

What is behind the union's so-called “Relief Collective Agreement”?

Strike at university hospitals in North Rhine-Westphalia

Markus Salzmann
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For more than six weeks, staff at the six university hospitals in North Rhine-Westphalia (NRW) have been on strike for an improvement in their appalling working conditions. But the so-called “Relief Collective Agreement” that the Verdi trade union wants to implement will do nothing to address this situation.

Nurses, doctors and other hospital workers are at the end of their tether and enormously angry—they have been working at their absolute limits, completely understaffed, for two and a half years. Throughout the pandemic the government has only implemented those measures essential to prevent the complete collapse of hospitals. This in a situation where working conditions had already become unbearable due to privatization and restructuring.

The strike in North Rhine Westphalia is an expression of this. However, the trade union Verdi wants to deflect this anger with its “Relief Collective Agreement” (TV-E), that will do nothing to seriously improve the situation of hospital workers. This can be seen from the union’s role in Berlin, where Verdi concluded such a collective agreement for the Charité and Vivantes hospitals at the end of a 50-day strike.

Under terms of this settlement, 700 additional nursing staff are supposed to be hired at Charité. The original demand for 1,200 additional employees, already far too low, was thus almost halved with the agreement of the union. In addition, hospital management will have three years to meet this goal, so it remains to be seen whether these new employees will actually be hired.

Another central aspect is the introduction of so-called “stress points,” which has established an elaborate system that does not reduce overwork, but cements and legitimizes it.

For example, one point is accumulated for every five understaffed shifts worked, which can then be converted into eight hours of free time to supposedly compensate for the strain. So, if a single nurse has worked eight hours on a shift that normally requires two, she will not even get two hours compensated as time off. However, there is a maximum of only five such free days off per year, so no more than 40 shifts per year will be compensated for understaffing.

For the hospital, this means understaffing is still far more beneficial than complying with the prescribed staffing ratios. This codifies, rather than ends, the permanent overworking of hospital employees.

A similar but even worse system was agreed at Vivantes. Here, a nurse who has worked a shift on an understaffed ward receives a “Vivantes time-off credit.” For nine accumulated credits, there is one shift of compensatory time off or, alternatively, 150 euros. In 2023, this will apply from seven points. Again, it remains more cost-effective for the hospital to schedule understaffed shifts, especially since, as at Charité, the number of possible days off is capped.

But even these agreements are not being honoured. At Vivantes, according to a report in the *taz* newspaper, the new regulations have not been implemented because there are allegedly problems with the rostering software. Here, a temporary solution was introduced in April that amounts to a provocation. For every 10 shifts worked, the employee receives half a day off. But the period from January to the end of March was not taken into account at all, although the agreement was already in place.

Nurses at Charité have already accumulated extra days off, but given the lack of staff, are hardly able to take them. The actual scale of the overload faced by nursing staff is being concealed; in March, there was an internal report on this, which was never published.

Nursing staff told *Tagesspiegel*, however, that only about half of the shifts had been staffed as required by the collective agreement. According to reports, this also includes staff who are not involved in direct patient care at all and thus contribute nothing to relieving the workload of the nursing staff.

Verdi does nothing to oppose these breaches of the collective agreement except to make a few toothless appeals to the Berlin Senate (state government). Berlin Finance Senator (state minister) Daniel Wesener (Green Party) is also on the Vivantes supervisory board and is directly responsible for the situation.

Health workers’ hands are tied because Verdi agreed to a four-year run time for the collective agreement. The “no industrial action obligation” that applies throughout the

duration is a central feature of the contract. Employees are thus expected to put up with these intolerable conditions for four years without striking or protesting.

This collision between the goals of hospital workers and those of Verdi is not new. At the large state-owned hospitals in the capital, the unions and their works council representatives have a shameful record. The austerity measures of the past decades were implemented in close collaboration between the unions, hospital management and the Berlin Senate. Most Verdi officials are members of the Social Democratic Party (SPD), the Left Party or the Green Party and often switch from union to political office and back.

For example, the spin-offs of today's Charité and Vivantes subsidiaries were initiated by the SPD and Left Party and rubber-stamped by the unions. Charité Facility Management (CFM) was spun off in 2006 to reduce wages and cut costs. In the process, various non-medical and non-nursing occupational groups, such as security guards and cleaning staff, were removed from the Charité pay rolls and employed by the specially founded CFM. As a result, many CFM employees received hundreds of euros less in wages.

Even after CFM was later bought back in-house, most employees still receive lower wages. In fact, the buyback was about breaking up the Charité pay scales and pushing them downward.

The situation is similar at the Vivantes hospital chain, where the subsidiaries belong entirely to the state-owned group. Here, too, the approximately 2,000 outsourced staff receive significantly less money than their colleagues in the parent company.

After workers at the Vivantes subsidiary struck alongside the nursing staff last year, Verdi did everything it could to reach an agreement quickly in order to isolate the strikes. In the end, it agreed a paltry wage increase that did not even come close to compensating for last year's inflation.

But that was not all. As media reports show, a cleaner received only 11.11 euros per hour in April, well below the minimum wage, because all supplements for working on holidays, weekends, etc. are now included in the basic wage. These wage components, which are supposed to compensate for special work burdens, are thus used to keep wages low.

At the Charité, Verdi initiated a collective agreement for "more staff" in 2016, after repeated strikes and protests at the facility. The historic "success" celebrated by Verdi served to consolidate the role of the works council and the union in suppressing the increasing resistance of staff against their poor working conditions.

For years, nursing staff were kept waiting without even a single improvement resulting from the collective agreement. The weeks-long strike last year showed their readiness to fight, but once again they were fobbed off by the "Relief Collective Agreement."

Against this background, Verdi is now trying to push through

a "Relief Collective Agreement" in North Rhine-Westphalia (NRW). This will not end the miserable conditions in the hospitals, for which Verdi is responsible for imposing, on the contrary, it is intended to institutionalize them.

Verdi itself does not enjoy significant support due to its long record of betrayals of hospitals workers. The union is therefore trying to expand its influence with specially organised factions or ginger groups. Organisations such as the "Alliance for More Staff in Hospitals," the "Berlin Hospital Movement" or "Emergency Call NRW" claim to represent the interests of the "grassroots" workers. In fact, they are purely subordinate organisations that rely on the shop stewards and enforce Verdi's policies against the workers.

In this, a particularly foul role is played by the pseudo-left groups, at least in Verdi's Berlin ginger groups. The SPD-Left Party-Green Senate in Berlin has always been able to rely on the support of organisations like the Socialist Alternative Voran (SAV) and the Revolutionary Internationalist Organization (RIO) in its attacks on workers in clinics and hospitals.

Health workers in the NRW university hospitals must learn the lessons from the experiences of the last years, especially with the TV-E in Berlin, and reject this foul manoeuvre by Verdi. Instead, they must build independent rank-and-file action committees, uniting the broadest numbers of workers nationally and internationally, and fight for a massive investment in health care and its fundamental restructuring in the interests of patients and workers.

Hospital workers and nurses in NRW and Germany are not alone. Struggles against the catastrophic working conditions in the health and care system are taking place around the world. In the USA, thousands of nurses are on strike, as are workers in France, Spain, Greece, Turkey, Russia and Sri Lanka.

In some countries, workers have already formed rank-and-file committees independent of the unions, including in Germany. We call on all health and care workers to join this committee. Send us a message via WhatsApp +491633378340.



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