

Berlin hospital workers begin strike

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On September 4, two German public service unions, Verdi and the National Union of Civil Servants (dbb-Tarifunion), announced the breakdown of collective bargaining talks with the management of the Charité hospital in Berlin. The Charité is Europe's biggest hospital.

Strike action began September 12, but was initially restricted to operating theatres and anaesthesia departments, and affected just two of the hospital's three sites.

Since 2004, the unions have carried no less than 26 unsuccessful rounds of negotiations for a new contract, which has worked to the advantage of the hospital management. For four years, non-medical personnel at the Charité have worked without a proper agreement. There has been no increase in salaries since 2002 for the 14,000 personnel representing all professions at the hospital apart from doctors at one of the world's best-known university clinics.

In 2002, the coalition government that runs the Berlin region, consisting of the Social Democratic Party (SPD) and the Party of Democratic Socialism (PDS), quit the community of German states, which negotiates collective bargaining agreements that apply nationally, in order to implement contract concessions called for by the Berlin Senate.

The strike ballot of hospital personnel held last week ended with a 91 percent vote for strike action. Striking hospital personnel on the picket line told *World Socialist Web Site* reporters that the militant action of the hospital workers has met with broad support from patients.

Verdi Secretary Werner Koop sought to justify the limited character of the strike as a special strategy. He claimed that the strike would likely last a long time, and therefore it was necessary to limit its initial scope in order to intensify the strike action later.

In a discussion outside the Charité, one of the 250

striking nurses expressed her concern over the sluggish start to the strike. "Why are only the ops being affected, what's the point?" she asked. She complained that no information was flowing between workers at different locations and that the mobilisation as a whole was too lethargic and restricted.

Verdi's demands include a 4.4 percent salary increase, no compulsory redundancies, the reestablishment of a collective agreement along the lines of the one for the public service as a whole, equal conditions for all employees, full employment for apprentices, and a halt to any further privatisations.

The wage demand, following four years without any salary increases, represents a loss in real—i.e., inflation-adjusted—income. But the demand for a ban on further privatisations represents a challenge to the SPD-PDS Senate and the strategic plans of hospital management, embodied in its so-called "Enterprise Concept Charité 2010."

The enterprise concept being pushed by hospital management has more than fleeting similarities to the sort of plan drawn up for a modern auto concern. The plan refers to the high expectations and demands made on modern medicine, but in the final analysis everything boils down to economic statistics and the promotion of the brand name "Charité" on the health care market. The concept is based on linking the hospital to the broader milieu of the private sector on the basis of just one criterion—profit maximisation.

In this connection, the name of one colourful figure crops up—Thomas Flierl, a leading member of the Left Party-PDS and, since 2002, senator for science, research and culture in the Berlin Senate. He is also chairman of the supervisory board of the Charité and sits on the executive alongside Berlin Finance Minister Thilo Sarrazin (SPD), who in turn sits on the supervisory boards of a host of other enterprises. Both men exert a powerful influence over the allocation of

subsidies through their Senate posts.

However, both the PDS and SPD have always shown themselves ready to get cracking when it comes to resolving “crisis situations,” such as the one they now allege exists at the Charité. In reality, the main cause of the current financial crisis in the capital city is debts resulting from the Berlin Bank scandal. The Berlin Senate (SPD and PDS) agreed to bail out the bank some years ago, with Berlin taxpayers picking up the tab in the form of huge cuts in public services.

These cuts include a 98-million-euro cut in subsidies for research and teaching in the state of Berlin-Brandenburg. As a result of this and other cuts, the Charité has acquired a debt burden that could rise to 212 million euros by the year 2010.

Ignoring the fact that cuts enacted by the Berlin Senate were a major cause of the Charité’s financial crisis, the Left Party-PDS leader Flierl said, “The Charité will use this as an opportunity to reorganise itself.”

When in 2005 Verdi broke off negotiations for an “emergency collective agreement”—an appraisal had shown that there was, in fact, no emergency—Flierl declared that there would undoubtedly exist a crisis situation in two years’ time. “As chairman of the supervisory board,” he said, “I insist that the executive committee submit a plan aimed at countering the threatened emergency.” Some 40 million euros would have to be saved through reductions in salary to avoid compulsory redundancies, he maintained at the time. “I will do everything I can to overcome this crisis together with the Charité employees,” he declared.

Flierl’s definition of “togetherness” translates, in his Enterprise Concept 2010, to 2,000 lost jobs. The CFM, a private enterprise run by the private cleaning company Dussmann and the Charité, has also absorbed an additional 2,000 Charité workers.

The staff council at the hospital has indicated that the way in which CFM workers are treated borders on outright harassment, and the intention seems clear—to force as many CFM workers to quit as possible. The salary of newly employed CFM workers is just half that paid to workers under the old Charité contract.

The crisis at the Charité, however, is not only a product of cuts implemented by the Berlin Senate. National budget cuts will result in a further financial burden of 40 million euros per year for the Charité,

beginning in 2010.

A member of the Charité staff council told the WSWS: “Of course there are going to be financial problems if one continuously cuts funding. But normally there cannot be a crisis because the state is responsible for funding the Charité.”

How does a man like Flierl, who describes himself as a socialist, seek to overcome the conflict between the Senate’s cuts, on the one hand, and responsibility for Europe’s largest university clinic, on the other? Flierl’s response is evident from the plans drawn up by the hospital supervisory board.

The strike by Charité workers is not simply an ordinary labour dispute. The workers face a similar coalition of forces to those that confronted striking transport workers a year ago and now confront protesting school students in the city. The opponent in the Charité strike is not simply an intractable employer, but the SPD-PDS Senate and the federal government, which is itself a Grand Coalition of the SPD and the conservative parties. The struggle facing the hospital workers is, in essence, political.

Workers of the Charité face the task of expanding their strike to include other sections of workers at the hospital, as well as drawing in other hospitals and other layers of workers hit by cuts.

The Verdi union is neither prepared nor able to carry out such a mobilisation. The union leadership enjoys the closest personal and political links with the Berlin Senate. The recent job reductions and wage cuts agreed in public service and public transport in Berlin have all been undersigned by Verdi officials, and in the recent strike by doctors at state hospitals Verdi went so far as to intervene as a strike-breaker.

The fight against cuts in the health service and for decent salaries and conditions of work requires a socialist perspective, which opposes the entire logic of the capitalist system and places the needs of the population above the profit interests of big business and the banks.



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