

Workers at Berlin hospital vote for indefinite strike

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In a ballot at the University Hospital Charité in Berlin, 93 percent of the members of the public service union (Verdi) voted for an indefinite strike, which is expected to begin on May 2. Verdi represents some 10,000 non-medical staff and has been negotiating a new contract for about five months with the state-run health providers.

After almost 10 years of the Berlin Senate (city government) being under the control of a Social Democratic Party-Left Party coalition, the average income at the Charité is about 14 percent below that of comparable hospitals. A nurse at the Charité earns on average €2,500 gross per month, a sum that has been declining over the years. On top of ever-decreasing incomes, workloads at the facility have increased.

Since the Senate pulled out of the state employers' associations in 2003 in order to push incomes below the previously nationally agreed level, employees of the Charité have lost €20 million annually. Despite this, the Senate has also cut state grants for research and education by €98 million and demanded another €40 million per year in savings from the workforce.

Most of the non-medical and non-nursing services, such as catering, cleaning and logistics, were hived off some years ago to Charité Facility Management (CFM) in order to save another €20 million a year. The Charité itself holds only a 51 percent stake in CFM; the remaining 49 percent is owned by the VDH Health Care Services GbR, behind which stands the Dussmann Group, Hellmann Worldwide Logistics and the Fresenius subsidiary Vamed Deutschland.

Verdi's current demand is for only €300 more per month for non-medical staff of the Charité, to close the income gap with other hospitals. In the *Junge Welt* newspaper, chairman of the Verdi branch at the hospital Carsten Becker signalled his willingness to achieve this

amount gradually: "There should be at least one hundred euros this year." This means Verdi is willing to sign yet another completely inadequate contract, postponing any further industrial action to well after the upcoming Senate elections in September.

Hospital employees can look back at some of their own experiences of past years to see the close collaboration of the unions with the SPD-Left Party Senate. In all the attacks of the Senate on working conditions at the Charité, Verdi has sabotaged any real opposition, ensuring the enforcement of the cuts.

First, the union took an unnecessarily long time before addressing the lack of a contract, which was to the advantage of the employers, accepting without question some 26 rounds of negotiations. In September 2006, the union was forced to respond to the anger and indignation of the workers by holding a strike, but only in order to let off steam.

This strike was carried out with a minimum mobilisation of the membership, with only a tenth of the workforce actually involved, and even then, not all at the same time. The strike was then suspended after just eight days, with the union signing a contract that granted massive concessions. It accepted a minimal wage increase, worth nothing in the face of price increases and cuts in other areas, to keep the workers quiet, while the hospital management, in consultation with the Senate, prepared further drastic cuts.

The current contract negotiations only came about because many employees are extremely dissatisfied with the outcome at that time. A workforce survey carried out by Verdi in June 2010 at the Charité found that 96 percent of respondents gave a high priority to the issue of "remuneration". The second most important issue, with 94 percent, was "job security". The issue of "collective bargaining" was given a "high

priority” by only 63 percent, and 18 percent put it as a “low priority”.

The current negotiations began in November 2010. Although the Senate has not improved its offer for a long time, the union has only just called for a ballot on an all-out strike. A short protest strike about a month ago demonstrated the willingness of the hospital workers to fight, as well as the existence of broad support for their demands among doctors and CFM workers. However, Verdi has kept negotiations at CFM strictly separate from those at the Charité, so that the workers do not mount joint strike action.

As for the doctors, Verdi has not represented them since the end of 2005. Because doctors were no longer prepared to accept Verdi’s stance on wages, their representatives in the Marburger Bund withdrew from the 50-year-long partnership with Verdi, which had given the union the power to negotiate on the doctors’ behalf. In the future, the Marburger Bund would conduct its own negotiations independently.

Verdi has used this understandable reaction to the union’s treachery to further divide various groups of employees and isolate them. The union justifies signing up to such miserable contracts by declaring that doctors are getting rich at the expense of the other sections of health care workers.

However, the Marburger Bund is unable to escape the logic of its own purely syndicalist perspective, and so cannot provide a real answer to meet the interests of doctors. It also contributed to dividing the workforce in the health service by suddenly concluding the months-long negotiations it had been conducting at the private Helios clinics in Berlin.

For employees at the Charité, the balance sheet of the trade unions must serve as a clear warning. In order to repel the attacks by the SPD-Left Party Senate coalition they must free themselves from the control of trade unions and establish independent committees of action to defend their interests. Verdi should not be allowed to organise a half-hearted strike only to sell it out after a few days.

Health workers confront political tasks that necessitate the building of their own political organisation, one that places the interests of society above the drive for profit by big business.



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