such pollution, as well as by increased cigarette smoking. Between 1965 and 1985 cigarette use per adult rose nearly a third in Poland, over a third in Hungary, and over 50% in East Germany. The consumption of alcohol also rose sharply in Eastern Europe during the 1960s and 1970s. Average per capita consumption of distilled spirits was already slightly higher in Eastern Europe than in Western Europe in 1960; and by 1980 it was estimated to be more than 70% higher.[4]

New health risks, therefore, seem to have emerged in Eastern Europe; but as Eberhardt has observed:

> Increased health risks . . . do not necessarily lead to deterioration in national health conditions. State social policies can prevent health deterioration when properly framed and implemented, even during periods of seriously increased health risks. The public health programs of the East European countries are, in varying degree, replicas of the Soviet system. These are characterized by relatively high ratios of medical personnel and hospital beds to population, and provide extensive services that are nominally free of charge. However, the relationship between the availability of medical personnel and health level of the national population, in fact, appears to be negative: countries with the greater number of medical personnel per 10,000 people generally seem to have lower levels of adult life expectancy. This illustrates that in these countries' labor extensive health care programs priority is given to the quantity of "doctors" fielded rather than to the quality of training or equipment.[5]

Public health care in all of the countries of Eastern Europe, as in the Soviet Union, looks impressive in terms of statistics. There have been steady increases in the numbers of doctors, nurses, pharmacies, hospitals, hospital beds, clinics, dentists, and specialized care centers. The mass media repeatedly announce the authorities' concern for the public's health and the many new advances made in medical research and technology; they broadcast the numerous national decisions to update, modernize, and add to a country's medical facilities.

But the announced, new facilities are often slow to materialize and sometimes are never completed at all on account of shortages in material, funds, and manpower or simply because of poor planning.

Soviet and East European medical care is, in principle, financed directly and virtually entirely by the state; thus, the policies, quantity, and quality of these services are determined not by the consumers but by state leaders according to political priority. In the centrally planned economies of Eastern Europe--where prices need not respond to scarcities and income does not necessarily provide access to goods or services--the patterns of state expenditure do not give a reliable picture of the quality or quantity of resources allocated. It is, moreover, difficult to separate health-care expenditure from outlays on other social welfare programs, since it is usually listed together with pensions and disability outlays as well as research and construction costs.

Health care, like other social services, remains low on the East European governments' lists of priorities. When cutbacks are required in, for example, investment or modernization programs, the health-care service is often the first area to be affected. Auxiliary medical institutions have also repeatedly been neglected. It seems that more attention is paid to raw statistics and to presenting an image of ever-rising expenditure and uninterrupted technological advance than to the actual services provided. New housing projects with inadequate sewage-disposal facilities or new factories that do not comply with the proper safety standards or possess the necessary waste-disposal facilities are examples of this blind preoccupation with a purely statistical picture of progress. (Warsaw to this day has not a single sewage treatment plant; two plants are under construction, but work on the first of these has already dragged on for 11 years.[6])

Since shortages abound in all areas of health care, from beds and pills to doctors and nurses, those who have friends in the right places or are willing to pay a bribe or gratuity tend to get treated first. Party functionaries and other members of the ruling elite are given priority in the use of scarce medical facilities; special facilities have even been provided for party and military personnel and sometimes also for fee-paying patients from abroad. Those not belonging to the elite or unwilling or unable to pay gratuities, which can often amount to several months' salary, simply do without treatment, join the long waiting lists, or get "processed" by medical personnel who are compelled to be more concerned with meeting quotas and filling out forms than with diagnosing and treating a patient's illness. Moreover, responsibility for slackness is difficult to assign, as patients may be treated by different doctors on each visit to the same treatment center.

The level and extent of the medical service also varies geographically. The differences between the provisions in large urban centers compared with rural areas (where it is difficult to attract well-qualified medical personnel on account of poorer living conditions and inadequate technical support) are particularly marked. Part of the reason for the unevenness of the medical treatment within each East European country is that the shortage of personnel leaves the staff little time in which to update and upgrade their knowledge and skills. Moreover, given the shortage of doctors, those who fall behind current practices and whose knowledge becomes outdated are not likely to be fired or demoted. Also, the quality of treatment provided often depends simply on the amount of time and effort the doctor can afford to devote to a given case; the overworked doctor is much more likely to pass on more difficult cases than take on the responsibility himself; and even the most dedicated and best qualified doctors can become discouraged when forced to work without the minimum required supplies, equipment, and medications.

Patients in Poland and Romania have now been granted a limited amount of choice as to the doctor who treats them, and they can also pay for certain optional treatment and services. But these reforms come dangerously near to transgressing the ideological concept of the right of all citizens to free health care, and further substantive reforms have so far been avoided, even at the risk of the population's health.

While each of the East European regimes has been repeatedly voicing its concern for the nation's welfare and trumpeting the great benefits secured for the citizen by socialism, it is highly questionable whether the statistics and reports published in the state-controlled media in these one-party systems give a full and balanced picture of health matters. The information presented to the public on pollution, environmental damage (such as the Chernobyl accident), and current dangers to the health of the public (such as AIDS or drug abuse) seem inadequate to say the least--a situation that will surely have serious and irreversible repercussions.

The fact that certain deficiencies and difficulties are common to all the health-care services of Eastern Europe indicates that these are not the accidental shortcomings of one or two mismanaged health-care programs but are problems rooted in the very concept of "free" health care in a centralized system. Indeed, these health services, all aspects of which (including medical research, drugs, treatment, and equipment) are subject to strict central planning, merely illustrate many of the weaknesses of the wider social and economic system in which they operate. Much effort is spent on compiling and presenting statistics to show the effort and money being spent on health care. But no amount of statistics can hide the frequent shortages of the most routine items resulting from the habitual failure of the centralized system to coordinate supply

and demand. And when they are available, the equipment and medications on offer lag far behind Western standards, since the sector suffers from the same obsolescence, stagnation, excessive bureaucracy, widespread corruption, and degree of isolation from the rest of the world that afflict East European economies at large. Meanwhile new strains of bacteria and viruses develop immunities to older drugs, paying no regard to the slowness of medical research in the East to develop new ways of combating them. Patients tend to lack confidence in their doctors and domestically produced medicines. Indeed, doctors are often forced to prescribe Western-made medications, which are only available for hard currency. When the state budgets cannot or will not allocate funds for this purpose, the patient must pay or do without.

Central planning in Eastern Europe has generally led to excessive bureaucracy, inefficiency, and constant shortages, which has meant that health facilities have tended to lag behind the population's needs; and there is nothing to suggest that the gap can be closed without major systemic changes.

1 Nicholas Eberstadt, *Wall Street Journal*, 30 April 1986 (to appear in the forthcoming book: *The Failure of the Soviet Empire*, edited by Henry S. Rowan and Charles Wolf Jr.).

2 *World Health Statistics Annual* (Geneva: WHO, 1985), p. 467.

3 *Ibid.*

4 Eberstadt, *loc. cit.*

5 *Ibid.*

6 Polish Situation Report/13, *Radio Free Europe Research*, 29 August 1986, item 6.

## BULGARIA

Over 40 years of communism have brought impressive progress in health care to Bulgaria, according to official statements at a meeting of the Bulgarian Medical Academy held in Sofia in May 1984. According to Atanas Maleev, chairman of the academy (and, incidentally, a relative of BCP Secretary-General Todor Zhivkov), the death rate in Bulgaria is now only one-eighth of what it was in 1944, and life expectancy has increased over the same period by 20 years, currently standing at over 71 years; many previously common diseases, such as malaria, typhoid, rabies, poliomyelitis, and diphtheria, have been eradicated; and the incidence of tuberculosis, tetanus, anthrax, scarlet fever, and whooping cough is only a fraction of what it used to be. Indeed, deaths from infectious diseases such as tuberculosis are reported to be uncommon; and in 1983 only three cases of measles and thirty-eight of mumps were registered in the whole country.[1]

Efforts to reduce the high infant mortality rate in the early postwar years yielded good results in the 1950s and 1960s, but the current rates are no longer considered satisfactory. According to official statistics, the mortality rate among infants aged less than one year fell from 20.2 per 1,000 live births in 1980 to 16.5 in 1983 and 16.1 in 1984. At the 13th BCP Congress a rate of 15.8 was given for 1985, but this was said to be "still far from the best achievement in the world."[2]

The main issues for Bulgarian doctors listed by Maleev are largely those confronting the medical profession in Eastern Europe as a whole, namely, the "preservation and maximum improvement of the life environment, rational feeding programs and health protection for mothers and children, and the campaign against the diseases of the century: arteriosclerosis, hypertension, cancer, diabetes, and occupational diseases."[3]

To be sure, the official statistics and proclamations paint an impressive picture of health care in Bulgaria; but a closer examination reveals a considerably less healthy situation behind the dazzling veneer. The choice of 1944 as a base year for framing the above death rate and life expectancy statistics, for instance, tells us very little about the modern health conditions in Bulgaria and much more about the abnormally high number of deaths from injury and disease shortly before the end of World War II.

Domestic Health Care. Free medical aid for Bulgaria's entire population has been in force since 1951. The state pays for all imperative out-patient examinations, analyses, and treatments as well as for hospital stays. Medicines are provided free of charge or for a very small, nominal fee. The state budget finances this service, the cost of which rose by 150% between 1970 and 1980, accounting for 6% of the 1980 state

budget. It must be remembered, however, that the state does extract taxes from the population, mostly at source, and that in this way the citizen does contribute to the upkeep of the "free" health service. Moreover, the citizen will find in practice that many medications are simply unavailable; and only those with a legal entitlement to hold foreign currency (such as those who have worked abroad) have access to the Western-made medicines that are sometimes sold in special shops for dollars.

Health Care As Business. Since 1980 health establishments and institutions have been permitted and encouraged to help finance themselves by signing contracts with various organizations for "rendering additional services." The kinds of services for which fees can be paid are listed in the regulations accompanying the decree and include abortions on request, cosmetic surgery, the issuing of medical certificates to car drivers, and the like, that is to say, "medical activities not directly connected with meeting the health needs of the citizen."[4] This formulation seeks to avoid any breach of the socialist principle that medical services should be free to all. In addition, individuals may pay directly for consultations at certain institutions and for all medical treatment at certain "specialized medical and dental institutes at the personal choice of the citizen." This kind of "first-class" medical care for direct payment was quietly introduced after the abolition of private medical practice in 1972 had created much dissatisfaction among the population and demands for a choice of doctor.[5]

At the same time, the Medical Academy has been transformed into a "scientific-productive complex" by governmental decree[6] with the aim of "expanding its activities, increasing its foreign-currency income, and better meeting the needs of the health system through imports and the production of medicines, reagents, chemicals, and medical equipment."[7] Instead of concentrating on its primary task of supervising medical science and teaching (the academy supervises 4 higher learning institutes and 24 scientific research institutes, which together employ 2,790 scientific and teaching personnel and are attended by 12,390 students), it acquired the characteristics of an economic organization. For example, the pharmaceutical faculty in Sofia was reorganized and thereafter was responsible for the production of medicines as well as the training of personnel. Indeed, the entire pharmaceutical industry passed from the Ministry of Chemical Industry to the Ministry of Public Health.[8]

The academy grew especially proud of its achievements in earning foreign currency; the Scientific Institute of Orthopedics and Traumatology produced artificial limbs and orthopedic appliances not only for domestic use but also for export, and various new medicines and other chemicals were also exported. The Bulgarian media and foreign press service is filled with laudatory reports of the country's excellent

facilities, modern equipment (lasers, high-speed X-ray machines, and the like), the neurosurgical and orthopedic operations that are carried out, new developments in artificial joints and prostheses, new strains of antibiotics, and a host of other developments of modern medical research that bring in money from the other CMEA countries and the West.[9] Indeed, many of these skills and facilities are used solely in the treatment of fee-paying foreigners; indeed, a special hospital for foreign patients was created in 1978. It should also be noted that in 1976 the previously much-paraded free medical care that Bulgaria used to offer its foreign visitors was made subject to payment (in hard currency).[10]

As a consequence of this commercial success, as early as 1978 the academy stopped receiving any foreign currency from the state budget for its needs. Moreover, it was envisaged that by 1981 the entire health service in Bulgaria would be self-sufficient in terms of hard-currency requirements, an objective that was probably not quite attained.[11] Nevertheless, these exports and services to foreigners, have developed into a valuable source of foreign currency, in the interests of which all efforts are made to present to the world a favorable picture medical and health conditions in Bulgaria.[12]

Medical Personnel. In April of 1982 the weekly *Pogled* published an article that discussed the "two-grade system" of medical care introduced in 1980. The stated purpose of this system was to upgrade the care of patients, and it was motivated by budgetary cuts. What it did, in effect, was to phase out most lower-grade paraprofessionals (doctor's assistants, orderlies, and the like), transferring their duties onto doctors and nurses (a similar system exists in the GDR), leaving them even less time to carry out their professional duties. The paraprofessionals' work had been classified under the category of hard, unskilled labor because of the lack of mechanization in Bulgarian hospitals and was, therefore, poorly paid, usually attracting retired people, some of whom were themselves in need of medical attention.[13] It was presumably the steady increase in professional personnel that led the authorities to view this system as practicable. In 1984 Bulgaria had 24,718 doctors and 49,643 nurses; and in terms of the ratio of doctors to population it claimed to rate close behind the USSR and Czechoslovakia and ahead of Hungary, the GDR, Poland, and Romania.[14]

In practice, however, the new system seems to have left many jobs simply undone. Another *Pogled* article described what it was like in hospitals where paraprofessionals had been retained as cleaning workers while their auxiliary medical duties had simply been abandoned. The tipping or bribing of such staff by patients to perform what were once their normal duties was said to be widespread, and some hospitals even

allowed relatives of seriously ill patients to help care for them, "on the condition that they help other patients as well."[15]

Concern for the standards of the domestic health service has been voiced from elsewhere, too. Indeed, The former Minister of Public Health, Angel Todorov, and his successor, Radoy Popivanov, have officially voiced concern over "the negligent or harsh treatment of patients." Todor Zhivkov has also been quoted as saying that the level of health care lagged behind the needs of the population.[16]

Another example of how the actual, domestic condition of the health service differs from the rosy official picture was provided by the daily *Narodna Mladezh* in its description of the country's chronically overworked pediatricians.[17] Despite their relatively large number (second only to internists), they each have to examine up to 70 children a day. They must attend to out-patients and make home visits as well as visiting kindergartens and day-care centers; they must also be available for emergency calls, for which they receive no additional pay. If they have ten minutes to see a patient, at least five are taken up with paper work. The article urged a reduction in their duties and better salaries.

Also, medical facilities and equipment are generally considered far from sufficient. In spite of all the specialized clinics, spas, and treatment available for foreigners, as of 1984 there was still no specialized children's hospital in Bulgaria, although work on one had begun in 1979, and the decree providing for its construction had been issued as early as 1961.[18] Moreover, no medicines prepared especially for children were available, and doctors were forced to adapt adult medicines and dosages for children, clearly a risky practice.

In fact, the number of articles in the domestic press about health problems in Bulgaria and problems within the health service has been rising. An article in *Zemedelsko Zname* last year deplored the state of health care in the villages and the great differences between the health services in urban and rural areas. A national conference on health care in rural areas was held on 22 November 1985, and the party daily has devoted a series of articles to the issue.[19] Concern has also been voiced about the general underprovision of dental care. And it is questionable whether the level of health care in predominantly Turkish areas is the same as that in the rest of the country, in light of the charges of discrimination that have been lodged against the regime by Turks.

This year there have been several articles about the generally poor health of Bulgarian schoolchildren, many of whom are reported to be overweight on account of their poor diets, which often contain too many carbohydrates and not enough meat.[20] The restricted public access to most of the country's

sports facilities is also likely to do little for the health of Bulgarian children.[21]

In a speech at the BCP congress this year, Dr. Stefan Zhelyazkov of the Lovech District Hospital expressed concern over the growing medical needs of the aged in his district. This is an area likely to cause increasing concern in the years ahead, since the Bulgarian population profile is aging. There is similar concern in Western countries, but Bulgaria' s lack of specialized facilities and nursing homes is causing particular worry.[22]

1 BTA in English, 26 May 1984.

2 *Statistchestei Godishnik 1985* [Statistical Yearbook 1985] (Sofia: Committee on Social Information, 1985), p. 64; and *Rabotnichesko Delo*, 6 April 1986, p. 6. According to the WHO statistics for 1983, Canada reported 8.5 per 1,000 live births, France 8.2, the FRG 10.3, Sweden 7.2, and Japan 5.9.

3 BTA in English, 26 May 1984.

4 BTA, 20 January 1981.

5 Concerning the decree on new economic mechanism in health care, see Bulgarian Situation Report/4, *Radio Free Europe Research*, 1 March 1982.

6 Decree No. 25, 7 July 1981.

7 *Darzhaven Vestnik*, no. 57, 21 July 1981.

8 *Rabotnichesko Delo*, 17 October 1981.

9 BTA, 21 October 1981

10 Bulgarian SR/25, *RFER*, 8 September 1976, item 3.

11 Bulgarian SR/4, *RFER*, 1 March 1982.

12 *Rabotnichesko Delo*, 28 December 1978, 28 December 1979, and 21 February 1980.

13 *Pogled*, no. 15, 12 April 1982.

14 *Bulgarian Statistical Yearbook 1985*, *op. cit.*, pp. 444 and 680.

15 *Pogled*, no. 12, 22 March 1982.

16 *Rabotnichesko Delo*, 13 January 1982.

17 *Narodna Mladezh*, 29 February 1984. Also see, Bulgarian SR/6, *RFER*, 11 April 1984, item 5.

18 *Narodna Mladezh*, *loc. cit.*

19 *Zemedelsko Zname*, 21 September 1985. For reports on the conference, see *Rabotnichesko Delo*, 18, 20, and 23 November 1985; 7 and 18 December 1985; and 15 January 1986.

20 *Narodna Mladezh*, 10 May 1986.

21 *Anteni*, no. 3, 15 January 1986.

22 *Rabotnichesko Delo*, 5 April 1986.

## CZECHOSLOVAKIA

The Czechoslovak regime has always publicized its concern for the health of the nation and the right of all working people to free health care. In recent years, however, there have been many signs that health care is rapidly becoming a victim of the system that created it. Like the rest of the economy the health service suffers from technological obsolescence and stagnation, shortage of capital and labor, isolation from the rest of the world, excessive bureaucracy, and widespread corruption.[1]

Statistically, it can be argued that the Czechoslovak health service is doing quite well. Official statistics point to sustained growth and improvement. The number of hospital beds in Czechoslovakia, for example, has risen from 76,000 in 1950 to 156,000 in 1984, which works out at 101 beds per 10,000 inhabitants, placing it second among East European countries. (The GDR has 102, Bulgaria 91.8, Romania 89.4, Hungary 88.2, and Poland 69.7 beds per 10,000 population.) Czechoslovakia scores even better in terms of the number of doctors (and dentists) per 10,000 population, with 41.2. (Bulgaria has 33.8, Hungary 31.2, the GDR 29.0, Poland 23.8, and Romania 20.4.) The absolute figure has risen from 12,600 doctors (and dentists) in 1950 to 54,700 in 1984. The number of pharmacies in Czechoslovakia went down from 1,410 in 1960 to 1,284 in 1980, but since then it has climbed back to 1,298 in 1984.[2]

The reality behind the glowing statistics is quite another matter, however. In August 1984 the Charter 77 human rights group issued a statement on the deplorable condition of the public health service, exposing widespread corruption and inefficiency. It said that in many cases bribes were necessary to ensure proper care for patients and that many urgently needed medicaments were available only on the black market. Indeed, the chronic shortages of modern diagnostic equipment, hospital staff, and medicine had led to a flourishing black market in all sections of the health service.[3]

It is not only from the reports of dissident groups that a less favorable picture has been emerging. The Czechoslovak party daily *Rude Pravo* has stated that the drop in morale within the country's health service "remains a serious problem." The paper singled out for criticism bribery, protectionism, and "a lack of feeling" on the part of physicians and health-service personnel in treating patients. Health-service expenditure was growing constantly, the daily said, noting that this was not only because of expansion; the constant rise in the cost of construction, medical equipment, and other materials was a key factor. On top of that, few construction projects were being completed on time; indeed, "a delay of several years is being considered almost a matter of course," the paper said. Furthermore, it said that the country's electronics and other industries were lagging behind their targets in supplying the health sector.[4] In many aspects, then, Czechoslovakia's health

care is--and will remain for some time--dependent on imports. And even the technology it imports is not always being properly utilized.[5]

In September 1984 the Czech Minister for Health, Jaroslav Prokopec, said on Prague Radio that the management system in Czechoslovakia's health service was outdated and failed to meet current needs, having been designed for the 1950s. In addition, he said that the performance of health workers often fell below the required level. In June 1984 he had reported on the state of the country's health care services at a session of the Czech National Council in Prague. He warned then that

> waste, inefficiency, and the misuse of the health services must be reduced. It makes no sense to conceal the fact that the country's medical technology gives little reason for satisfaction . . . . It is not in the country's power to come up to world standards of scientific and technical development in health care.[6]

Experts seem to support Prokopec's observations: 40% of all Czechoslovak medical equipment is apparently obsolete; most health-care buildings are more than 50 years old and almost one-third of the other auxilliary buildings are 30 years old; 8.09% of hospital beds are over 100 years old, while 21.1% are over 75 and 21.9% are over 50 years old. It would take an enormous amount of money over many years to rebuild the infrastructure of the Czechoslovak health-care system.[7]

The health-insurance program and budgetary subsidies have succeeded in reducing the incidence of a series of diseases and failitated progress in the care of the elderly. Officials say that in 1982 Czechoslovakia had the third lowest number of inhabitants per physician (290) in the world; it ranked sixth in the number of inhabitants per nurse (170); and it had the fifth best ratio of inhabitants to hospital beds (99:1). There are other figures, however, that attest to the declining health of the population in general. In 1982 and 1983, for example, an average of 293,000 workers (or 4.18% of the work force) were absent from work each day on the grounds of illness or accident. This in spite of the fact that the government has announced itself committed to programs that include environmental protection, work safety, and accident reduction. Excessive absenteeism is also blamed on "overprotective" health care schemes, alcoholism, and low labor morale.[8]

There is increased concern about the health effects of industrial expansion, urbanization, and the increased use of motorized transport. In 1984 between 750,000 and 1,000,000 people in Czechoslovakia (out of a total population of 15,480,000) showed signs of hypertension, which is currently one of the main causes of death in the country, along with heart disease, cancer, strokes, respiratory diseases, and general accidents. In Prague 40% of the population suffer from diseases

closely associated with the effects of rapid industrial expansion and the stress of modern living, and the rate of cardiovascular disease is 30% higher than the nationwide average. In Slovakia one-sixth of the population lives in areas with dangerously high levels of pollution from industrial emissions. Virtually every part of the country has its own story about environmental dangers to health. Economists have come to realize that, in addition to direct medical costs, much more money will have to be allocated to indirect health care in the form of protecting the environment.[9]

Prokopec stated that because medical services and medicines were free, the number of people whose health had been damaged by excessive use of medicines had been increasing in the past few years and now accounted for 5% of all hospital patients. Other sources say that drug abuse and addiction is a spreading medical and social problem, apparently affecting some 400,000 people, a major proportion of whom are said to be teenagers.[10]

Another problem affecting the health service is the fact that the number of physicians is increasing faster than the number of intermediate medical personnel, with the result that the number of health care assistants per physician decreased from 2.5 in 1970 to 2.1 in 1981. Prokopec has blamed this on mismanagement in the educational system. Others have blamed the poor pay and working conditions of the intermediate medical personnel, which may also have affected the quality of the service provided by doctors. According to a survey by the Research Institute on Living Standards, 30-35% of the respondents blamed doctors for the long waits for medical attention; 18-20% criticized doctors for negligence; 14% said their doctors gave preference to certain categories of patient; 18-20% had little confidence in their doctors; and over 50% indicated that they would prefer to have a "free choice" of physician instead of the present assignment of patients to doctors according to locality.[11]

Given no choice of physician and constant shortages of facilities, medicine, and hospital beds (in 1985 there was a shortage of 3,000 hospital beds in Prague alone, including some 1,100 in wards for patients awaiting operations), it is perhaps not surprising that bribery has become widespread. The size of the bribe varies according to the treatment required but is sometimes as high as several months' pay.[12] According to a poll conducted by the party periodical *Tribuna*, one out of every three Czechoslovak citizens are "not sure" whether they would receive adequate medical treatment without resorting to bribery. Indeed, the report spoke of doctors who would treat their patients conscientiously only when given such payments.[13] Czechoslovak television has also commented that, though prevalent in all walks of life in Czechoslovakia, bribery was probably worst in the health service.[14]

The health service in Prague had deteriorated to such an extent by 1985 that Jan Klima (head of the health department in the Prague National Committee), in an interview with the Czechoslovak media, called the situation a "breakdown."[15] In addition to the usual problems of obsolescence and long waiting periods for hospital beds and operations, the city is increasingly unable to shoulder its special obligations to the rest of the country (hospitals in Prague have a number of specialized wards, which means that more than 14% of their patients come from outside the city).[16]

The measures taken over the last decade to modernize the facilities in Prague have not been properly implemented. Hospital reconstruction has not been undertaken; some units, such as those providing laundry and food services, have become inoperative.[17] The situation is similar with regard to ambulances, which are unwashed, in need of maintenance, and deplorably inadequate, most of them having been designed in the mid-1960s.

A long-term program for regenerating the health service in the city was adopted by the government in January 1985, reportedly, to increase the total number of hospital beds in the city to about 16,000 (up from the existing 12,500). Two new hospitals are also planned to be finished by the year 2000. The program also envisages increasing the number of staff in the health service. The plan calls for a total of 8,000 new employees by the year 2000. Although it may be relatively easy to secure the required number of doctors (medical graduates are generally eager to work in the city), there will still be problems recruiting enough graduates from nursing schools and finding technicians and manual and auxiliary workers.[18]

The Charter 77 report on the state of the health service, compiled by doctors and other health-service professionals, all of whom withheld their names, clearly indicated that these problems were not accidental features of an individual, mismanaged health-care program but were rooted in the very concept of a free health service in a highly centralized and regimented society. Indeed, the health service is symptomatic of the wider social and economic system in which it operates. The health service, therefore (including medical research, drugs, treatment, and equipment) is subject to strict central planning. There is emphasis on reporting and statistics to prove performance. The failure of supply and demand results in frequent complaints about shortages of drugs, instruments, and such routine items as hypodermic needles and X-ray film. The technical level of medical equipment in Czechoslovakia also lags behind the advanced Western countries--a symptom of the technological stagnation in Czechoslovak industry. The same applies to the pharmaceutical industry. In fact, many patients now lack faith in domestically produced drugs and demand to be treated with Western ones; hard-currency constraints make it impossible to import Western drugs in sufficient quantities,

however. In addition, doctors are inundated with administrative tasks, paperwork, and other nonmedical duties, which take up time that they could otherwise devote to their patients. For example, in Slovakia during the harvest doctors are expected to participate in "voluntary" assistance on farms in their districts.[19]

Since the regime regards the health service as a gift extended to the (often ungrateful) population, the people have no measure of control over medical resources. Moreover, since everyone is entitled to free health care, the care that is provided is standardized; unfortunately, people and their illnesses are not standardized. Patients are thus "processed" rather than treated. Moreover, they are not encouraged to take on responsibility for their own state of health. In such a system doctors become no more than "civil servants" acting in the interests of their state employer rather than medical experts serving the health of their patients.[20]

1 Czechoslovak Situation Report/10, *Radio Free Europe Research*, 27 June 1985, item 7.

2 *CMEA Statistical Yearbook 1985* (Moscow: Finance and Statistics, 1985), pp. 435-437.

3 Reuter, 24 August 1984.

4 *Rude Pravo*, 17 August 1984.

5 Radio Prague, 17 August 1984, 9:00 A.M.

6 *Rude Pravo*, 27 June 1984.

7 *Planovane Hospodarstvi*, no. 3, 1984, p. 57.

8 Czechoslovak SR/15, *RFER*, 10 August 1984, item 4.

9 *Ibid.*

10 *Socialisticka Zakonnost*, no. 7, 1983, p. 420.

11 Planovane Hospodarstvi, no. 3, 1984, p. 57.

12 *Tribuna*, 18 January 1984.

13 *Ibid.*, 15 March, 1985.

14 Czechoslovak Television, 29 May 1985, 5:30 P.M.

15 *Vecerni Praha*, 4 May 1985, p. 5.

16 See Czechoslovak SR/10, *RFER*, 27 June 1985, item 7.

17 Jan Klima "Prague's Health Service," *Zdravotnicke Noviny*, no. 16, 19 November 1985, p. 3.

18 Czechoslovak SR/10, *loc. cit.*

19 *Ibid.*

20 *Ibid.*

## GERMAN DEMOCRATIC REPUBLIC

Statistics for the GDR show consistent progress in the health care sector since the 1950s, which might be expected. The number of doctors (plus dentists) has climbed steadily from 20,500 in 1950 to 20,900 in 1960, 34,600 in 1970, 43,600 in 1980, 48,400 in 1984, and 49,500 in 1985. This means an improvement from 483 inhabitants per doctor in 1981 to 433 inhabitants per doctor in 1986 (compared with 390 in West Germany) and from 1,658 inhabitants per dentist in 1981 to 1,405 in 1986 (compared with 1,700 in West Germany).[1] Measured another way, there are 29 doctors per 10,000 people. In this respect East Germany falls in fourth place among its East European neighbors (see page 15 above for the comparable figures).

In terms of pharmacies and pharmacists there has also been a steady growth from 1,694 pharmacies in 1950 to 1,990 in 1960, 1,932 in 1970, and 2,002 in 1984. The number of pharmacists has increased from 2,002 in 1950 to 3,700 in 1984.[2]

But numbers do not tell the whole story. Despite the seemingly great scope of the nominally free health service in East Germany, numerous highly qualified medical professionals are still moving to West Germany, as they feel restricted in the centrally organized state health system of the GDR.[3] Doctors are also paid very little in East Germany in comparison with their Western colleagues: a staff doctor in East Germany earns an average of only 1,000 Ostmarks a month and a supervisory doctor about 2,000 Ostmarks per month.

A public health care service was introduced in 1945 modeled on the Soviet network of dispensaries, prophylactic programs, diagnostics, therapy, and treatments for various major illnesses. All these elements remain today, with certain modifications effected since 1971. The privately practicing physician has disappeared, and all doctors work through central polyclinics. There is, however, some effort to allow patients a choice of doctor, or at least to ensure that each course of treatment is carried out by a single physician.[4] In 1983 residents in East Berlin could in theory choose their physician from among the 381 general practitioners in the out-patient clinics there.[5] In practice, however, such a choice is only possible among those general practitioners who can accommodate additional patients after what is on average a 12-hour workday (six days a week) taken up by regularly assigned patients. Specialists are far too overworked to be available in this way, thus making this choice of doctors largely illusory.[6] Arguments are being made to try to station a physician permanently or, at least, for some considerable time at a single clinic so as to promote the idea of a family physician.[7]

This overworking of doctors (despite their constantly increasing numbers) often means long waiting times. Other

common complaints about the health service are delays in completing new buildings, great differences in conditions and services between urban and rural areas, and shortages of certain medicines.[8] Meanwhile, the strain placed on the medical service in the GDR is exacerbated by a high incidence of alcoholism, generally poor nutrition, widespread obesity, and heavy smoking.

Following the lead of Soviet party chief Mikhail Gorbachev, East Germany is beginning to crack down on alcoholism by banning liquor advertising and stiffening penalties for drunken driving. *Neues Deutschland* said that the country had registered 45,800 road accidents last year connected to drunken driving. This meant that every 12th traffic accident was caused by drunken drivers. East German Minister for Health Ludwig Mecklinger, recently told reporters that each East German consumed an average of 10.2 liters of pure alcohol annually. There are no plans as yet to raise prices. Mecklinger said he did not believe higher liquor prices would drive alcoholism down, saying the prices had already been raised in the early 1980s. A state-run weekly, *Wochenpost*, reported recently that each East German drank an average of 150 liters of beer per year, making the nation the eighth largest beer consumer in the world. Another official newspaper published by the Protestant Church, *Mecklenburgische Kirchenzeitung*, recently described what it said was widespread alcohol abuse by teenagers. The newspaper said about half the country's youth between 14 and 18 years of age drank alcohol on weekends.[9]

Cigarette smoking is increasing as a health problem, according to Ernest Strauzenberg, President of the Committee for Health and Nutrition, who stated that nearly 60% of males and 50% of females between the ages of 14 and 18 were more or less regular smokers.[10]

A survey on eating habits in various districts of the GDR showed that most East Germans ate too much. Lothar Heinemann, a health expert, told the trade union daily *Tribuene* that East Germans treated their weekends as "eating orgies," eating too many sweets and drinking too much alcohol. He said that it was a great achievement that nobody suffered from hunger any more, but the country faced a new social problem--overweight. An earlier survey in East Germany revealed that about 40% of the population was too heavy.[11] Although similar problems exist in West Germany, the higher mortality rates in the GDR suggest that the problem is graver there.

Life expectancy for 50-year-olds in the GDR in 1981 was 73.39 years for men (compared with 74.19 in the FRG) and was 77.58 for women (79.36 in the FRG). The mortality rate per 10,000 inhabitants for all ages in 1981 was 132.7 for men (compared with 118.33 in the FRG) and 144.8 for women (115.94 in the FRG). The differences between the East and West German mortality rates stem largely from the higher East German rate in

the 65 to 75 age group. There were 32.3 more deaths per 10,000 population in the GDR in this age group than in West Germany.[12]

On another key indicator of the general health of a nation, the infant mortality rate, East Germany fares rather better. Indeed, according to the World Health Organization's statistics, compiled from figures submitted by member states for 1983, the GDR has by far the lowest infant mortality rate in Eastern Europe, namely, 10.7 deaths per 1,000 live births. (West Germany recorded 10.9 infant deaths per 1,000 live births in 1982.) Eastern Europe as a whole, however, trails well behind the West European countries. The rate is 15.7 in Czechoslovakia, 16.5 in Bulgaria, 19.0 in Hungary, 19.2 in Poland, and 23.9 in Romania. By comparison, the rate in Spain is 9.6, in France 9.0, in Denmark 8.2, in Norway 8.1, and in Sweden 7.0.[13]

1 Dpa, Berlin, 28 May 1986.

2 *CMEA Statistical Yearbook 1985* (Moscow: CMEA, 1986), p. 435.

3 *Sueddeutsche Zeitung*, 19 June 1982.

4 *Ibid.*

5 *DDR Handbuch* (Cologne: Verlag Wissenschaft und Politik, 1985), pp. 557 and 560.

6 *Zeitschrift fuer Klinische Medizin*, no. 15, July 1985, pp. 1,114-1,145.

7 *DDR Handbuch*, pp. 540-541.

8 *Zeitschrift . . ., loc. cit.*

9 AP, 10 April 1986.

10 AFP, 23 March 1985.

11 Reuter, 25 April 1986.

12 *DDR Handbuch*, p. 567.

13 *World Health Statistics Annual* (Geneva: World Health Organization, 1985).

## HUNGARY

In Hungary the government's statistics on the health service are once again impressive at times. The number of medical practitioners (physicians and dentists) has increased steadily from 9,600 in 1950 to 15,300 in 1960, 30,100 in 1980, and 33,300 in 1984. This corresponds to 10.3 doctors (including dentists) per 10,000 people in 1950 and 31.2 per 10,000 in 1984. This compares rather favorably with the other East European countries (see page 15 above for the figures), among whom only Czechoslovakia can boast a significantly higher rate. Also in terms of hospital beds, Hungary appears to have fared well since 1950, when the total was 49,200 compared with 94,000 in 1984. The 1984 figure works out to 88.2 beds for every 10,000 people, as compared with 52.5 in 1950. Although the number of pharmacies available to the population has not increased significantly (1,430 in 1984 compared with 1,427 in 1950), the number of pharmacists has, from 2,800 to 4,500. Beds in sanatoriums have increased from 1,200 in 1951 to 3,300 in 1984 and numbers of patients treated in sanatoriums from 15,100 in 1952 to 51,000 in 1984.[1]

Misleading Statistics. Statistics, however, can be misleading. Minister of Health Laszlo Medve announced at a meeting of the government's Social and Health Commission in September 1986 that the public's health was deteriorating. The death rate in Hungary last year, according to Medve, was the highest in Europe, ahead of Czechoslovakia and Bulgaria, which rank second and third, respectively. Hungary's rates for suicide, infant mortality, and alcohol consumption are also very high. Medve blamed the deterioration in health on poor nutrition, smoking, alcoholism, lack of physical activity, and long-term nervous strain. Combinations of these factors contributed to diseases that affected 90% of the country's population.[2] The minister added, however, that these should not be considered merely medical problems, since alcoholism and smoking were also social issues; these problems could not be solved by physicians alone.

Furthermore, Defense Minister Ferenc Karpati told a National Assembly committee last June that 10-11% of young Hungarians were "unfit for military service" and a further 4-5% were only moderately fit and therefore had to be excused from strenuous physical training.[3] Moreover, 3-4% of conscripts have to be discharged before the end of their term for health reasons, mainly for nervous or physical disorders, including cardiovascular, circulatory, and digestive complaints. Of those suffering from the latter complaints 23% were overweight, and reportedly two-thirds of officers smoke heavily.[4]

"Scandalous" Health Service. In an interview broadcast by Radio Budapest in June, the Hungarian doctor and sociologist Eva Istvan said that the country's health system deserved to be called "scandalous." Istvan said that this held true for the

entire system, from dermatology to psychiatry to the state of repair of hospitals and hospital equipment. The deluge of complaints from patients and medical staff alike also suggested that the system was inadequate, she said. Employees all felt that the situation in their particular field had reached a critical point. Istvan said that it was enough to consider the situation with regard to the allocation of hospital beds, the barbaric conditions in surgical rooms and waiting rooms and the long waiting hours.[5]

The official aim of the health service in Hungary is to provide the public with such a high standard of basic medical care that patients would not have to travel from one doctor to another or resort to the use of one's personal connections or influence to gain access to additional medical attention. Istvan said it was practically impossible to control how people gained this backdoor access to adequate--or what was considered to be adequate--medical care. Istvan said that the official channels to adequate health care were dead ends.

Istvan saw no prospect for improving the situation without a major increase in funds. She said that the days were over when radical changes were possible through improvements in organization and mobilizing the so-called human factor.

On 25 June 1986 the central leadership of the health workers union met to discuss modernizing the management of the Hungarian health service and improving social welfare. Deputy Minister of Health Lajos Juszt told the meeting that the government wanted to let patients have a greater say in deciding which hospital they went to for treatment, create more homes for old people, and to improve overall care for the elderly.[6]

Radio Budapest also announced that a report prepared by the National Council for Medical Ethics showed that some 30% of the patients in one of Hungary's nineteen counties gave extra money to doctors for medical treatment, while 52% did not; and 17.2% of the doctors were said to accept money offered to them. The chairman of the council, Dr. Zoltan Szabo, said that the figures were reached on the basis of reports, denunciations, and complaints sent to the council. There were no statistics for the country as a whole. Szabo added that 40% of the complaints received concerned the way doctors dealt with their patients, the most common complaints being about inappropriate conduct and lack of empathy.[7]

"Free" Health Care for All. In 1975 free health care was declared to be the right of every Hungarian citizen. This increased the demands put on medical services without, however, increasing the funds allocated to this sector. Unable to finance its operations adequately, the Hungarian health service has lowered its standard and has often resorted to questionable practices. As a result, the health service has come under considerable attack in the past few years.[8]

Hospitals. The average age of hospitals in Budapest is 80 years. Because of inadequate funding, not enough hospital buildings have been built over the years and not enough equipment was bought to meet the most elementary needs. There is a constant shortage of beds and an even more dire shortage of facilities for caring for the elderly. Many old people are simply sent home to die, according to articles in the Hungarian press. When the head physician of a Budapest hospital was recently asked why he had sent home a patient dying of cancer, he said, "If we admitted all such patients, we would have no room left for those who can be cured." Hospitals are especially overcrowded; in Budapest, for example, up to 30 people occupy a single room.[9]

The equipment used in most hospitals is outdated: 30% of hospital facilities are more than 10 years old, and although Hungarian-made medical instruments have not changed over the last 10 to 15 years, their prices have risen by some 40%. Other equipment is out-of-date or inoperative because of the lack of hard currency to buy spare parts. Even the kitchens and laundries are unable to service the hospitals.[10]

It apparently takes two to three years for more expensive equipment to reach hospitals because so many bureaucratic procedures and authorizations have to be completed before delivery can be made. During this interval prices can rise enormously; an instrument ordered by one hospital, for example, cost 250,000 forint when the order was placed, but the hospital had to pay a bill of 500,000 forint when it finally arrived. Patients often have to go from one medical office to another to find the sort of equipment needed to diagnose their problems; only one-third of all the offices in Komarom County inspected by the People's Control Commission had the necessary diagnostic instruments. Thirteen out of nineteen offices inspected either did not have this diagnostic equipment or what they did have was in such a state of disrepair that it could not be used. The intensive care unit of a hospital in Ajka, for example, has only one respirator, which is 14 years old. The state institutions responsible for repairing equipment, taking advantage of their monopoly, not only charge excessively but also hold on to the equipment for long periods. There have been reports of a county hospital sending dental surgical equipment to Budapest for repair and not having it back after a year.[11]

At another meeting of the Hungarian National Assembly's Committee for Health and Social Affairs, committee member Dr. Gyorgy Bazso complained that nobody bothered to ask doctors what kind of equipment they needed. Many of them, for example, had no time to use their expensive electrocardiographs since they could only spend a few minutes with each patient. "I have to treat between 80 and 120 patients [every day]," he said, "and if I make even one electrocardiograph I can only treat 50 people by 11:00 at night."[12]

The lack of medications can also be a severe problem. In 1984 some 150 basic medications were unavailable in Hungary because the pharmaceutical industry did not have the necessary hard currency to purchase raw materials from abroad.[13]

Overburdened Medical Staffs. There are also problems with medical personnel. The training of physicians is inconsistent; all doctors are overworked; and some have to work under unsafe conditions. People are reluctant to work in the health services because the pay is low and shift work is necessary. The average pay of medical personnel is 10,000 forint less per year than the average pay of a blue-collar worker. In an interview in *Magyar Nemzet*, a doctor claimed that the mental health of workers in the health sector was cause for concern. He pointed out that there were indications that the extraordinary demands of the profession and the difficult working conditions were destroying both their family lives and their nerves. These problems had a visible effect on the quality of their work and relations with colleagues and patients. The implication was that many doctors and nurses should receive medical help.[14]

Numerous articles have appeared in the press in the past few years deploring the state of the public health service. Economist Gyorgy Gosztonyi blamed the poor state of the health service on the fact that health care was free and that patients could not chose their doctor. Sociologist Lajos Csaszi called the free health services a "utopian propaganda measure" which increased the demand for medical services without increasing the number of doctors, hospital beds, or equipment. The share of the domestic net material product spent on health services has remained at about 3.3% since 1950 and now amounts to about 30,000 million forint a year.[15] Statistics issued, however, do not refer to medical services alone but to the combined figure for health and social services, which is about 6%. The Hungarian media fail to mention that Western countries spend (6-10%) of their national product on public health care alone; and since private health care also figures in Western countries, the Hungarian health care allocation falls far below Western standards.[16]

A well-known Hungarian doctor, Laszlo Levendel, went so far as to declare that by declaring medical services free, Hungary had set a goal that even the wealthiest countries could not afford.[17] According to Levendel, the basic problem in Hungary was the fact that no one wanted to admit that the "communist propaganda about the health service--to each according to his needs--is unrealistic." Levendel claimed that the only way that the problems could be remedied was by admitting that a mistake had been made, in the same way that mistakes in agriculture had to be admitted.

Csaszi described some of the tragedies that resulted from the demand for "free" medical services. Since the medical sector could not meet the needs of all people, it was forced to

distribute existing sources according to often questionable methods. It had to decide, for example, who would be allowed to use the few, albeit free, kidney dialysis machines or who could go abroad for a life-saving operation when only a meager supply of hard currency was available. In 1984 when Siamese twins born in Hungary had to be separated in West Germany, the German surgeon appealed for donations from German sources.[18] In most cases the money for an operation abroad has to come from sources other than the Hungarian government. Often treatment must be paid for by the patient himself. This means that if he does not have relatives in the West who are willing to cover the hospital expenses, then he must forego even a lifesaving operation. Limited funds at home also mean that hospitals sometimes have to be "inventive" in the worst sense of the word.

Gratuities As already mentioned, because of the overcrowding in doctors' offices and the shortage of supplies, Hungarians often resort to illegal gratuities and petty bribes. *Heti Valaggazdasag* estimated that every year about 4,000 million forint was given to doctors and health workers under the table. It is, of course, most often the elderly patient who has the greatest health problems and who must therefore give a much larger share of his income to the doctor in the hope of getting better medication and a longer stay in the hospital. Thus, the communist motto "to each according to his needs" was long ago changed to "to each according to his means."[19]

Levendel has called for the legalization of gratuities so that they can be more fairly distributed and the secrecy and criminality now connected with them removed. Since already half of the 30,000 million forint spent on health services annually is allocated to paying the salaries of the 30,000 doctors and 220,000 medical personnel, many people indirectly admit that it is necessary for the public to supplement doctors' incomes, since the government is not in a position to increase substantially the share of the budget spent on salaries. The official income of doctors is very low in relation to the number of hours they must work. The average yearly pay of medical personnel in 1983 was 51,125 forint (compared with the national average wage of 64,820 forint). Low wages no doubt account in part for the fact that at least 6-7% of jobs in the medical profession go unfilled for a lack of applicants.[20]

Yet the widespread gratuity system causes increased tension within the profession, since it raises the salaries of only certain doctors. A substantial number of medical personnel who do not have direct contact with the public have no access to this extra money. The public, on the other hand, is more likely to look at doctors with mistrust and feel that they care only about money and not about the welfare of their patients.

Proposals for Reform. There have been various proposals put forth to solve these financial problems, but most conflict with ideological principles. Some would be similar to various

Western health insurance systems, whereby people would pay an insurance company according to different coverage plans. The higher the premium, the greater and better the service. There have also been calls to allow a patient to choose his own doctor and to compensate doctors according to the number of patients treated or the type of service provided. Levendels's suggestion that gratuities be made legal would also increase the amount of money flowing into the state service; this money would be paid to the doctor or other professionals through the hospital and according to the patient's ability to pay and the amount of service provided. Legalizing gratuities, however, would amount to a system of fees, which would of course conflict with the communist principle of "free" health care.

It is possible that the Hungarian health service will undergo some changes in the near future. The Social and Health Commission is drafting a new nationwide health program to be submitted to parliament this year. It hopes to improve the situation by the end of the century.[21] The changes proposed may follow the line of economic reform--retaining Marxist ideology while introducing some market elements. As the Health Minister recently stated: "We must stick to certain basic principles. One of the most important principles is a free health service."[22] The difficulty in introducing real changes, however, remains the fact that those doctors who benefit most from the present system are often in high positions and many oppose any changes that would jeopardize their additional income.

1 *Statistical Yearbook of the CMEA* (Moscow: Finances and Statistics, 1985), pp. 435-437.

2 Radio Budapest, 8 September 1986, 12:00 noon. See also Hungarian Situation Report/6, *Radio Free Europe Research*, 27 May 1986, item 4.

3 Radio Budapest, *ibid.*

4 *Nephadsereg*, 22 February 1986.

5 Radio Budapest, 23 June 1986, 5:00 P.M.

6 *Ibid.*, 25 June 1986, 6:30 P.M.

7 *Ibid.*

8 Hungarian SR/7, *RFER*, 8 June 1985, item 5.

9 *Nepszava*, 10 May 1986; and *Magyar Nemzet*, 1 December 1984.

10 Weekly Bulletin (MTI) 2 May 1986 p. 4; Radio Budapest, 26 June 1986, 12:00 noon; and Gyorgy Andai, "The Everyday Exam," *Budapest*, April 1985, p. 6-7.

11 Hungarian SR/8, *RFER*, 31 July 1986, item 7.

12 *Ibid.*

13 *Nepszava*, 10 May 1986.

14 *Magyar Nemzet*, 19 June 1986. See also, Hungarian SR/6, *RFER*, 27 May 1986, item 4 on the general state of mental health of the Hungarian people.

15 *Ibid*, 1 December 1984.

16 Hungarian SR/7, *RFER*, 8 June 1985, item 5.

17 Radio Budapest, 10 January 1985, 9:40 P.M.

18 Hungarian SR/7, *loc. cit.*

19 Hungarian SR/2, *RFER*, 6 February 1984, item 5.

20 *Nepszava*, 5 March 1985.

21 Radio Budapest, 8 September 1986, 12:00 noon.

22 *Delmagyarorszag*, 2 March 1985.

## POLAND

As with other CMEA countries, Poland had made consistent progress in health care until the last few years. The economic crisis since 1979 has had a seriously adverse effect on the health of the nation as well as on health care services.

The most dramatic improvements in the health service in the postwar period came in the 1950s.[1] Those early years of "building socialism" entailed healing the nation's wounds (literally) and bringing the health service's infrastructure to peacetime functioning level.

At the end of 1946 there were 7,732 physicians (including dentists) in Poland, or 3.2 per 10,000 people. By 1950 there were 11,600; there were 38,000 in 1960; 62,900 in 1970; 80,400 in 1980; and 88,300 in 1984, or 23.8 doctors per 10,000 people. Although this was a great improvement for Poland, in relation to its CMEA neighbors it still ranked below all of them except for Romania.

The number of hospital beds doubled from 128,000 beds in 1950 to 256,000 beds in 1980, yet grew only slightly in the next three years to 258,000 and did not increase at all in 1984, the last year for which statistical information has been published. The number of pharmacies grew from 2,361 in 1960 to 4,177 in 1984; and pharmacists from 3,800 in 1950 to 16,000 in 1984.[2]

Quality of Services. The above figures, however, say nothing about the quality of the services offered nor whether the levels meet the country's needs. They do not tell us anything about the level of the personnel's training, its attitude toward the patient, or the sanitary conditions in hospitals and clinics. Nor do they reflect the complex health-service bureaucracy. They do not illustrate the conditions under which medical personnel must work and say nothing about low wages, transportation difficulties, shortages of medications, and other problems that characterize the health field. The figures also say nothing about the system of priorities determining who gets admitted to hospital when and who gains access to specialized equipment, or about the sometimes questionable ways priorities are set.

Speaking on Radio Warsaw Professor Marek Okulski, an expert in the United Nations population department, said that the mortality rate in Poland had been rising in some groups of the population since the mid-1960s.[3] At first, it had affected middle-aged men, then the entire male population and a considerable part of the female population. In recent years women's life expectancies have been falling as well. According to the World Health Organization, life expectancy in Poland (male and female combined) fell from 67.3 years in 1982 to 67.1 in 1983 and 66.8 in 1984.[4] Deaths from diseases of the circulatory system have more than doubled; they are the main

direct cause of deaths. But people get sick from stress caused by difficult lives and from unbalanced diets. There is also heavy smoking and drinking and environmental pollution. Okulski also said that the standard of sanitation in Poland was on the 19th century level. It was impossible to find a clean lavatory in Warsaw, he said; there was no toilet paper, no soap in schools or other public buildings. He added that it was not a question of starting hygiene courses but of ensuring the necessary supply of materials and personnel.[5]

A survey conducted by the Warsaw daily *Zycie Warszawy* in April concluded that 29% of the food in general (cheese was worst), 17% of the meat, and 42% of products such as shoes, furniture, textiles, and cosmetics were of such poor quality that they were not worth buying. "We eat inedible food, we drink unpotable drinks, we walk in shoes unfit for walking, and we make ourselves up with old cosmetics," continued the article.[6]

Polish experts have likened the drinking problem to an "alcoholic time bomb." Recent official figures estimated that about 3,000,000 Poles got drunk daily. Of these, 1,200,000 were absent from their jobs, while official data showed that in 1984 32,000 people were drunk on the job; last year's figure jumped to 38,000. Deputy Interior Minister Lucjan Czubinski said that "Alcohol is the number one plague." Yet the Polish government has yet to follow the Soviet lead in declaring war on alcohol abuse, beyond reducing the number of liquor stores by 10% in 1983 and raising prices twice this year; both actions have apparently had little effect on consumption.[7] The Catholic Church in Poland declared August, as usual, a "month of sobriety," and it is the priests who are urging the state to institute harsher measures in order to combat alcoholism.[8]

At a time when health standards are improving worldwide and instances of various diseases are generally decreasing,[9] the latest Polish statistical yearbook lists several major illnesses as having increased in recent years: salmonella poisoning has been on the increase (from 11.8 cases per 100,000 people in 1971 to and 50.0 in 1984); other food poisoning decreased to 24.7 cases per 10,000 in 1976 from 30.4 in 1975 but increased again to 45.5 in 1984; measles decreased from 431.1 cases per 100,000 in 1971 to 69.9 cases in 1980 and increased to to 147.4 in 1984; and viral infection of the liver has increased from 135.6 cases per 100,000 in 1980 to 141.6 in 1984. Cases of flu almost doubled from 1980 (3,964 cases per 100,000) to 1984 (6,642.7). The incidence of chemical poisoning has been steadily increasing from an average of 29.1 per 100,000 in the early 1970s to 33.5 in 1984.[10]

The official Polish press has been filled with items on the deplorable condition of the health service, the poor state of

the public's health, and the nation's economic woes, the last supposedly explaining why nothing is being done to improve the situation.

A recent article in *Zycie Warszawy* described the health conditions of Warsaw residents: over 50% of deaths are caused by circulatory problems; cancer is on the increase, more so than in the rest of the country; psychiatric illnesses--usually connected with alcoholism, but also with the psychoses of the elderly--have increased; the leading cause of absenteeism has been respiratory problems. In addition, tuberculosis has continued to be a serious problem. Although in recent years the number of cases has dropped, Warsaw still records three times the international average set by the World Health Organization. In addition to salmonella poisoning, measles has become a serious problem in Warsaw, because since the 1970s only 30% of children have been vaccinated. The health authorities in Warsaw have said that the main threats to public health stem from pollution, poor sanitary conditions (partly caused by a shortage of cleaners and disinfectants), and the general lack of certain medications. The article also criticized the overall malfunctioning of the city's health services.[11]

Several recent tragedies have focused attention on the scandalous state of the Polish health service. In February a heart attack victim in Warsaw waited more than seven hours for an ambulance to take him to a hospital, only to find the gates locked and the porter as well as three orderlies drunk on duty; the internal communications system was out of order and he died before a doctor or proper equipment could be summoned. In August 1985 eight newborn infants died after being given contaminated medication in a hospital in Wloclawek. Last winter five infants died and forty-four became seriously ill when a bacterial infection swept through a hospital in Koszalin. In another hospital, a 16-day-old infant burned to death after being left under a heat lamp.[12]

Although corrective measures were taken and prison sentences handed down in the above cases, it was suggested that individuals were less to blame for these incidents than the catastrophic conditions of Polish hospitals. Radio Warsaw commented that "something of this sort could happen at any time and anywhere in our hospital system."[13] Inadequate equipment, overcrowded and dilapidated buildings, improper sanitation, and an overworked and underpaid staff are basic problems plaguing the Polish health care system.[14]

The hospital in Wloclawek, for example, was designed to accommodate 427 beds, but at the time of the deaths it had 749 beds; no renovations had been made to make more room. Yet even this number failed to meet existing needs. Parents leaving the hospital with their infants had to follow a route that passed the hospital kitchen, the laundry, and the crematorium, and led through hallways filled with patients awaiting attention.[15]

The single most serious problem in the health service, however, is the shortage of medicines. Of the 2,314 varieties that should be available according to an official list, at least 1,000 are either completely unavailable or in very short supply. The most critical shortages affect drugs used for treating cancer and heart disease, which must be imported from the West; but even such common medical supplies as vitamin C and aspirin are frequently unobtainable. In the first quarter of this year pharmacies were supplied with less than half of the penicillin they required. Surgical operations have been curtailed because of a shortage of anaesthetics, and last year nurses were even instructed to limit their use of rubbing alcohol.[16]

This situation arises from Poland's heavy dependence on the West for both finished medical supplies and pharmaceutical raw materials and technology. Now that hard currency is unavailable or tied up in servicing the nation's debt of over $30,000 million, purchases from the West are unfeasible, or at least cut back drastically. Poland's domestic chemical industry covers only about 40% of the health service's needs; moreover, 70% of the medicines produced within the country require "dollar components." The health service has set its minimum requirements for the coming year at 54,500 million zloty, but this year's plan for the chemical industry envisages the production of medicine worth only 41,600 million zloty, thus assuming a 25% deficit in medical supplies from the outset. Medicine worth $167,000,000 needs to be purchased abroad, but the 1986 plan calls for an expenditure of only $104,000,000. Ambitious plans adopted by the Council of Ministers to double the output of medicines by 1990 do not seem likely to be fulfilled, given the 1% rate of increase this year.

Pharmacology in Poland, moreover, is 15 years behind that in the West, producing medicines that are only partly effective against new strains of bacteria. The Director of the Pharmaceutical Department of the Ministry of Health has stated that there are no funds for rebuilding or renovating. Moreover, factories do not have time for repairs, since they have no product reserves. It was estimated that the creation of a viable domestic pharmaceutical industry would require the construction of 17 new factories and cost more than $1,100 million in the next 5 years.[17] At this point such investments are out of the question and the health service will have to prolong its desperate improvisation, often at the risk of the health--or the lives--of its patients.

Poland has generally the same problems with personnel as the other countries of the Soviet bloc. Doctors are overworked, saddled with bureaucratic requirements, and are paid very little. A skilled pediatrician may typically earn one-third as much as a skilled mechanic.[18] A nurse with 20 years of experience earns 13,000 zloty a month including overtime and weekend wages, while the average monthly wage in Poland (as of June 1986) ws 22,700 zloty.

It is no wonder that many medical professionals opt for contract work abroad. There are at present 950 Polish medical specialists (doctors, nurses, and technicians) working on individual contracts abroad. Thousands more fall under collective contracts (where a medical team is hired as a group to man an entire hospital or hospital department). Over 1,400 professionals in this category work in Libya alone. Most contracts are signed with Arab courtries: Algeria, Libya, Morocco, Tunisia, Kuwait, and the United Arab Emirates as well as Nigeria and Zambia. Both types of contracts are arranged by the Foreign Trade Enterprise Polservice for two-year periods. Fees are paid to Polservice by the employee. Polservice reports that this brings in $13,000,000-14,000,000 a year--hard currency the government requires. Meanwhile, the urgent need for medical personnel at home persists.[19]

1 For a detailed study of the Polish health service in the 1950s, see: *Health Services in Poland: The Statistics, The Realities, The Prospects*, Free Europe Press, 6 July 1954. (Translated from *Zagadnienia Polskie*, vol. I, no. 1-2, 1954.)

2 *Statisticheskii Ezhegodnik Stran-Chlenov Soveta Ekonomicheskoi Vzaimopomoshchi* [CMEA Statistical Yearbook] (Moscow: Finansy i Statistika, 1985), p. 435.

3 17 September 1986, 7:00 A.M.

4 *World Health Statistics Annual* (Geneva: World Health Organization, 1985), p. 30.

5 See also, Polish Situation Report/13, *Radio Free Europe Research*, 29 August 1986, item 6.

6 *Zycie Warszawy*, 6 April 1986.

7 UPI, 13 August 1986; *Rzeczpospolita*, 17 June 1986. In March prices were raised by 10% and in September by an average of 15%; *Zycie Warszawy*, 15 September 1986.

8 For a review of the drinking problem in Poland, see Polish SR/13, *RFER*, 29 August 1986, item 8.

9 *World Health Statistics Annual*, *op. cit.*, pp. 214-370.

10 *Rocznik Statyskyczny* [Polish Statistical Yearbook], (Warsaw: GUS, 1985), p. 488.

11 *Zycie Warszawy*, 11 June 1986.

12 For a detailed description of these cases and problems within the hospital system, see Polish SR/12, *RFER*, 13 August 1986, item 5.

13 Radio Warsaw, 6 June 1986, 4:05 P.M.

14 Polish SR/14, *RFER*, 13 September 1984, item 4.

15 *Ibid.*, no. 12, 13 August 1986, item 5.

16 *Ibid.*

17 *Odrodzenie*, "The Bitter Pill," 23 March 1986.

18 *Tygodnik Powszechny*, 27 March 1986; also *Chicago Tribune*, 26 May 1986.

19 Polish SR/2, *RFER*, 5 February 1985, item 4.

## ROMANIA

The state in Romania provides a free health service. The expenditures for public health have increased yearly in the last 35 years in absolute terms and in terms of percentage of the national budget: from 644 million lei in 1950 (3.4% of the national budget) to 4,794 million lei in 1965 (5.1% of the national budget) to 17,260 million lei in 1984 (6.6% of the national budget).[1]

In terms of numbers of hospital beds, physicians, and dentists as well as numbers of pharmacies, a steady increase can be seen from 1938 through 1984 (the last year for which such statistics are available). The number of auxiliary medical staff has declined slightly from 132,912 in 1980 to 132,645 in 1984. With regard to infant mortality and life expectancy Romania has also made steady progress from 116.7 infant deaths per 1,000 live births in 1950 to 44.1 in 1965 to 23.4 in 1984. (These number of deaths, however, may in reality be much higher, since the Romanian Statistical Office does not record births until the infant is one month old.) Life expectancy has gone up from 61.4 years for men and 64.9 years for women in 1956 to 66.9 for men and 72.6 for women in 1984.[2]

Behind the Statistics. There remain numerous other factors to be taken into consideration when evaluating public health care--these unmeasureables include: attitudes of medical personnel, efficiency, effectiveness, responsibility, patient satisfaction, level of professional training, distribution of medical staff, accessibility to treatment, conditions of work, and the amount of bureaucratization and favoritism.

Romania ensures free medical assistance to all citizens "according to the provisions of the law."[3] All private practice was abolished in 1978. The man in the street is indeed offered free assistance, to the extent that the regular services can manage. He has no choice of doctor and will not receive Western medications or be treated with modern medical facilities from the West. These items, if available at all, can usually only be obtained in special health units serving the party apparatus or that of the Securitate and leading cadre members of the army. The state still does not grant free medical care to some 500,000 private peasants and to some 40,500 private artisans. Recent reports indicate that the number of those excluded from free medical assistance now include the elderly, who are refused treatment by medical personnel on the grounds that nothing can be done for their health at an advanced age.[4]

As of 1983, in the interests of cutting health costs, the state approved the establishment of special medical units that treat patients for a fee. As a rule this assistance is limited to medical consultations, but some surgical procedures have been included.[5]

Yet the other units are also not completely free of charge, since gratuities are an accepted tradition, either in the form of money or goods, especially foodstuffs. Kent king-size cigarettes are a favorite compensation for medical personnel.

Medical assistance is uneven throughout the country with significant differences between urban and rural standards. Of the country's total population of 22,600,000, a little more than half live in the countryside. Yet only 7,000 of the 44,484 physicians in Romania work in rural areas (15.7%).[6] Medical units as a rule are located in the towns, and peasants have to travel far to find medical help.

Physicians enjoy a good social standing in Romanian society but are paid less than technicians or economists working in the productive sector of the economy. A doctor earns from 2,560 to 5,590 a month (wages in Romania range from 1,425 to 6,430 lei a month).[7] Doctors are also required to do "patriotic work" such as cleaning hospitals or other "voluntary" labor.

Romanian health experts, prominent physicians, and officials have long criticized the health service.[8] Official statements have also acknowledged various problems in medical caré. The most severe criticism was about the poor training of medical staff as well as the neglect of Romania's famous medical college, as well as the dissolution of several other medical schools. Recently, the party's Political Executive Committee has again asked for the application of firm measures for improving the training of medical staff. Other points of complaint included the arbitrariness of introducing new medications and treatments. While some new, safe and effective medicines were caught up in bureaucratic deliberations, other less safe treatments seemed to slip through the net.[9]

Public Health and Awareness. Romania has established national programs against cardiovascular diseases, cancer, mental diseases, contagious diseases (including tuberculosis), and rheumatism.[10] Official concern for public health education is demonstrated by mass sports activities. Romania does not, however, allow birth-control education; nor are contraceptives or abortions legal. In fact, the regime enforces a strict policy for promoting the birthrate. Yet officials bemoan the fact that the birthrate still stagnates. Drug abuse programs in schools do not enter into public health schemes. It is alcoholism and excessive smoking that are the leading medical issues in the country, and the party's Political Executive Committee has insisted on a campaign to combat these problems.[11]

The approach to public health education in disease prevention is also poor. Take, for example, the information disseminated about AIDS (Acquired Immune Deficiency Syndrome). The first references in the press to AIDS appeared in late 1985, explaining the name and classification of the disease, adding that its causes were unknown and that it was fatal. Nothing was

said about how it was spread, the incubation period, the symptoms and evolution of the disease, or preventive measures. It was also not mentioned that male homosexuals are particularly at risk to AIDS; this omission was perhaps not surprising, however, since homosexuals are a group that is never publicly acknowledged in Romania. Only cases in the West are reported; no mention is made of the incidences reported in the USSR, Poland, Czechoslovakia, Hungary, and Yugoslavia.[12]

The reaction to the Chernobyl accident also reflected poorly on the effectiveness of public health services and public information policies in Romania. Despite the high levels of radiation, the Romanian media did not allow any public discussion of the health issues involved and no scientist or doctor is known to have explained the situation to the public. The Romanian media furthermore made no mention of Bucharest's request to the US State Department for assistance in assessing the risks to their country, of the department's dispatch of a team of nuclear experts to Romania, or of the data issued by the British National Radiological Protection Board on radioactivity levels in Bucharest, which were found to be higher than in most parts of Eastern Europe. It is, moreover, a dubious comfort that the food shortage at home may have been ameliorated somewhat by the addition of agricultural products unsaleable to the West in the wake Chernobyl.

1 *Anuarul Statistic al RSR 1985* [RSR Statistical Yearbook] (Bucharest: Directia Centrala de Statistica, 1985), pp. 282-283 and 286.

2 *Ibid.*, pp. 22-23 and 40. Romania's peculiar way of recording births is described in *The New York Review of Books*, 23 October 1986.

3 Law No. 3, article 2, on public health (published in *Buletinul Oficial al RSR*, vol. I-a , no. 54, 10 July 1978).

4 See Romanian Situation Report/3, *Radio Free Europe Research*, 8 February 1985, item 4; and *Flacara*, no. 48, 30 November 1984.

5 Decree No. 279 (*Buletinul Oficial*, no. 60, 1 August 1983).

6 Agerpres, 10 May 1986.

7 Law No. 57 (*Buletinul Oficial al RSR*, vol. I-a, no. 59-60, 23 July 1980).

8 Romanian Situation Report/23, *RFER*, 22 September 1978, item 9.

9 *Scinteia*, 7 July 1978.

10 *Ibid.*, 1 and 23 September 1975.

11 *Ibid.*, 10 May 1986.

12 Romanian SR/17, *RFER*, 17 December 1985, item 10.

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