Strikes and protests on the rise as Germany’s hospital sector faces growing crisis

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The crisis hitting German hospitals is coming to a head. While cuts in the healthcare system are driving more and more hospitals into insolvency, health workers are threatened with cuts in real wages and layoffs.

The current contract dispute in the public sector highlights the situation facing the workforce. Last week, numerous employees at 22 university hospitals participated in a warning strike. The service union Verdi had called for a day of action for the healthcare sector; on Wednesday, protest actions followed for employees at universities, called by the GEW education union.

At university hospitals, nurses, laboratory workers, administrative staff and other employees are demanding higher wages and an improvement in their catastrophic working conditions. Despite the enormous burdens to which staff are exposed and the fact that recent contracts were synonymous with cuts in real wages, Verdi has decided to enter negotiations with a demand that is far too low.

Its initial demands are for only a 7 percent wage increase, with a minimum rise of €300 and a contract term of 12 months. Based on previous experience, it is foreseeable that Verdi will eventually agree to a deal that lies significantly below this. The chief negotiator for the federal states (*Länder*), Social Democratic Party (SPD) politician Andreas Dressel, immediately rejected Verdi’s demands without presenting an offer of his own. In their key points for an agreement, the federal states mention essentially an increase just above inflation, a contract running for 29 months, with the first incremental increase offered at the earliest in “spring 2026.” Such a drastic cut in real wages, combined with a contractual ban on strikes for the next almost two and a half years, would be an essential building block in the austerity plans of the state governments.

This makes clear how closely unions and governments at federal and state level are collaborating to curtail the costs for public healthcare provisions. If they get their way, the hospital closures of recent years are to be intensified through further “reforms.” This goes hand in hand with layoffs and increased work pressure for employees.

The chairman of the Board of the German Hospital Federation (DKG), Gerald Gass, proclaimed 2026 a “fateful year” in which the hospital landscape could change significantly. The latest “hospital barometer” of the German Hospital Institute (DKI) made this clear. In the middle of last year, 376 institutes participated in the annual representative sample of general hospitals with 100 beds or more. Only 23 percent posted an annual surplus, 11 percent balanced the books, and all others are in the red. Only 13 percent of hospital operators expected an improvement in 2026.

Accordingly, hardly a week goes by in which the closure of hospitals or departments is not reported.

At the end of the year, Geesthacht Hospital, near Hamburg, informed 250 of its 700 employees of their dismissal. Only three profitable departments will continue to be run, all others will be closed towards the second quarter of this year. In Brandenburg, where four out of five hospitals are in the red, it is already known that the hospital in Wittstock will close at the end of the year. This means massive losses in the quality of care for patients in this structurally weak region.

In Berlin-Charlottenburg, Schlosspark Hospital closed last Friday after 56 years. Only a few departments are being taken over by another operator. How many of the 800 staff will lose their jobs was not made public. The sister hospital in Berlin-Weissensee entered insolvency proceedings last year. Here, too, hundreds of jobs are on the brink.

Against this policy carried out at the expense of health workers, more and more resistance is stirring. In the Vivantes Berlin hospital group, staff working in its subsidiaries are demanding an increase in low wages and incorporation into the Collective Agreement for the Public Service (TVöD), as applies to staff in the parent company.

The municipal hospital group employs around 20,000 staff at seven locations in Berlin. In addition to the parent company, numerous subsidiaries exist, for example for catering, cleaning or facilities management, which are used to bypass TVöD and impose inferior local settlements.

The first offer from the employers' side can only be seen as a provocation. This envisages an alignment of basic salaries with the TVöD pay scales for some occupational groups—but over a staggering five years. At the same time, central elements of the TVöD contract are not being adopted, and there are even to be deteriorations compared to the current local contract. For example, the annual special payment for new employees is to be cancelled, as is the company pension scheme.

Management can only act so brazenly because it can rely on close cooperation from the union and works council. Sitting on the Vivantes supervisory board are works council members of the group, high-ranking Verdi representatives and members of the Senate (Berlin state executive). Together, they not only enabled the outsourcing to low-pay subsidiaries in the 2000s but have done everything to cement the poor wages in place.

Even now, Verdi is seeking a similar settlement—or better said, sellout—as last year for the employees of the Charité subsidiary CFM. Here, 3,500 staff in medical technology, patient transport, facilities management, cleaning and security took strike action on 48 days for more wages. In the end, an agreement emerged that was entirely in the interest of the Senate and management and cemented the poor conditions.

At the Berlin DRK Hospitals (German Red Cross), which operate four hospitals, a hospice and an inpatient care facility in the capital, nursing staff are also striking for better pay. Contract negotiations for non-medical staff have been running since July; the contractually-enshrined no-strike clause expired in December. The current offer from the employers' side envisages remuneration increases amounting to 6 percent over a three-year contract, a one-off payment of €250 as well as a reduction in working hours to 38.5 hours per week. Verdi is demanding an increase of 5 percent in 2026 and a further 5 percent in 2027.

The employers' side reacted extremely aggressively to the strike and tried to have it banned by the Berlin Labour Court through an interim injunction. In an evening court sitting, both sides agreed on a concept for a binding minimum staffing level and quota regulations for the duration of the strike.

Here too, Verdi is preparing for a rapid agreement and termination of the strike. The union is well-practiced in isolating strikes and protests and preventing any cross-sector action where possible.

It is not only healthcare workers in Germany who confront attacks on wages, working conditions and public healthcare provision in principle. The strike movement in the US makes clear that this is an international problem that can only be solved by an international movement.

In New York, around 15,000 nurses at several hospitals have been on strike since mid-January. They are demanding better staffing ratios, appropriate wages and social benefits. On the West Coast, more than 31,000 workers at Kaiser Permanente, a giant company in the healthcare sector, went on an indefinite walkout. Here too, employees are making similar demands on the company.

These struggles are directed equally against a healthcare system driven by profit at the expense of staff and patients. While hospital operators act against strikers using strikebreakers and legal manoeuvres, they rely above all on the unions, which try to isolate and weaken the struggles.

Workers everywhere in the world can only fight effectively for their demands if they form their own fighting organisations. For this, independent rank-and-file action committees must be built, which are directed against the pro-capitalist and nationalist policies of the trade unions and enable workers to develop resistance internationally and on the basis of a socialist perspective.