HEALTH AND SAFETY
AT WORK IN THE GDR

Introduction
The GDR, in terms of population (16,640,000), occupies point 43 on the world scale, it has very few natural resources, yet by some Western assessments, stands at point 10 in the world economic league and at point 8 in Europe. It is a country with a long industrial tradition and has, in general, an efficient agricultural base.

In demographic terms there are a number of problems which affect the working population and the economy. Due to the loss of life in both world wars, the low birth rate between the wars and immediately after 1945, and the movement of some 3.5 million people (of whom some 50 percent were under the age of 25) to the Federal Republic of Germany between 1945 and 1961, East Germany has had a long-standing problem of shortage of labour. This has been exacerbated for much of the period since 1945 by outdated plant and machinery. Up to 1961 the country was badly affected by a large-scale brain-drain as university staff, doctors, dentists, engineers, lawyers, and teachers left to settle in West Germany. A further problem was that the GDR for a long time has had the highest percentage of the elderly in its population anywhere in the world. In 1976, for instance, 22 percent of the population was of retirement age. The number of pensioners is now dropping but the percentage of the very old, in common with other industrialised countries, is continuing to rise. Although in the early 1970s the majority of elderly people stayed on in the workforce after retirement age, by the early 1980s only 13 per-

cent of pensioners continued to work and the numbers are still dropping. At the other end of the age range, the GDR experienced a very low birth rate in the 1970s (in 1973 and 1974 the rate was only 10.6)\(^3\) It will not be until the year 2000 that the population is expected to stabilise again.

The shortage of manpower has also led to the increasing integration of women into the workforce. Since the 1970s women have made up 49 to 50 percent of the working population.\(^4\) In 1985 91 percent of females between the ages of 15 and 60 were in employment (including 27 percent on part time work), education, or training.\(^5\) This is the highest percentage in the world.

The existing workforce is, therefore, a valuable asset and needs to be looked after, amongst other things, with respect to health and safety at the place of work. It is not surprising to see that this has priority within the health system and plays an important role within trade union activities.

Gerhard Tietze, writing in the 1970s, identified the main areas in which health and safety at work are important for the economy as a whole.\(^6\) The reproduction of the workforce has a direct influence on the gross national product by preventing a loss of workforce through fatal accidents or total incapacity or temporary withdrawal from work as a result of accident or industrial illness, through workers having to change job because of accident or illness or through a drop in productivity. Equally, protection of health and safety at work can lead to the extensive reproduction of the workforce in that there is a decrease in maternal mortality rate, an increase in the birth rate or in the number of middle aged workers who do not have to undergo premature retirement for health reasons, and the increasing integration of the mentally and physically handicapped into the world of work. Productivity is, of course, improved if the workforce is healthier and there are

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