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Family Health Care Based on the Principle of Solidarity

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With the rise of industrialization in Europe in the nineteenth century the so-called “social question” became urgent. Because the labor market was unregulated, many workers did not earn even a family wage. Moreover, there were no provisions for a worker who became sick, disabled or unemployed. In contrast, the agrarian society was based on the “great family,” in which several generations lived and worked together, functioning as a natural institution of social security for its members. If someone fell ill, he was cared for by the family. If a doctor was available, he too could assist. The elderly also received care from the family. On the basis of family solidarity, all members stayed together and took care of each other.

Urban industrial workers, however, had no such social security network. As workers left farms and villages for work in the cities, old family ties dwindled and eventually disappeared. Thus, a worker’s family was hit hard when he or a member of his family fell ill. Since both parents normally had to work there was no one to care for the sick. Disabled and retired workers lost their income and livelihood and had no family network on which to rely.

The German government realized that the industrial movement would be endangered unless a new system of social security could be provided that was similar to that of the great agricultural families. In 1883 Otto von Bismarck proposed three laws that formed the basis of a social policy for German workers. The first law installed a new health care system for workers in industry. The basic elements of this law are still in effect today, and are as follows:

1. All industrial workers are required to join a health care and insurance system.
2. The health insurance companies are independent of the state. They set the contributions of both employer and employee according to the aggregate of health expenses. The present rate is about thirteen to fourteen percent of a worker’s gross earnings, half paid by the worker, the other half paid by the employer. This system differs markedly from the state welfare system in the Scandinavian countries, where the money comes from taxes collected and forwarded by the government. The German system is based on solidarity between employer and employee.
engaged in a common enterprise. As partners, they are expected to share the expense of this social network.

3. The German health insurance system usually pays all medical, dental and hospital expenses. Many of the difficulties experienced in recent years are the result of the rising costs of medical equipment and drugs. For example, in Germany the number of physicians alone has risen sharply during the past thirty years.

4. From the beginning, the health insurance system also has covered the worker's wife if she does not have a regular income and his children, generally until the age of eighteen, at no additional cost.

According to the principle of solidarity, every member of society is responsible for the whole, and society is obliged to care for its members who are in need and cannot help themselves. Solidarity applies to all social bodies; to the family, the local community, educational and professional organizations and the nation, as well as, the state.

The German social health insurance system has the following features:

1. A worker's contribution is graduated based on his gross earnings. If a worker earns $1,000 a month, he pays seven percent ($70); the employer pays the other seven percent. If he earns $2,000, he pays $140. However, all workers have the right to equal treatment regardless of their contribution, yet the worker's treatment will not be affected by the contributed amount.

2. From the beginning, the German social security system has been based on contributions from both worker and employer because both have a stake in ensuring proper living conditions for the worker. Performance and efficiency depend on the welfare of the worker.

3. Solidarity is the most important feature of the system. Based on the concept of solidarity, if the father or both parents are working, their children are members of, and protected by, the health insurance system at no additional cost. As it has been worked out, the principle of solidarity for the family in Germany acknowledges that children are more important than money for the future of society. Children guarantee the future of society and the functioning of this network. Therefore, the burdens associated with having children and educating them properly should not be borne by the parents alone but also by society. Social security can function only when enough children are born and educated, guaranteeing that the sick and elderly will be taken care of. Even the wealthy have a stake in the system since they will depend on the goods and services provided by the working generation in ten, twenty, thirty or forty years time.
Germany has eighty-two million inhabitants living in thirty-seven million households. Of the 12.5 million family households with children, eighty percent are families with children under the age of eighteen. In 1997 the health insurance system had 71.6 million insured members; 29.7 million are obligatory members and 20.6 million are family members.

In recent years some economists have proposed an additional private insurance system for the family, similar to that in the United States. They argue that the German health insurance system is going bankrupt. We certainly need reforms to sustain the system and preserve the quality of care it offers, but we must also preserve the substance of our social health insurance system for the family in order to stabilize it in a rapidly changing industrial world. The family is our investment in the future.