

Nurses denounce Verdi sellout of university hospital strike in Germany's largest state

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14 August 2022

Last month, the Verdi union bargaining committee covering nurses at university clinics in North Rhine-Westphalia, Germany's most populous state, approved the "Tarifvertrag Entlastung" (collective relief agreement).

The agreement does not improve the lot of the workers. Rather, is intended to reinforce the intolerable working conditions in the clinics.

The service employees' union isolated the clinic staff from simultaneous strikes at ports and airports, kept demands for improved wages out of the 11-week labor dispute, and then sold it out entirely. In a "strike ballot," some 74 percent of affected Verdi members approved the wage settlement.

The long and tiring industrial action made heavy psychological and physical demands on the strikers, yet the strike concluded with another slap in the face. The burning issues and vital demands of nurses and hospital workers—higher wages and more staff—were not addressed in any way. Instead, a "point system" is to be introduced in a year and a half that will shift the unbearable burden of decades of cutbacks, the pandemic and inflation onto the workforce.

The Health Care Workers Rank-and-file-Committee and the *World Socialist Web Site* are fighting to organize nurses, hospital staff and doctors internationally and unite them with the growing struggles of the international working class. A statement from the Rank-and-File Committee, which made broader demands and called for Verdi to be stripped of its negotiating mandate, received widespread social media coverage in the runup to the vote. In social media comments and conversations with the *World Socialist Web Site*, nurses looked to settle scores with the union for selling out their struggle.

"In the social and educational service, this was once again a flop right down the line," said nurse Karin S. on Facebook below a post by Verdi. "Instead of relief, we got two more days vacation. That does not relieve us at all: The shifts of colleagues who are sick or have vacation have to be covered by those remaining. That means extra work and a heavier workload. So if additional leave is granted for 10 employees, that means 20 more days to cover for two additional days of leave. That's not relief—more staff would be relief!"

Christiane K. commented: "Honestly? For this months-long

dispute and the energy and time we have invested, I am not satisfied. In my opinion, we have been completely fooled by our employers, who are not interested in us as people anyway. Instead, it seems like they've been waiting for us to cave, to sneak back to the wards with our heads hanging and be satisfied with a little carrot."

Christiane said she expected a "wave of layoffs in the near future, the scale of which no one can imagine and no one wants to experience."

"I am also disappointed in Verdi," said Jörg S., a nurse from Baden-Württemberg. "They make big speeches and at the first bad offer they grovel and kiss the employers' feet."

Several of his colleagues called for more comprehensive strike action, up to and including a general strike. "All nursing staff should simply call in sick for a week, then the system should collapse," said one nurse. Heidi B., a nurse from Berlin, added, "If we paralyze the country, we'll dry up the spigot of profit."

Marco, a curative education nurse who works in a residential home in Bavaria and has been following the strike, wrote to the *World Socialist Web Site*: "I think it's a bad compromise. The union has betrayed the workers. The big problems in nursing are not being addressed, but will continue and get worse in the years ahead. Nursing cannot rely on the unions and employee representatives. It must take action itself from the bottom up and strike in a big way to be able to achieve change."

Referring to the massive wave of coronavirus infections presently occurring in German residential and nursing homes, Marco wrote: "The system will collapse at the expense of the remaining staff and those in need of care. Because there is a lack of staff, I work at least 50 hours a week, although I myself became reinfected despite taking every precaution, and have been suffering from headaches and chronic exhaustion ever since. More and more colleagues are changing jobs. There is a shortage of staff in every home."

The *World Socialist Web Site* spoke at length with Frank, a nurse in North Rhine-Westphalia who is employed by a church-run clinic and likewise supports the Health Care Workers Rank-and-File Committee. "What Verdi has put forward is a joke," he said. "I don't know how they managed to sell it to their members. Really, it should be called 'collective agreement

shifting the burden,’ because you just shift the burden from one to the other, back and forth. The only way to relieve the burden is to have more staff: if you’re not there, the others have to shoulder your workload, and vice versa.”

The permanent overload has devastating consequences, Frank said. “In the end, everyone is sick, it’s a vicious circle. No one asks why we caregivers get sick. No one stays home because he or she just feels like it. It’s a combination of physical and psychological stress.

“On top of that, there’s the responsibility. I sometimes have 30 monitor stations that I have to supervise, and the doctors are also overworked. That’s bad for the patients, of course. There are already rules for minimum staffing, but they are regularly undercut or concealed by the nursing management. A minimum standard on paper is of no use if you don’t have enough staff. But you only get more staff through better pay.

“Why wasn’t this negotiated with the employers? I suspect they’d already come to an agreement with them beforehand. The university hospitals are also only a small part of health care. What about the other hospitals and the nursing facilities? There the burden is often even greater.

“Outpatient care is also poorly paid and understaffed. If someone finishes his or her treatment at our hospital, we can hardly find caregivers who are willing to take on a new patient. But those who care for their relatives privately usually have no training and can’t handle it. You need professional staff for that.”

The points system envisioned by Verdi and the employers once again creates “the potential for making people feel unequally treated” in the midst of the pandemic, Frank added. “This already started with the coronavirus premiums. Although the extra workload affected not only intensive care staff but was distributed throughout the hospital, no one is talking about a coronavirus premium for nurses anymore. We now have a lot of patients again with mild, moderate and severe cases, as well as deaths. Our coronavirus ward is always at capacity.”

During the COVID-19 pandemic in particular, he said, the staffing shortage has revealed its deadly consequences. “The isolation and protective measures for infectious patients mean an enormous amount of extra work. Even a triple vaccination does not provide complete protection, especially if one has multiple prior illnesses. We have to double up with protective clothing and hoods and are just sweating in the heat. This is all coming ‘on top,’ without us getting more staff.

“The fact that the government has lifted the protective measures is ominous. If we already have such a wave now in the summer, one can only guess what we’re heading for in the fall. Perhaps this was a consideration in allowing a mass infection to occur, that one ‘relieves’ the care and pension system. What is happening is the exact opposite of what the ‘Querdenker’ [movement] says is happening: the state wants the virus to spread and enough old and sick people to die. That’s why all the coronavirus measures have been repealed.”

These are the same capitalist motives that underlie war policy, Frank explained. “With the snap of a finger, 100 billion [euros] is made available to the Bundeswehr [German armed forces]. This is not just about the war in Ukraine, but also about [Germany’s] own military. If they need it, there’s plenty of money available. In capitalism, war is one of the most profitable businesses: quite apart from gaining access to markets and resources, everything has to be rebuilt afterwards.

“If you put limits on the strike, the employers can still handle it. Then the problem is outsourced and other hospitals have to make up the difference. Surgeries are postponed and patients suffer. Others would have to join the strike on our behalf. When the airport staff went on strike, that would have been possible. No industrial union is going to say: We’re now going to strike for the nursing staff, too. But that is exactly what would be necessary. There would have to be a general strike like in other countries to push through general demands.

“I believe that unions have their own interests—and they are not our interests. When medicine was privatized 30 years ago, the unions did not oppose it. They want to minimize and dampen conflict rather than use the power of the movement to advance our interests. There have been many reports of union officials being invited on vacations or worse by management—and that’s just the tip of the iceberg. I can well imagine that this kind of thing happens more often than we know.

“The rank-and-file committees are set up by people who themselves work in nursing. I think their demands are exactly right. The interests of the grassroots must be pushed through. And these interests can only be represented by those who also experience this on a daily basis. I don’t know how many Verdi negotiators still work in nursing. The most important thing is higher pay for all the people involved in nursing, so that this will attract more staff and reduce the workload. That includes service and transport workers in every facility.

“This can only be done if health care is not managed for profit. The fire department doesn’t have to prove it makes a profit either. Health should be our highest good, but the root evil of capitalism is profit. It is bad enough in business that the many make profits for the few. In the health care system, however, it is even more dramatic because lives and health are directly at stake. Medicine can be a profitable business: For the pharmaceutical industry and medical technology—but not for patients. This is not only a problem in Germany, but worldwide.”



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