

Germany: Political lessons of the hospital doctors' strike

Partei für Soziale Gleichheit (Socialist Equality Party)
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1. The weeks-long strikes by doctors at hospitals throughout Germany contain important lessons for all working people. They have demonstrated that wage cuts, increased working hours, worsening conditions and the smashing of the health service cannot be prevented through a purely trade union struggle.

Even the most elementary social rights and achievements can be defended only through a political offensive directed against all of the establishment parties—the Christian Democratic Union /Christian Social Union (CDU/CSU), the Social Democratic Party (SPD), the Greens, the Free Democratic Party (FDP), the Left Party—along with their helpers in the trade union apparatus. All of these forces play a role in the welfare cuts and the redistribution of wealth from those at the bottom of society to those at the top.

Such an offensive requires a perspective that places human needs above the profit interests of the corporations. Only in this way is it possible to unite all those employed in the hospitals and throughout the health service with those working in the private sector.

The formula that is employed to justify each new cut and hospital closure—“the coffers are empty”—must be rejected. The coffers are empty only because they were plundered systematically for years in favour of the super-rich and corporate profits.

2. The physicians' strike was one of the longest and most antagonistic industrial relations dispute in post-war Germany. In the spring of 2006, some 22,000 university hospital doctors struck for thirteen weeks. In the summer, their colleagues at 700 local hospitals also struck for eight weeks against worsening conditions in the form of unpaid overtime, additional paperwork, attacks on working conditions and low pay.

The contract that the unions finally signed is clearly a change for the worse, and the strikes ended in defeat. The propaganda of the physicians' union, the Marburg Federation, about “decent salary increases” and “improvements for doctors” is part of a deliberate disinformation campaign.

Measured against the contract that previously covered all federal white-collar employees (known as the BAT), which since 1961 had formed the basis for the pay scales of most physicians, the new agreement represents an average wage cut of 12 percent.

The chairman of the Marburg Federation, Frank Ulrich Montgomery, tried to spin the result as an improvement of about three percent. But his figure is based not on the BAT, but rather on the contract recently concluded by the public employee union Verdi, which he had shortly before derided as a 15 percent cut and “completely unacceptable.”

3. The termination of the BAT and its replacement by a new public service contract (TVöD) last autumn was a major factor in provoking the physicians' strikes.

TVöD has the same significance for the millions employed in the public services as the so-called “Hartz laws” that slash benefits for the unemployed. It has initiated a downward spiral in social conditions not witnessed in Germany since the 1930s.

The Verdi union, which is closely linked to the Social Democratic Party and the Greens—Verdi Chairman Frank Bsirske is a member of the Greens—agreed to the new contract against substantial resistance from the rank and file.

As with the other “reforms” which the previous SPD-Green government adopted as part of its “Agenda 2010,” the devastating effects of the TVöD became visible only in the course of time. While the negative consequences for long-standing employees were cushioned by status quo provisions, lower seniority and newly hired staff will feel the full effects in the form of longer working hours, lower wages and lost benefits.

In protest against this betrayal, many of the mainly younger hospital interns who organized the strikes and demonstrations of recent months resigned from Verdi last year and joined the Marburg Federation. They hoped that the Marburg Federation, with its substantially smaller bureaucracy, would be more inclined to oppose the constant attacks on wages and working conditions.

4. At first, this seemed to be the case. The leadership of the Marburg Federation accepted the demand for a 30 percent salary increase. It justified the wage demand by the necessity to compensate for cuts in income that Verdi had agreed in the past.

Verdi, meanwhile, functioned as a strike-breaker. It formed a common front with the employers and accused the striking physicians of pursuing their own “egoistic” interests. The Verdi leadership charged that the doctors were out to fill their own pockets at the expense of the general public.

Verdi Chairman Bsirske knew something about personal greed. Five years earlier, he had ensured that his own salary was increased by 60 percent—to €13,500 a month. An assistant doctor at a hospital could only dream of such sums.

After a few months, however, it became clear that the Marburg Federation was just as ready as Verdi to accept a worsening of doctors' wages and conditions, and was not even prepared to defend the status quo. The Marburg Federation's demagogic twisting of facts and deceptive spin on the contract which it agreed to mirrors the tactics of Verdi.

5. An objective evaluation of what the Marburg Federation hailed as the “first contract with specific improvements for doctors” makes this clear. It is necessary only to compare the contract with the BAT, which previously determined the salary scales for 92 percent of doctors employed in local hospitals. Verdi's TVöD contract, which is substantially worse than the BAT, has applied to new employees only for the last year.

Under the contract signed by the Marburg Federation, holiday and Christmas benefits—previously made as separate payments—have been abolished and rolled into the salary scales, which are already lower in comparison to those mandated by the BAT. Child and family allowances have been completely eliminated. Working hours have been increased from 38.5 to 40 hours a week. Those staff who are not prepared to accept these longer hours face an additional 4 percent salary reduction.

The principle of seniority, by which pay rates rose automatically with

the length of overall service, has been severely weakened. This has vast implications. Now, only those years at a specific post will count.

The Berlin Medical Association noted: "Under the pay structures contained in TVöD, someone who was a specialist in both surgery and orthopaedics but only worked in the orthopaedic field and subsequently transferred to the surgical department of a hospital would have to start again from the beginning."

In total, the cuts in the various salary brackets add up to between 10 and 12 percent. Depending upon the length of service and particular pay scale, income losses can add up to €570 a month. A 29-year-old at the start of his career, who then married and had children, would lose over €70,000 in the first 20 years of his professional life. Doctors without children would lose almost €50,000. A 40-year-old with children starting in a new occupation or changing his department could lose €94,000. Someone in the same position but without children would stand to lose some €71,000.

Like Verdi, the Marburg Federation agreed to an escape clause. Under the heading, "Securing the Economic Future," this clause enables the employers to impose further reductions in salary or revise working hours in periods of "economic emergency." While Verdi's contract limits such cuts in income to 6 percent a year, the Marburg Federation agreement is open-ended, only insisting that each hospital negotiate the magnitude and duration of such concessions.

Payments for on-call duties agreed by the Marburg Federation are well behind those in the TVöD. The Marburg Federation has agreed to a maximum daily duty time of 18 hours and a weekly total of 58 hours, averaged annually. The TVöD stipulates a maximum of 13 to 16 hours duty per day and four shifts of twelve hours per week.

The contact agreed by the Marburg Federation has implemented the basic features of the TVöD—against which many physicians had protested last autumn. The only "success" is the fact that, alongside Verdi, the Marburg Federation is now recognized as an official negotiating partner and will in future participate in implementing the attacks on physicians. It is a success for the union bureaucracy at the expense of its members.

6. The Marburg Federation took only a few weeks to arrive at the position occupied by Verdi over many years. The reason lies in its limited trade union perspective, which differs only in a few details but not in any fundamentals from that of Verdi.

Like all trade unions, the Marburg Federation is grounded on capitalist production and ownership structures. The trade unions see their task as selling their members' labour power at as high a price as possible, and have an interest in economic and social stability. In times of crisis, they are organically hostile to class struggle.

German history has shown this time and again. Before the First World War, the trade unions were on the very right wing of social democracy. In 1914, they enthusiastically supported the war, and in 1933 they even sought, unsuccessfully, to come to an agreement with Hitler.

In the recent strikes the failure of the unions emerged clearly, both in the strike-breaking role of Verdi and the surrender of the Marburg Federation. Verdi's sabotage and public condemnation of the physicians' strikes not only strengthened the employers, it also isolated the doctors and weakened Verdi's own members.

A call by Verdi to support the doctors and adopt their demands would have found a strong echo among public sector workers. The grand coalition government of the SPD and CDU/CSU in Berlin would have been plunged into a crisis and its anti-working class policies would have faltered. But this is precisely what Verdi wanted to avoid at all costs. It played an important role in stabilizing the government of Chancellor Angela Merkel.

The Marburg Federation was not prepared to conduct a political offensive against the government. Therefore it capitulated as the pressure mounted on the strikers and it became increasingly clear that they confronted political tasks.

7. The doctors' demand for a 30 percent increase was, regardless of the intentions of the Marburg Federation, a challenge to the grand coalition government's planned health cuts, which continued the "reforms" of the previous governments under Gerhard Schröder (SPD) and Helmut Kohl (CDU).

Since the beginning of the 1990s, the attacks on the health service have been systematically escalated. Ten percent of hospitals and 20 percent of patient beds have been cut. The average length of patient stay has fallen in the past ten years by 30 percent. Some 60,000 jobs have been cut in hospitals, while the number of patients has risen by 20 percent.

But that is only the beginning. One-and-a-half years ago, management consultants Ernst & Young and Mummert submitted a study that envisaged a quarter of all existing hospitals "disappearing from the market" by 2020. Local hospitals faced particularly heavy cuts. Of 723 local hospitals, according to the management consultants, only 225 would remain. The number of hospital beds per 100,000 inhabitants would sink from its present 509 to 293.

A goal of these "reforms" is it to break open the so-called "health market" in Germany, which has a volume of approximately €500 billion, and gradually rationalise and de-nationalise it, making it accessible to private businesses and the large investment funds.

For this reason, a change in the system of hospital financing was introduced in parallel with the dismantling of available beds. The principle of full cost recovery, according to which the real costs of hospital treatment are paid by the health insurance organisations, is being replaced by a system of average payments. Under this scheme, the hospital receives only a set average payment for any given treatment, regardless of the actual costs of the medicines, equipment, physicians and care that a particular case entails.

This new regulation, which is presently running in parallel with the old system, means the government is forcing local hospitals and university clinics to compete. It works economically only if patients are treated as quickly as possible and then discharged to the care of their doctor. At the same time, the increased administration required for the detailed reporting and presentation of medical cases to the health insurance organisations consumes over half of the working hours of a hospital physician.

Higher or even just stable wages cannot be reconciled with this reform. The lowering of salaries and long-term worsening of working conditions for physicians, nurses and those in hospital administration is a substantial component of the preparations for more intense competition and privatisation.

8. The physicians' struggle against their miserable working conditions and salaries was thus focussed directly against the health reforms, which are a core element of the policies of the grand coalition. The physicians faced not only the various employers' associations at local and state level, but a broad front of the state and federal governments and the national employers' associations, supported by all the establishment parties and flanked by Verdi, the second largest union in Germany.

The Marburg Federation was neither prepared nor willing to conduct such a struggle. Its chairman refrained from making any party-political utterances, but his indications about "the potential for rationalization" in many hospitals made clear that he was not unsympathetic to "free market" policies. The Marburg Federation had nothing with which to oppose the health reforms and essentially contributed to them with its own "suggestions for improvements."

The Marburg Federation was also not prepared to advocate the broad mobilization of all health sector employees which would be necessary for a successful struggle against the health reforms. Instead, it conducted the strike like a craft guild, limiting its aims to a "contract with specific improvements for doctors"—a situation that Verdi exploited in order to justify its own strike-breaking role.

Part of the surrender by the Marburg Federation was the systematic

restriction of the strike, first to the university clinics, and then to local hospitals. Often only a few hospitals or individual departments were called out to strike. At the same time, behind the strikers' backs, the Marburg Federation leadership concluded separate agreements with more than 50 profitable hospitals, leading the strike to a defeat. Following a second ballot to end the strike, with an 87 percent "yes" vote, the Marburg Federation, in the manner of Verdi, refused to allow the result to be checked.

9. Despite this sabotage by the unions, the weeks of strikes by hospital physicians were a part of a growing mobilization of broad social layers against the grand coalition government—against its welfare cuts and plundering of the public purse in favour of the wealthy—and against the anti-democratic and militarist policies of all the establishment parties.

The doctors' strikes are linked to the mass demonstrations against the Iraq war in the spring of 2003, the protests against the "Hartz IV" welfare cuts in the summer of 2004, and numerous other protests and strikes in recent years.

The previous SPD-Green government resigned prematurely last year because it could not stem the increasing opposition it faced. The elections that were then called unexpectedly, in violation of the German constitution, helped bring a right-wing government to power that is moving far more harshly against working people.

But the rejection by the voters of Chancellor Merkel's neo-liberal policies prevented what had been an expected win by the CDU. Since then, the Christian Democrats and the SPD have worked hand in hand to impose the demands of the employers against the general population.

New struggles are approaching. The political lessons of the physicians' strikes are an important part of the preparation for them. Doctors must make contact with all other hospital employees and those working throughout the public sector, and also in the private sector, in order to discuss these lessons.

It is necessary to dispense with any hopes that the bureaucracy of the SPD, the Left Party-Party of Democratic Socialism and the trade unions can be moved in a progressive direction by pressure from the rank and file. The opposite is the case.

They all reacted to the doctors' strikes by moving further to the right. And the Marburg Federation is no exception.

What is required is a socialist perspective which opposes the whole logic of capitalism and places the needs of working people above the profit interests of the capitalists.

This is the significance of the candidacy of the Partei für Soziale Gleichheit (Socialist Equality Party), which stands for an international socialist programme. The PSG programme, on the basis of which the party is contesting the Berlin city legislature elections, states:

"The interests of the vast majority of the population cannot be reconciled with a social order based on the private ownership of the means of production and the nation state. The social crisis cannot be overcome within the framework of the existing capitalist system.

"Demonstrations and 'pressure from below' alone cannot put a stop to the attacks on social and democratic rights. What is needed is a political movement of working people that is completely independent of the SPD, the Left Party and the trade unions, and that fights for the reorganisation of society on a socialist basis."

We invite all physicians and all those who have followed the recent strikes to study our programme and contact the PSG. We call on voters in Berlin to cast their ballot for the PSG. Come to our election rally on September 16 in Berlin!





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Socialist Equality Party visit:

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