When striking works: the case of unions in the healthcare sector in Romania

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Abstract

The article examines the impact of the recent crisis on collective bargaining by analyzing healthcare trade unions. It challenges the views according to which trade unions are uniformly weak or weakened by the crisis. We argue that the unions in the Romanian healthcare sector were capable of using their organizational resources to set the governmental agenda and obtain tangible benefits through negotiations. These benefits amounted to a significant increase in the budgetary resources for healthcare. We find that the main strategy used by unions for pushing their agenda was to organize strikes in different hospitals across the country and to threat with the organization of general strike. To support our argument we use interviews with union leaders and governmental representatives. As a counterfactual test for our claims we use interviews with unions in the Education sector, where unions adopted a more cooperative stance and did not succeed in enhancing their welfare.

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Introduction

The literature on East European industrial relations agrees on one point: that labor as a collective actor has been weakened over the past two decades and that there is no sight of improvements in its fortunes. Granted, trade unions have won some battles in the traditional sectors of union power such as the automotive industry, but overall they lost the war against capital (Bohle and Greskovits 2012). Given this bleak picture of union organization in Eastern Europe, the general trend towards the ‘americanization’ of industrial relations (Meardi 2002), and the fiscal crisis of the state one would expect that the recent economic crisis would only speed up the silencing of trade unions in the region.

The purpose of this paper is to ask whether this is indeed the case. How did the recent crisis impact the capacity of the unions to organize and defend the interests of their members? What resources and strategies have they used in order to mobilize their constituents? And how did they react to the general austerity measures that sought to solve the fiscal crisis of the state?

To answer the above questions, we adopt an actor-centered theoretical framework and apply it to the case of trade-unions in the healthcare sector in Romania. Romania provides an important test case for the manner in which public sector union have reacted to austerity for several reasons. The country joined the European Union (EU) in 2007, and since then has undertook several significant public sector and labor market reforms. Both left and right wing governments that have succeed to power introduced neoliberal reforms that cut public sector employment and sought to limit the influence of the trade unions. In addition, the country has been badly hit by the recent economic crisis which prompted the right–wing led government to take a loan from the International Monetary Fund (IMF) in 2009. The IMF loan provided a rationale for the government to introduce one of the most severe austerity package in Eastern Europe that aimed primarily at cutting public sector costs. Healthcare workers were especially badly hit because of wage cuts and the closing of hospitals.

Besides these factors that constrain union influence in the healthcare sector, massive emigration has a positive impact on labor organizing. Like other cases in Eastern
Europe where intense emigration of healthcare workers took off after the accession to the European Union (EU) (Kaminska and Kahancová 2011), in Romania around 21 percent of doctors left the country between 2007 and 2012 (Dragomiristeanu, Farcasanu, and Galan 2013). For this reason, Romania provides an ideal case for testing how and whether trade unions in the healthcare sector use the opportunity provided by the intense emigration in order to negotiate better pay or working conditions for their members.

We start by reviewing the literature on industrial relations in Central and Eastern Europe (CEE) and argue that the institutionalist literature falls short of explaining variation in labor bargaining outcomes across the region. We argue that relying only on macro-level indicators such as union density and sectoral bargaining coverage is insufficient for capturing the full picture of union influence in Eastern Europe. Instead we claim that in order to better understand what unions do and what they achieve we should pay attention to the contextual factors that condition their activity and to the strategic adaptations that unions undertake in response to the shifting environment. Our contention is that unions’ strength is not simply a dichotomous variable whereby unions are categorized as either weak or strong but that trade union strength has to be assessed relative to the institutional context in which they act. Instead, we claim that strength should be understood as a continuous variable that has to account for the various choices that unions undertake (see also Muntean 2011).

Building on these claims we contend that what matters in the end is the strategy that unions adopt in order to achieve their goals. To substantiate this claim we trace the reaction of trade unions in the Romanian healthcare sector to crisis induced austerity measures. To put their strategy into context and unveil their strength relative to the environment in which they act we compare the situation of healthcare unions with that of the trade unions on education sector in Romania.

The paper is organized as follows. The succeeding section will critically review of the literature on East European industrial relations and make a case for taking into account union agency in order to explain variation in collective bargaining outcomes. This will be followed by a section that describes the situation of the public sector in Romania and the reforms that have been passed since 2008. The next section will
discuss the strategies that unions in healthcare and education sectors adopted in response to austerity. The last section concludes.

Section 1. Theoretical Framework

Post-communist industrial relations studies usually agree that labor as a collective actor is weak or has been significantly weakened in the past two decades. Part of this discussion, the institutionalist literature usually uses macro-level cross country comparisons of peak organizations and finds that national level union confederations have been significantly weakened over the past two decades (Crowley and Ost 2001; Crowley 2004; Ost 2009). This claim is backed by the fact that East European trade unions have lost ground both in terms of organizational resources and political means. Organizational resources such as membership levels have followed a downward trend. Not only that the membership rates have fallen but they did so in precipitous way Crowley (2004).

Declining membership has been accompanied by a weakening of unions’ political influence. Political parties in Eastern Europe have devised different strategies for ensuring that unions are kept at bay. Throughout the first decade of post-communism, parties sought either to incorporate labor into their ranks or to channel its anger over economic reforms along identity lines (Ost 2005). Emptied of their original purpose of organizing workers along class lines, trade-unions lost all the means to bargain at the national thus hollowing out the role tripartite bodies and transforming them into merely ‘illusory’ institutions (Ost 2000). The second decade saw these strategies accompanied by a further decline in union power, whereby unions were confronted with governments who completely disregarded their demands or even actively sought to intimidate union officials (Trif 2013; Muntean and Gheorghita 2010).

The main caveat of this strand of literature is that it tends to place the behavior of all unions in the same pattern. In other words, the price for making general statements about trade unions in CEE is the lumping together of a variety of actors with different patterns of behavior and different organizational and political resources. Acknowledging this, we can split unions across cleavage lines that take into account
their location into different economic sectors. Focusing on the type of employment we can split unions between sheltered and unsheltered sectors with the former being protected from competition in the world markets and having more organizational resources to defend the rights of their members (Schwartz 2001). At the same time, we can split unions depending on the capital intensity of the sector in which they are active which yields different potentials for unions to organize workers from capital intensive industries such as automotive or pharmaceuticals where unions are generally stronger to labor intensive industries such as the clothing industry where unions are practically non-existent (Greskovits 2005).

Aside from losing variation by putting different actors in the same basket, the institutionalist literature turns a blind eye to the plurality of trade union strategic actions inside single organizations. Yet, as Varga (2013; 2014) and Muntean (2011) note, post-communist trade unions have undergone a process of decentralization that shifted the power of unions from the national to the local level. This trend resulted in an uneven distribution of union influence within the same confederation with some local unions gaining more power and assuming a leadership role. Public sector unions had to cope with a similar trend whereby governments sought to avoid national collective bargaining altogether or cut back union power by passing anti-union legislation.

In order to account for these dynamics we propose a theoretical framework that makes use of Wright’s (2000) distinction between associational and structural power. Associational power stems from the organization of workers as a collective. It refers to the organizational resources and capabilities developed by trade unions in order to recruit and represent workers. By contrast, structural power refers to the power which results from workers’ position in the economic system. As noted above, one source of variation for union power comes from the sector of activity be that public or private, automotive or textile industry. In this respect, workers that located in more complex sectors possess more structural power.

Silver (2003) further distinguishes two subtypes of structural power that are marketplace bargaining power and workplace bargaining power. The first, refers to the power that results ‘directly from tight labor markets’ (Silver 2003, 13). In this case workers can improve their relative position either by making use of the scarcity of skills
in order to push for their demands, by using the low levels of unemployment as resource in their favor or by pulling out from the labor market and surviving entirely from non-wage related incomes. The second, refers to how workers are integrated into the production process. Workers whose location is vital for production will be more likely to obtain concessions from employers because disruptions under the form of protests or work stoppages will negatively impact large segments of the economy.

Relative to these dimensions we expect that unions in the Romanian educational and healthcare sectors have similar associational power but different levels of structural power which impacts their bargaining capacity. Associational power is relatively high in both sectors as most unionization rates remain high by regional standards in both sectors, as well when compared to the national unionization rate (see also Muntean 2011). Self-reported unionization rates, which should be interpreted with caution, indicate a level of around 50 percent (Vasile 2013). These numbers might be inflated because of the practice of automatically retaining union contributions from wages which still exists in Romania. However, the collective bargaining coverage is very high (close to 100%) in both sectors, due to the labor relations’ regulations and the collective work contracts expanding their protection to all the employers in the sectors.

By comparison, structural power varies between the two sectors. As Silver (2003, 114–118) notes, teachers have low levels of workplace bargaining power mainly due to their spatial distribution which makes striking difficult. If teachers in one school organize a strike, its impact is insignificant for the school system. Normal operations are carried on without disruption due to the low interdependency across schools. However, teachers usually have high levels of marketplace bargaining power due to their location in the social division of labor. Teacher strikes directly impact family routines and raise worries about their long term effect on the educational achievements of pupils.

Doctors, on the other and have high levels of workplace bargaining power. Disruption in the operations of a single hospital has immediate effects on patient care. As a result, doctors’ protests are highly visible events that put under a bad light the government. At the same time, in CEE doctors have high levels of marketplace bargaining power due to migration. Migration has a direct effect on union organizing by affecting membership and density rates. Furthermore migration can impact union power
indirectly by reducing unemployment and producing labor shortages. This enhances the position of unions in collective bargaining which may lead to better wages and working conditions (Kaminska and Kahancová 2011).

To summarize, given the similar associational power but different levels of structural power, we expect unions in the healthcare sector to fare better in defending the rights of the workers they represent. In addition, multiple “Chinese drops” at various levels and with a nation-wide spreading might have a greater impact compared to a single “bucket of water” poured over a heated political framework. Of course, these factors alone cannot ensure union success which, in the end, are dependent on the strategies that that unions adopt in order to pursue their goals. The next section will discuss the context of union activities in Romania.

**Section 2. Austerity two times**

In Romania public sector reform has ever since early 1990s been on the agenda of successive governments. Both in healthcare and education sector numerous reforms have been passed leading to a general unstable institutional environment. However one constant remained over the past two decades: both systems are heavily underfunded with the healthcare sector being somehow better-off. As Figure 1 shows, on average between 2003 and 2012 healthcare spending has been around five percent of GDP while education spending received around 3 percent. These levels put Romania amongst the lowest welfare spenders of the EU, together with Bulgaria and the Baltic States.
Trade union density has been traditionally higher in the public sector with a national average of 30 – 35 percent (Trif 2008). However, in spite of higher levels of union density, the situation of public sector workers in both sectors is worse-off than the national average. As Figure 2 shows, average net wages in both education and healthcare fared worse than the national net average for almost the entire period between 2000 and 2014. Furthermore, the Figure shows that in general, healthcare workers have been generally worse off in comparison with education professionals despite the fact that the healthcare budget has been larger. Although they continued to remain below the national average, average net wages in the healthcare sector grew slightly above those in the education sector in 2014.
However, for some of Romanian healthcare professionals the revenues are supplemented by informal payments. Reports on the practice of informal payments in the Romanian healthcare system claim an average of 41 percent of out of pocket health expenditure (Moldovan and Van de Walle 2013). Over the last two decades, the incidence of informal payments has increased in response to the system’s constant underfinancing problems. The subject of doctors’ informal payment entered the political agenda after 2007 after the EU accession and was used by governments in order to sell to their constituents the need for privatizing the healthcare system (Stan 2012). Still, healthcare informal payments remain a widely accepted practice in Romania in spite of the dominant political discourse.

The above factors contributed to making Romania one of the most important exporting country of healthcare professionals. Although there are no sufficient data sources on the actual number of doctors that left the country in the last decade, rough estimates describe a higher than the CEE average number of Romanian doctors with

**Figure 2. National Net Average Wage, and Average Wage in Education and Healthcare in Romania: 2000 – 2014.**

*Source: Romanian National Statistical Institute*
the intention to leave or who left the country (Dragomiristeanu, Farcasanu, and Galan 2013). For example, Galan et al. (2011) report that around 3 percent of the medical doctors left the country in 2007 and around 9 percent applied for a diploma verification which would allow them to practice medicine in other EU member states. Media reports also point towards a massive outmigration of doctors with around 5000 (more than 10 percent of the total labor force) leaving the country between 2005 and 2010, and around 9000 doctors applying for the recognition of their certificates of practice between 2007 and 2010 (Realitatea.net 2010). These numbers are corroborated by the official statistics on the evolution of the total number of doctors and health professionals in the country. Even after accounting for the new entrants in the system, between 2003 and 2012 the country lost around 4.7 percent of its doctors and around 12 percent of its auxiliary medical personnel (see Fig.3). As a result, 58.6 percent of hospital managers reported having to deal with personnel shortages in their hospital (Rotila and Celmare 2007, 219).

![Figure 3. Number of Doctors (left axis) and Healthcare Professionals (right axis) in Romania: 2004 – 2012](image)

*Source: Romanian National Statistical Institute*
Austerity measures have further contributed to the growing numbers of healthcare professionals who left the country as well as to the worsening situation of those who stayed in the system. The crisis response package passed by the Boc government in 2010 was amongst the harshest in Europe, having as a main target the public sector. Amidst protests from the trade unions both in education and healthcare, the government introduced a 25 percent wage cut that slashed the already low wages of workers (see Fig.2). At the same time, employment in the public sector was put to a standstill which frustrated new graduates and limited the number of jobs available, especially in education and healthcare sectors. Promoted as a temporary measure (for up to one year), it took more than two years and three cabinets to pass policies that would step-by-step unfreeze the public sector jobs market. Besides, the government planned to introduce numerous public sector retrenchment reforms through privatization and the decentralization of services. Proposed reforms in the healthcare system envisioned the closing of many hospital units as well as the privatization of services, including the emergency ones. However, the government backed down on these plans as both trade unions and civil society actors protested the reform.

The other contentious issue that made an important part of the austerity measures passed in the aftermath of the crisis was the package of laws changing the collective bargaining system in Romania. Practically, the new legislation slashed the power of national union confederation by cancelling national level collective bargaining agreements while raising the threshold of representativeness for unions and asking them to re-register in order to be recognized as social partners (Ciutacu 2012). The unions took to the street again but the impact of the protests was minimal with the legislation coming to force in 2011. In the next section we will put these changes into context and discuss how unions in the healthcare and education sectors struggled to survive in this hostile environment. We will argue that, against all odds, we see signs of union effectiveness at the national level. They point that, although limited, unions in the healthcare sector still influence national policies when they adopt an adversarial position towards the government in power, while the more accommodative education sectoral trade unions use different strategies with mixed outcome in terms of benefits and policies.
Section 3. Strategies of healthcare and education national trade unions

Apart from sharing the same issues in declining unionization and regulation of bargaining, the healthcare and education national trade unions have set up different bargaining strategies during the most recent economic crisis in Romania. The strategies chosen by trade unions in healthcare focused on a nation-wide coalition of healthcare professionals, decentralized bargaining and guerilla-like protests, thus favoring more adversarial relations with policy-makers. The trade unions from education sector opted for highly fragmented and adversarial within-profession/sector organizations, backstage negotiations monopolized by top national union leaders, and a more accommodative relation with the government and politicians.

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Figure 4. Bargaining strategies of Romanian healthcare and education trade unions

The crisis-driven policymaking of the right-wing coalition government has pushed, under a lobby of the Council of Foreign Investors, for a deep change in labor relations in late 2010 and early 2011. Flexibility rather than protection and security, decentralization rather than concertation, organizational fragmentation rather than coalitions, were the new norms of Romanian labor relations. Thus, the weight of coordination and labor force organization shifted from the confederation level to national branch federations. The post-communist fragmentation of national trade unions, kept under the sofa by legal and structural mechanisms (by means of political and electoral concertation and accommodative relations between parties and national unions and powerful oligarchic union confederation leaders) was pushed forward,
showing that the union leadership “kings” were naked, some of them corrupt and convicted (Ispas and Lupasteanu 2013; Mediafax 2012), others bind by partisanship (Postelnicu 2008; Dobrescu 2012), while the majority lost contact and trust with the rank-and-file membership (Muntean 2011). Union movement seemed to have lost momentum and the competition with employers and policy-makers for setting up labor relations policy agenda. Although initially supported by the left-wing opposition, trade unions faced another “electoral love” disappointment, which was not an exception in the post-communist trade-unions – political parties relationship (Muntean and Gheorghita 2010). The change in regulation of labor relations has raised new barriers for unions’ approach on bargaining and collective conflicts, with a focus on lowering the centralization level of bargaining and collective agreements by putting the largest weight on the company level and part of it at the sectoral level, as well as augmenting the required conditions for the collective agreements’ coverage (Muntean 2011, Trif 2013). Since 2011 the collective work contracts are compulsory only in companies employing at least 21 permanent individuals, the sectoral level collective work contracts are optional, while the national level collective contracts were put to sleep.

Left with low associational power resources at the national level, the unions in the healthcare sector sought to compensate by seeking new coalition partners among non-union organizations. Starting up the fire of labor conflicts with the Romanian Ministry of Healthcare belonged to the professional association of doctors – the Romanian College of Physicians (CMR) – the state accredited non-governmental institution with decision-making power on issues like controlling and surveillance of physicians’ practice, malpractice litigation; but also with statutory role on promoting physicians’ interests. The College is the unique registrar of the physicians and the only agency granting right of medicine practice in Romania. The College of Physicians’ criticized the government policies on healthcare reform and requested an increase in public spending for healthcare up to at least 6% of GDP (Gheorghita 2013). In reality, because of the non-union type organizing of the CMR, the retaliation it can use is focused more on informal bargaining rather than official protest or collective conflict. The CMR was joined by a newborn Trade Union of Physicians (TUP) (Chirculescu 2013). Together
with the largest trade union in the healthcare sector – Sanitas\(^1\) – the CMR and the TUP formed an informal and ad-hoc coalition – The Coalition of Healthcare Professionals (CHP), setting up a 6 point agenda to be negotiated with the government (Interviewee 1).

\textit{I1: The six point agenda of the Coalition of Healthcare Professionals aimed an increase to at least 6% public allocation of funds for healthcare, legal protection of professional independence of employees in the healthcare system, legal regulation of wage payment in the healthcare system, public authorities to refrain from denigrating healthcare professionals, a better organizing of public hospitals in order to increase the quality of healthcare services provided to patients, consultation of the Coalition of Healthcare Professionals for any future draft policies that might impact the healthcare system.}

Because of its large membership (up to 120 thousands according to \textit{I1}) and because it was the only representative healthcare trade union able to legally start a collective work conflict, Sanitas was the most important player in the 2013 work conflict in the healthcare sector in Romania. It was for the first time that all the relevant healthcare professional associations agreed on a joint agenda, though with limited timeframe and life expectancy. The CHP decided to go for a nation-wide protest, picketing county authorities controlled by the government.

Besides making use of the coalition potential of all the relevant healthcare professional actors, high membership of Sanitas, guerilla–type protests in all counties lasting 18 days, the Coalition made use of personal, behind doors negotiations between its leadership and governmental representatives (Interviewees 1 and 2). Other important contextual factors in putting pressure on politicians were the EU Parliament and Romanian Presidential elections to be held in 2014, the need for having a wide agreement on the 2014 budget in order to have it approved by the parliament, and the general need of political actors for social peace (Interviewee 1). The healthcare minister and representatives of Sanitas signed an agreement on November 28, 2013, putting an end to the conflict. The main accomplishment of the Coalition was the government agreement to apportion 4.5% of GDP to the healthcare system in 2014. The decision-makers and the social actors agreed that the GDP share would

\(^{1}\) Sanitas is the biggest union confederation in the healthcare sector, organizing mainly nurses and secondary personnel in the healthcare sector. It claims that it has roughly 120 000 members in around 500 hospitals (http://www.federatiasanitas.ro/despre_noi.php).
furthermore be increased up to 5.0% in 2015, then to 6.0% at the end of 2016. The government secured the money allocation for hospitals in the last three months of 2013, unlocked at least 1000 new jobs for healthcare professionals in public hospitals, and promised to protect the trade union membership from the local public healthcare agencies, and finally, agreed on the payment of the extra-time working (holydays and weekends (Interviewee 1).

The success of the nation-wide protests of healthcare professionals in the fall of 2013 was positively evaluated by Sanitas and with great reluctance by CMR and TUP. Sanitas was able to mobilize its large membership in order to reach the minimum thresholds necessary for signing a sectoral collective contract: 50% of the sectoral employees, and 50% of the total number of union membership from the economic sector.

*I1: Once that the healthcare minister agreed to sign the collective contract with more than 50% of the shop-level (hospital) trade unions, the strike was put to an end. [...] Victor Ponta [the Romanian Prime Minister] intervened and asked his ministers to solve the healthcare issue [...] Without or successful national protest the government would have pursued the black agenda aims of privatizing the public hospitals.*

The end of the conflict marked the end of the CHP because the CMR and the TUP did not join Sanitas in signing the agreement with the government. Once the agreement was signed, the work conflict ended de jure and de facto. Successful strategies were there to stay: Sanitas leadership considered them to be a success and decided to make use of them in 2014 (Alexa 2014).

In contrast to the strategies of unions and professional organizations from the healthcare sector, the employee organizations from the educational sector have followed a rather different path in terms of strategy to deal with the anti-crisis policies. The employees’ collective interests in education sector were long-time represented during post communism by many sectoral level trade unions which are dependent on structural factors like the specific education sector organization (primary, secondary, university, research) and organizational factors like the relation between union membership and leadership. The fragmentation decreased in early 2013 as a result of the merger between two of the largest national trade union federations (Trade Union Federation from Education “Spiru Haret” and the National Education Federation)
forming the Trade Union Federation from Education Sector “Spiru Haret” comprising about 90,000 members according to its leadership. The other important national trade union is the Federation of Free Trade Unions from the Education Sector comprising a self-reported total of 175,000 membership, out of a total of more than 350,000 employees (including non-teaching personnel) in the education sector in Romania and a total of 250,000 teachers and university professors (Raport Asupra Stării Sistemului Național de Învățământ Din România 2010). Finally, the national federation “Alma Mater” is holding the monopoly of representing union members employed in (public) universities. The collective work contract coverage in the education sector is 100%.

When dealing with the 2013 budget negotiations between decision makers and social actors, the education sectoral unions have chosen a different path compared to the healthcare unions. Aiming the same general outcomes as other public employees, like an increase in public spending, better working conditions, institutional reform for the sake of public goods, more frequent consultations on decision making, the national unions from the education sector in Romania made use of a strategy focused on bargaining at the highest level, one shot protests in the national capital, and the largest possible mobilization of the membership, in order politically intimidate the decision makers. This strategy might work under specific conditions and contexts, like pre-electoral periods when politicians and parties are reluctant in fuelling potential voters’ discontent, are more generous with the public spending, and keener in securing the electoral support of organizations that have a mobilizing potential, like the case of trade unions. However, the shady times of deep economic crisis accompanied by severe budget spending reductions, failed this strategy. The last successful outcomes of trade unions making use of the centralized bargaining strategy was in 2005, when, after three weeks of general strike the government has set up a win-win social agreement, increasing the public funding for the education sector to 5.2% of GDP (Interviewees 3 and 4).

Although this strategy proved, at least in the last 9 years, to be unsuccessful, trade union leaders face a seemingly deadlock dilemma: continue on the same path of strategy, but face a deep decline of membership and mobilization (because of the 2011 labor relations regulation allowing employers to cut the employees’ wages for the lost strike days, while unions cannot insure this financial cost; and because employees
from the education sector are losing the wage supplements paid on basis on their uninterrupted workdays), or betting on deeper accommodative strategies and make use of limited instruments in dealing with political actors. Education unions have chosen the latter.

*I4: The dialogue and the negotiation are the tools of trade unions. The protests are only for show-off. [...] We have good relations with the current government [...] He [the current education minister] is really interested in having a social dialogue with us, unlike the previous education minister, Daniel Funeriu.*

As a result, unions in the education sector did not manage to obtain any gains from governments in the recent years. In fact, in comparison with the situation in healthcare, post-austerity recovery in wages seems to be slower with little prospects to recover to pre-crisis levels. Besides, decreases in wage levels, workers in the education sector have experienced a decrease in the bonuses they used to receive before the crisis. Therefore, the given that the unions failed to organize and defend workers’ rights in the education sector, the cumulative welfare losses in this sector have been larger.

**Conclusions**

This paper sought to understand whether the hypothesis of generalized union weakness across the post-communist space holds. We tested it on the Romanian case and found that the bargaining power that unions have varies across sectors. We argued that two factors explain this variation. First, welfare gains obtained by the unions depended on their capacity to protest against government policies and adapt their protest strategies to the new unfriendly environment created by the anti-union legislation passed as a part of austerity policies. In this respect, unions in the healthcare sector, have adopted a guerilla–type strategy in which smaller and more frequent protests have been preferred to single shot protests. This strategy proved to be more efficient both because of the reduced costs it incurred on the union itself and because of the visibility it gained on the national media. By comparison, union in education sector sought to bargain with the government by using the traditional approach of single shot protests and high level bargaining, which resulted in a failure to obtain any significant welfare gains for workers. Instead, workers in the education sector have lost all the gains they obtained before the crisis.
Second, we find that the ability of unions to build coalitions, even with non-union actors, improves their chances of influencing the policy agenda of the government. As we have seen the case of healthcare unions, even if these coalitions are temporary and the actors that take part in them come with different interests they can bring gains to unions by increasing their associational power. By comparison, unions in the education sector completely neglected the possibility of creating coalitions with external allies which resulted in their failure to defend their members’ rights. This was a conscious bet by the unions in education who relied on their traditional protest strategy and lobby channels in spite of the changing political and economic conditions in the country.

The paper calls attention to the post-crisis industrial relations in Eastern Europe. Although, we find sufficient sources of weakness of unions at the national level, we argue that it is not yet the time to unequivocally state their demise. Instead, we find evidence that union can adapt their strategies to labor-unfriendly environments and bring some welfare gains to their members.
NOTE:

The interviews took place in June-July 2014 in Bucharest.

$I1$ = interviewee no. 1 – Top-level union leader in the main healthcare trade union (national level federation) in Romania

$I2$ = interviewee no. 2 – Former counselor of the healthcare minister

$I3$ = interviewee no. 3 – Top-level union leader in one of the education trade union (national level federation) in Romania

$I4$ = interviewee no. 4 – Top-level union leader in one of the education trade union (national level federation) in Romania
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