

## Between Greed for Gain and Altruism – Concrete Examples of Social Security in Rural Areas

*Renée Rentke*

*Translated by Jacqueline Mulberge*

Now for the first time since the new rural health insurance was introduced in China in 2008, more than 90% of the rural population has health insurance. Admittedly the benefits are determined by the respective local governments, so that provision varies from region to region.

In general, however, it can be taken that for care in a local health station or hospital up to 70%, sometimes 80% of the cost is borne by the insurance and the remainder has to be paid by the insured person. This share changes round if a patient needs care in a better hospital in the city. Then only 30% of the outlay is reimbursed by the insurance scheme. There are additional costs for transportation as well as for medicines. Moreover the cost can only be reimbursed in the home area. One who takes treatment elsewhere has first to pay the entire sum and then hope that the expenses will actually be taken over afterwards. Treatment in specialist clinics is mainly not paid, or only a very small part of it. There are, however, many illnesses that cannot and/or may not be treated in local clinics. Many work-related illnesses fall into that category. If they are acknowledged by the employer, he or she will also pay for the treatment and the employee is insured. In China, however, a large section of the population works without an employment contract and thus without social security and without a legal claim to compensation.

The following case is representative of many similar fates in China:

In China many miners work in illegal mines so as to earn their living. Apart from the high risk through outbreaks of fire, emergence of gases underground or collapse of shafts, another lethal danger lurks in the mines of which most of the men are not aware. Without the necessary protective clothing and breathing masks, the miners contract silicosis, a lung disease, from inhaling the stone or coal dust. The disease is incurable. Fine quartz dust becomes embedded in the cells. An immunoreaction causes inflammation and hardening of the tissues and the lung function is reduced further and further. Death by suffocation is the threat in the long term. In addition the silicosis brings with it a high risk for further sicknesses such as infections, tuberculosis, rheumatic inflammation and cancer of the lungs.

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Renée Rentke, project officer at Misereor for development cooperation with China, Mongolia and North Korea, gave this talk at the 14th Annual Academy of the China-Zentrum in Sankt Augustin on April 10, 2014.

As well as the miners, increasingly both men and women who work in the textile branch contract silicosis due to work with sand blasting apparatus. This apparatus is used, for example, to create the stone washed look in jeans.

Whereas cases of silicosis now seldom occur in Europe and then mainly only among those of pensionable age who were exposed to the dust for decades, among the miners, who work without any protective clothing, the sickness develops rapidly, mostly within a few years, so that often young people in their early twenties have to face the fact that they have only a few more years to live.

A young man has fallen victim to silicosis through his work in an illegal gold mine. Since he had no work contract, he receives no compensation whatsoever from his former employer. The illness prevents him from working, so he has no possibility of paying for his livelihood. In addition there are high medical expenses because silicosis can and may only be treated in specifically designated hospitals. The rural health insurance consequently bears only 30% of his expenses. Over and above that he has to pay for transportation to the city. The medical expenses alone cost him more than 70,000 RMB (approx. 8,500 Euro) per year because the health insurance scheme does not cover the medicine. Without the support of his family he could not possibly find that amount, let alone pay for his living costs.

This points to a further problem in the health care. Often the entire family has to pay for a sick member, using up their savings or contracting debt. For that reason many sick persons often conceal their illness so as not to become a burden to the family, and thus they receive no medical care at all.

Also methods of treatment are frequently applied which have no medical use at all but which deceive the patient into thinking that something is being done and which bring additional income to the hospitals. One example of that with silicosis is to wash the lungs, a very painful process which, although it cleans the lungs superficially, has no effect on the dust particles already embedded in the lung tissue and that are the cause of the sickness.

The young man wishes to prevent others from sharing his fate and consequently is engaged in an NGO founded by former miners and supported by Misereor, which works to raise awareness. Although the sickness is incurable, if victims are informed in time about the health risks, they can take appropriate protective measures. Many families already take care that their sons no longer work in the mines now that in some villages almost all the young men have become sick or have already died.

The second major problem in the area of social security is provision for old age or rather, provision especially in rural areas.

China is aging greatly. Its current population of approx. 1.35 thousand million has a rapidly growing number of elderly, single persons. Prognoses for the year 2050 estimate the number of over 65s in the cities at under 22%, in rural areas at around 33%. In 2020 there will be almost 250 million persons over the age of 60 in China. By 2050 foreseeably 26% of the very elderly in the world will be Chinese – and will have to be provided for in China. Existing arrangements and those provided by the State for the care of this group of persons appear increasingly unable to do justice to the needs and current challenges. In addition they often exceed their financial possibilities, so the risk of impoverishment



Former school in Hubei Province, converted into a home for the aged. Photo: Misereor.



The residents of the home for the aged enjoying the fresh air outside the new extension to the former school building. Photo: Misereor.

for old people in China is growing rapidly. The one-child policy has resulted in extreme cases where a young couple has to take care of four elderly parents and in some cases the grandparents as well. The phenomenon has entered a debate as the 4-2-1 dilemma. The





Simple noon meal in the common room of the home for the aged. Photo: Misereor.



Residents of the home for the aged enjoying a game together. Photo: Misereor.

rapid effect of the birth policy has left China with little time to supplement the strong, traditional system of caring for the elderly with appropriate non-family based systems. The white paper produced by the Chinese Central Government, “The Development of China’s Undertakings for the Aged,” highlights China’s demographic development and



Display of pictures in the home for the aged through which the children “left behind” in the countryside express their wishes. Photo: Misereor.

details measures for security in old age – however, it also stresses the responsibility of the people, especially in rural areas. Yet the rural population is the most heavily dependent on State support.

The problem of aging hits the rural areas especially hard. “The young people go to the cities. And they will continue to do so,” say Chinese demographers. The elderly remain behind. Even if the birthrate in rural areas is higher than in the city, if the children leave the rural areas en masse, the average age there rises. Yet it is precisely for the aging rural populations that the Government’s white paper proposes an unlimited and strong role of traditional care for the aged in the family – development of a pension system is aimed rather at the city populations. Chinese demographers consider this a false approach and warn of the phenomenon of “villages of the aged” and impoverishment of the aged in the rural areas. It is especially in rural areas that more and more “empty nests” are appearing, as households of old people without their children are described in China. Old age security, health insurance systems and the professional support of elderly persons are poorly developed in the rural areas.

The system fails totally for people who have no family any more. They receive only basic aid which is currently less than 20 Euro per month. Another possible arrangement exists in the State owned homes for the aged of which, however, there are far too few and which are often in poor condition. Consequently many old people prefer to stay at home and accept the money.

But what happens to those people who have no relatives, live alone and are no longer able to take care of themselves? Misereor supports projects in which small groups of volunteers in the villages look after their neighbors. They visit the senior citizens, wash and cook for them or take them to the doctor if necessary. The most important aspect, however, is the human contact. All at once the old people are no longer alone. There is someone who checks whether everything is in order, talks with them, someone who would notice if they should no longer be there. Since the burden of care no longer falls on an individual because the members of the groups take turns with the tasks and can alternate among themselves, an increasing number of volunteers is willing to help their fellow citizens in this way. As an additional attraction they can take part in training courses, some of which are connected with a trip. These training courses are organized professionally and are tailored individually to the groups and the villages.

This individual care can also be connected to care in a home for the aged. In one village that our partner organization supports, the old school, which was no longer needed due to demographic change, was converted into a home for the aged. The people who can no longer be taken care of in their home have a roof over their heads there. Here again the model of solidarity reigns. There are “pairs” in which the younger ones look after the older residents.



Tandem – resident of the home for the aged with a younger woman who looks after her.  
Photo: Misereor.

In addition the home for the aged is included in the village life. All the generations come together. Activities are arranged there for children and the women of the village meet there to dance. Dancing in the courtyard of the home for the aged serves at the same time as an entertainment for the residents of the home. In that way all the generations of the village come together, enjoy time together and help one another.





Residents of the home for the aged waiting for a dance performance given by volunteer women from the village. Photo: Misereor.



Volunteer women from the village who give dance performances for the benefit of the senior citizens, bringing their children with them. Picture taken outside the home for the aged with Wolf Kantelhardt and Renée Rentke. Photo: Misereor