

## European Election 2024:

### Health and Life Expectancy Regardless of Wealth!

(preferably not only in Europe)

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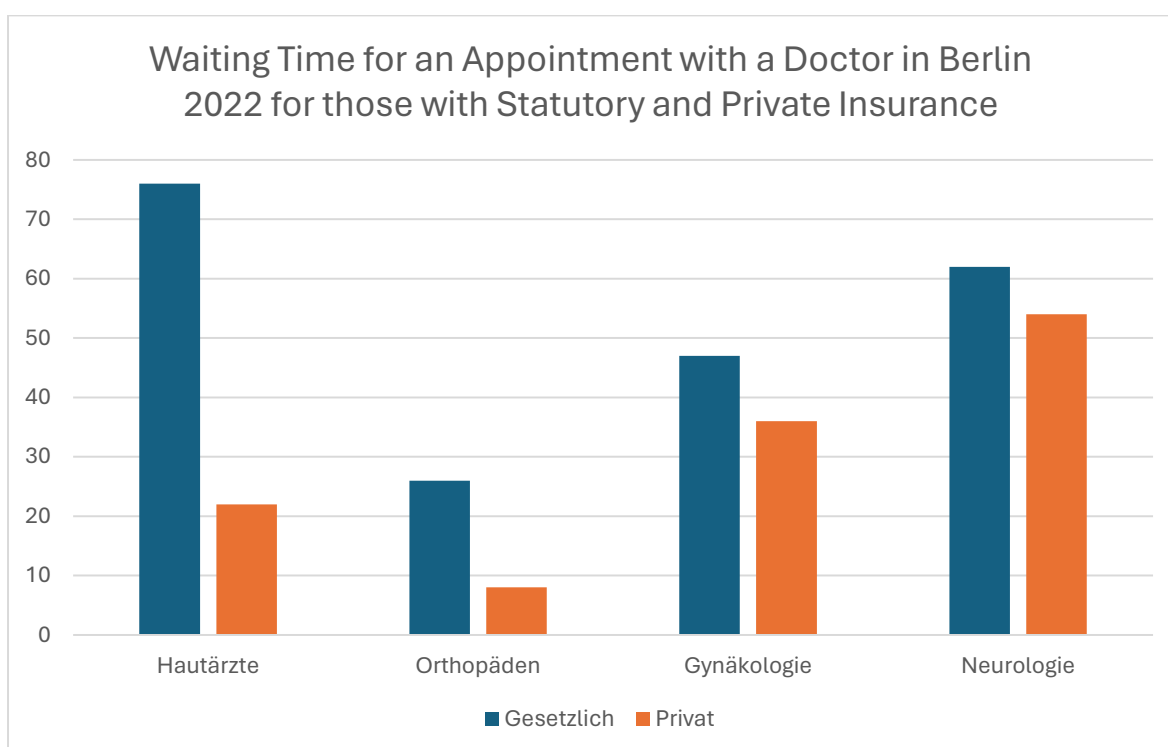


#### Go Vote! Freedom, Equality, Care and Co-operation

**Getting sick makes you poor:** Living with illness in Europe is unequal. In the middle and north of Europe, people paid between 12% and 14% of healthcare costs out of their own pockets in 2021 (in Germany, for example, as a co-payment for medications). In the south and east of Europe, however, they paid almost twice as much (between 23% and 24%). Paying for health care out of one's own pocket has a double impact. Those of us who have little money or need comparatively more treatments (such as continuously requiring several expensive medications) suffer because they cannot afford them all. Similarly, those with poor teeth suffer because co-payments for dental treatments are even more common.

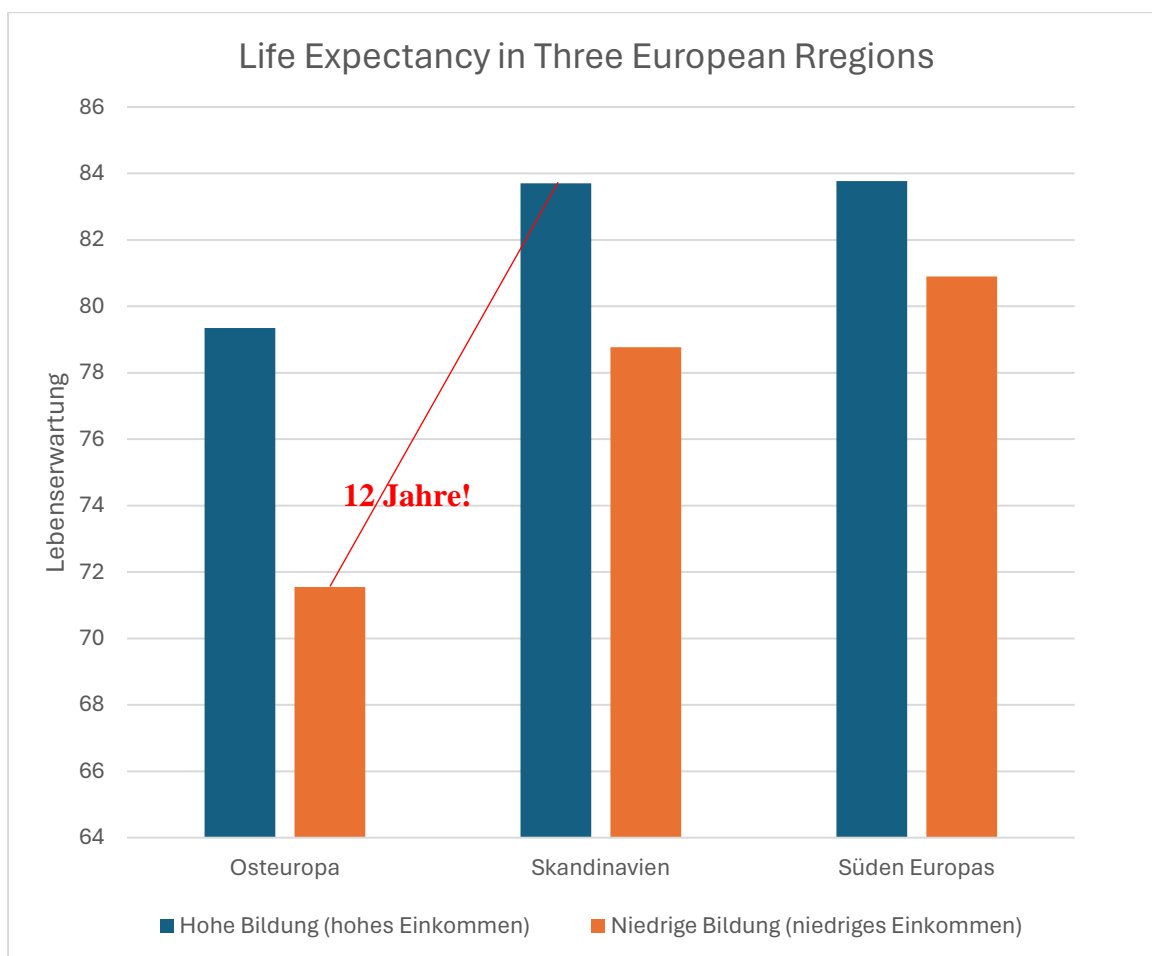
In Southern Europe in 2021, people from the lowest income bracket complained twice as often as in the middle of Europe that they couldn't afford treatments. And politics plays a clear role in this: in Greece, for instance, 10% said they couldn't afford treatments, while in Spain, almost no one did. Secondly, at the same time, the money needed for health care is lacking, which could otherwise be spent on other things. Being sick makes you poor and even hungry if there is no fair protection. And this applies most clearly to those of us who already have low incomes. How health care is paid for matters especially for the poorer among us!

**Being poor delays doctor appointments and treatment:** Private health insurance competing with statutory insurance has a similar effect on the treatment of illnesses, albeit less obvious. In Germany, the likelihood of getting an appointment with a specialist at all was seven percent higher for those with private insurance than for those with statutory insurance. If an appointment was offered, those with statutory insurance had to wait 25 days, while those with private insurance only had to wait 12 days. And where the differences in reimbursement between the two insurances are highest, such as with endoscopies and allergy tests, the difference in waiting time is particularly large. This is especially true in large cities. The figure below illustrates this using the example of Berlin (<https://idw-online.de/de/news750098>).



**Poverty worsens healthcare:** Healthcare provision in European regions is linked to wealth. Since 2000, the number of foreign doctors in Germany has increased fivefold. And they come from poorer countries: Romania, Greece, Ukraine, Bulgaria, Poland, to name a few. And then they are missing there.

**Poverty leads to earlier death:** Poverty makes us die sooner. In Germany, life expectancy for men differs by 8 years between the lowest and highest income groups, and for women, it's still 4.4 years. Similar large differences exist in various regions of Europe, as the figure below shows. In Eastern Europe, people with low education levels have nearly 8 years less life expectancy compared to those with high education levels, in Scandinavia 5 years, and in Southern Europe 3 years. Poor people in Eastern Europe live 12 years less than the wealthy in Scandinavia!



## **What would be a left-wing response to these problems?**

A left-wing response would be to work towards a common and universal health insurance for everyone in Europe, without co-payments or out-of-pocket expenses for all necessary treatments. And ensuring that everyone is financially protected through sick pay in case of illness, without having to incur debt.

Additionally, we need healthcare that is independent of income. This means more emphasis on prevention, more health protection, comprehensive vaccination coverage, better housing, better food, and lifestyle changes to prevent chronic diseases.

Furthermore, restructuring the entire healthcare sector into a public commonwealth sector, with equal services available wherever you are in Europe, is necessary.

## **And what do the alternative losers demand for Germany and elsewhere in Europe?**

For example, vaccination decisions based on individual responsibility. **How unsocial:** Vaccinations are health measures that protect both the poor and the wealthy equally and are largely independent of treatment quality!

For example, increasing personnel by enlarging the capacity of study places. **How wonderful,** so that the number of doctors and the number of nursing staff (who do not study, whose personnel increase is not demanded) drift even further apart!

**And what are they not demanding?** A common and equal health insurance for everyone in Europe, so that being poor does not equate to receiving inferior treatment.

Equal quality in treatment and care, so that one's place of residence in Europe does not determine the quality of treatment received.

And they do not demand standards that would protect employees from constant pressure, overwhelm, and exploitation.

**The AfD - just another party of the well-off and socially established.**