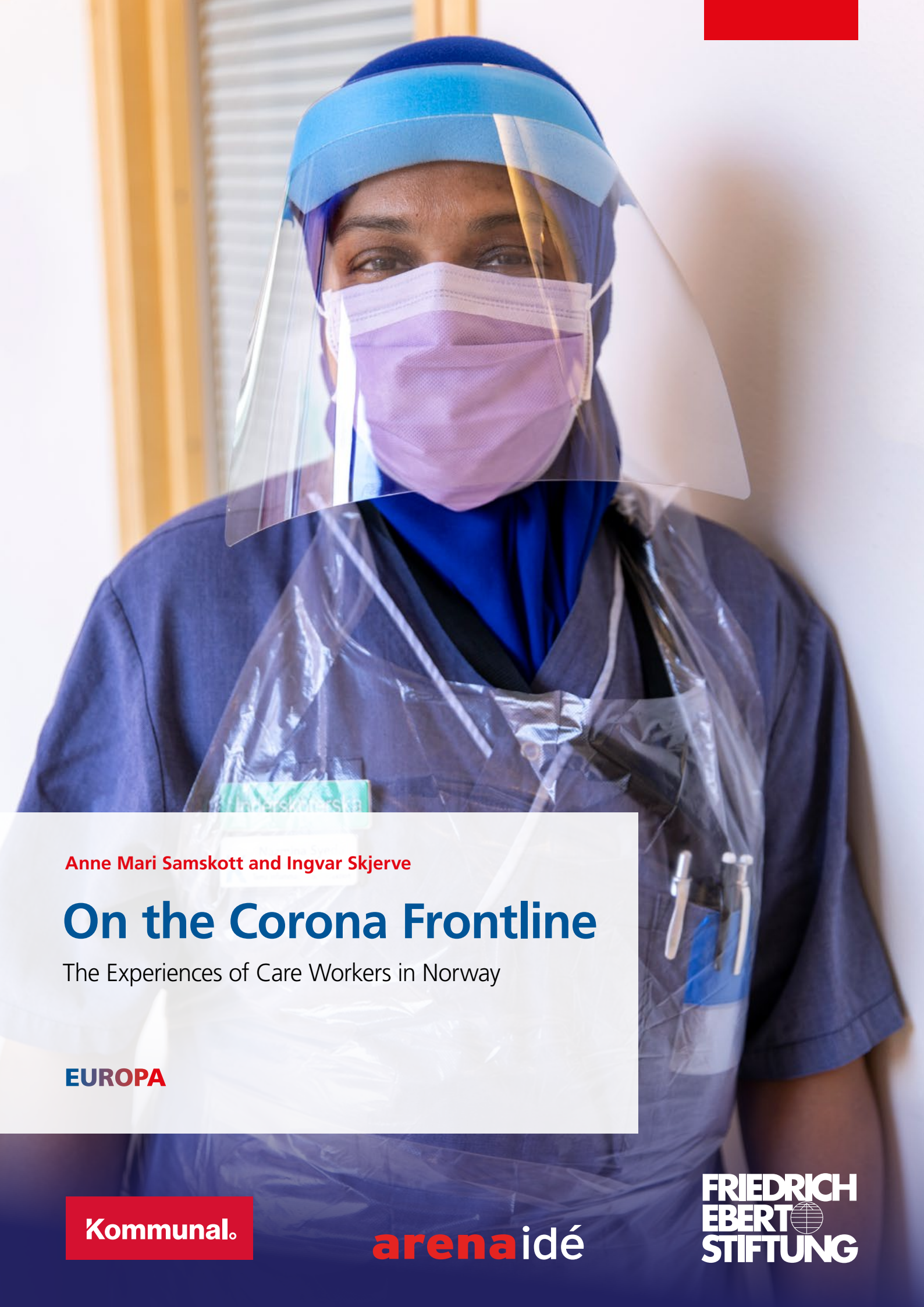

Anne Mari Samskott and Ingvar Skjerve

On the Corona Frontline

The Experiences of Care Workers in Norway

EUROPA

Kommunal

arenaidé

FRIEDRICH EBERT STIFTUNG

EUROPA

Europe needs social democracy!

Why do we really want Europe? Can we demonstrate to European citizens the opportunities offered by social politics and a strong social democracy in Europe? This is the aim of the new Friedrich-Ebert-Stiftung project »Politics for Europe«. It shows that European integration can be done in a democratic, economic and socially balanced way and with a reliable foreign policy.

The following issues will be particularly important:

- Democratic Europe – Social and ecological transformation
- Economic and social policy in Europe
- Foreign and security policy in Europe

We focus on these issues in our events and publications. We provide impetus and offer advice to decision-makers from politics and trade unions. Our aim is to drive the debate on the future of Europe forward and to develop specific proposals to shape central policy areas. With this publication series we want to engage you in the debate on the »Politics for Europe«!

About this publication

Norwegian elder care was not properly prepared for an epidemic of the magnitude of Covid-19. It did not have the capacity, the training or the knowledge in place to handle it. In the first phase there was a lot of confusion and uncertainty. All in all the services adapted. When the second wave came, we were better prepared.

About the Author

Anne Mari Samskott is an advisor in the Division for Health and Social Services at Fagforbundet. Samskott is a nurse and has a master's degree in organisation and management.

Ingvar Skjerve is an advisor in the Divison for Health and Social Services at Fagforbundet. Skjerve is a nurse and has a master's degree in professional ethics and church-based social work (diakonia).

Partner organizations

Fagforbundet is the Norwegian Union of Municipal and General Employees. Fagforbundet (NUMGE) is the largest union in Norway, with more than 400 000 members, and a part of LO (The Norwegian Confederation of Trade Unions). Our members work in the public sector, in local and county government and in hospitals, as well as in the private sector. We also organise apprentices and students.

Arena Idé is a Stockholm-based independent progressive think tank, funded by the Swedish trade union movement. www.arenaide.se

Kommunal is Sweden's largest public sector union with more than 500,000 members. www.kommunal.se

Responsible for this publication within the FES

Dr Philipp Fink, Director, FES Nordic Countries
Josefin Fürst, Policy Officer, FES Nordic Countries

ELDER CARE IN NORWAY

THE STRUCTURE OF THE ELDER CARE SECTOR

In Norway the municipalities are responsible for primary health care, which encompasses elder care. This includes, as laid out in the Norwegian health and care law (Lov om helse- og omsorgstjenester, HOL), home care and nursing homes, maternity care, school health services, emergency medicine, personal assistance, as well as services for people with mental and physical disabilities (cf. §3-1 HOL).

To make it possible for people to live in their own homes as long as they can has been a goal of Norwegian policy on elder care for a long time. However, the demand for nursing homes is still substantial, especially in the larger cities. The Room for Care report (Rom for omsorg) of 2016, produced in collaboration by the government and the municipalities, estimated a need for 22,000 new round-the-clock care places by 2030 (Helse- og omsorgsdepartementet 2016).

Under the Fastlegordningen arrangement primary physicians (both private and municipal) receive government funding based mainly on activity and number of clients. The aim is that every citizen should have a primary care physician. As of 31 December 2019 98.6 % of the population had a primary care physician (Helsedirektoratet 2019).

As the municipalities are responsible for elder care, services are affected by their funding. There is an ongoing conflict over the municipalities' economic autonomy. Most of their funding is channeled through the national budget, and they have only limited powers to impose local taxes. The state, through parliament, makes the laws that govern the services that municipalities are required to provide, and there has been a tendency for parliament to increase the number of services and demand higher quality of care, without providing proper funding.

While there are local differences in the organization of elder care, municipalities are required by law to offer long term care in nursing homes and home care services (health care/nursing-services and assistance with housework and cleaning). As of 2020 they are also required to provide day care for patients with dementia living at home (cf. §3-2 HOL). There is a seperate piece of legislation (forskrift) governing long term and institutional care (Helse- og omsorgsdepartementet 2013).

PRIVATIZATION

In Norway, most professional elder care is publicly run and organized. About 10 percent of elder care homes are run by private entities. The for-profit and private nonprofit care providers are located mainly in the large cities. Private institutions and other private providers of elder care are financed publicly, but run commercially (SNL 2020).

Norway has a long tradition of nonprofit organizations, like the Salvation Army and the Church City Mission, supplying elder care and social services, but in recent decades commercial care-providers have been permitted. These are often multinational corporations and are to say the least, a controversial addition to the sector (Winstad/ Mortensen 2017). The main concern has been whether they consitute a proper use of taxpayers' money, when the corporations pay their owners profits (out of their tax funding) which often goes to tax havens, instead of being used for improving wages, pensions and services. In general, the political right argues in favor of private commercial providers, because they think it will provide more dynamism and innovation and greater user choice, while the political left is sceptical due to the aforementioned conflict.

PROFESSIONS AND QUALIFICATIONS

There are a multitude of different professions in elder care, the largest groups being practical nurses (helsefagarbeidere/ hjelpepleiere / omsorgsarbeidere) with trade school diplomas (secondary level education) and nurses with bachelor's degrees in nursing (higher education). Also there is quite a large group of health care workers without formal training, accounting for approximately one fourth of the workforce. Norwegian health care laws are not very specific on which professions should perform which tasks, but defines certain roles for nurses, doctors and pharmacists (cf. helsepersonellloven).

The proportion of skilled workers, meaning mainly nurses with bachelor's degrees or trade school diplomas, is relatively high in Norway (see for instance the OECD report *Health at a Glance*). Management positions are mainly held by nurses with at least a bachelor's degree (frequently also master's).

UNIONIZATION

Four unions organize elder care workers: the Norwegian Union of Municipal and General Employees (Fagforbundet), the Norwegian Nurses Association (Norsk Sykepleierforbund), the Norwegian Union of Social Educators and Social Workers (Fellesorganisasjonen) and Delta. Two of them, Fagforbundet and Fellesorganisasjonen, are part of the Norwegian Federation of Trade Unions (LO).

About 50 % of Norwegian workers are organized in trade unions. In the municipalities the rate is even higher, about 70 % (Neergaard 2020). The largest union in the public sector (Fagforbundet) has approximately 400,000 members. Fagforbundet organizes according to the labour movement principles of solidarity and strength through unity, and does not exclude anyone. Consequently, Fagforbundet has members across the health care spectrum from those without formal training, to nurses with master's degrees and PhDs and even a handful of MDs. However the largest group that Fagforbundet organizes are (and has been since its inception) the aforementioned practical nurses.

EMPLOYMENT STANDARDS

In general Norwegian working conditions are relatively good, compared to other European countries, thanks to relatively strict labour laws and a strong trade union movement. However, municipal funding cuts and difficulties recruiting skilled workers have eroded working conditions for care workers.

LEVEL OF PAY

In the public health sector pay is generally set by collective bargaining agreements, and increases with qualifications and seniority. While average annual pay for fully qualified nurses (sykepleier) in the public sector is about 566,400 NOK (€54,564), authorized practical nurses (helsefagarbeider) receive on average 487,080 NOK (€46,922) and assistants without formal training 432 120 NOK (€41, 628) (cf. Utdanning 2020a) (the method of calculation tends to inflate the figures).

The figures for the private sector are: fully qualified nurses 587,529 NOK (€56,599), authorized practical nurses 447,600 NOK (€43,119) (cf. Utdanning 2020b), and assistants without any formal training 426 600 NOK (€41,096) (cf. Utdanning 2020a). So the average annual salary of nurses in the private sector is about 21,143 NOK (€2,035 euro) higher than in the public sector. However, for healthcare workers with lower levels of education the public sector pays better; the difference is 38,708 NOK (€3,723) for practical nurses and 5,531 NOK (€532) for assistants without formal training.

SICKNESS BENEFITS

In Norway, the sickness benefit system is very good, with self-certification and full pay for short-term sickness. This ensures that employees can stay at home, rather than risk infecting those they work with. The coverage is full pay for the first year of sickness leave.

ELDER CARE AND COVID-19

COVID-19 IN NORWAY – KEY FIGURES

The Norwegian Institute of Public Health (NIPH) gathered key data from February 2020. By 27 of April 2021 a total of 5,145,536 people had been tested for the coronavirus, of which 111,162 were positive. 4,162 were admitted to the hospital, of whom 793 were treated in an intensive care unit (ICU). By 27 of April 2021 737 people had died of or with Covid-19. Most of those who died were over the age of 60, with the rate for men, between the ages of 60 and 80 approximately twice that for women the same age. Men were slightly overrepresented among deaths between the age 80 and 90, while women were overrepresented among deaths above the age of 90 (Folkehelseinstituttet 2020a).

COVID-19 IN ELDER CARE HOMES

As of 18 of November 2020 Norway had recorded 299 deaths related to Covid-19. About six out of ten deaths due to Covid-19 occurred in care homes, according to the Norwegian Institute of Public Health (NIPH) (Folkehelseinstituttet 2020b).

The NIPH reports that old age is the most obvious risk factor for serious illness and death due to Covid-19. Underlying illnesses further increase the risk. Institutions and elder care homes have a higher risk of transmission of infection, with many people living in close proximity. In general, due to high life expectancy and good public health, the residents of care homes are people with major care needs. Most people want to live in their own homes, and making this possible is a political priority. In elder care homes residents may also have behaviour that complicates efforts to prevent transmission. Atypical symptoms and difficulties expressing symptoms make it more difficult to detect Covid-19 cases among older people. By the time the condition has been detected, multiple residents have often been infected.

Infection can come from other residents, staff and visitors. The challenge is to protect residents without isolating them completely, and maintain proper care.

The health authorities implemented a series of emergency measures in March 2020:

- No admission for staff and visitors with symptoms of Covid-19.
- Proper training for all staff in transmission prevention and use of personal protective equipment.
- Staff training to recognize symptoms, especially the atypical symptoms found in older people.
- Quick and systemic response when cases of Covid-19 detected.

The guidelines have been updated the level of infection changed. This created frustration both in the general public and the sector, but compliance has genarally been good.

COVID-19 IN HOME CARE SERVICES

The risk of infection with Covid-19 has been relatively low in the home care sector. The Norwegian Health Authorities surveyed public home care services in June 2020. They found that several measures had been introduced, but that improvements still had to be made (Helsetilsynet 2020).

All employees needed training in infection control measures and the use of personal protective equipment (PPE). One in three municipalities had trained only a few employees in the use of PPE. Almost 10 percent had not given training at all.

The unions and the municpalities got together in the early stages of the pandemic to conclude agreements on exceptions from established practice, collective bargaining agreements and labour law, in order to handle the pandemic. Adequate staffing was to be secured through collective agreements. The most common agreement was that regular staff should work longer hours to fill in for staff who are ill etc. In case of absence subsitutes were to be used. This has been a challenge for smaller municipalities, which already lacked staff before the pandemic. As of June 2020, half of the municipalities have not made cooperation agreements.

There was a lack of PPE in one third of the municipalities. This has been a challenge throughout the pandemic, especially for services like elder care that are run by local authorities. There was a need for information, regulation and official guidelines relating to the use of PPE. Many staff and relatives wanted home care staff to use face masks, but this was recommended only in cases of suspected infection. Guidelines are needed for proper use of PPE to clarify questions and allay fears.

Almost all municipalities reduced home care services for older people during the this spring. The reason often given was the wishes of users and/or their relatives, but lack of resources was also a factor, along with the wish to prevent transmission of the virus.

WORKING CONDITIONS DURING THE PANDEMIC

LACK OF PPE

Fagforbundet had to address a wide range of issues during the pandemic. The main concern was without doubt ensuring sufficient PPE. The health authorities decided that 70 percent of the available PPE should go to the hospitals, 20 percent to municipally organized services like elder care, and 10 percent distributed on demand.

This led to a shortage of PPE in elder care. Municipalities reported that their supplies almost ran out, and they tried to buy PPE themselves. In May 2020 Fagforbundet, in alliance with the nurses union and the Norwegian Association of Local and Regional Authorities demanded that the government amend the distribution scheme (Muladal 2020).

LACK OF TESTING AND WORK CLOTHING

During the first months of the pandemic, the situation was quite chaotic, and there was a lack of equipment for testing. Health personnel were not prioritized for testing, and in some places they were asked to continue working while showing symptoms (Simonsen et al. 2020). There were also several cases of Covid-19 attributable to lack of testing and quarantine of personnel coming from abroad. In July 2020 the government made testing and quarantine mandatory for health personnel from Sweden (Helse- og omsorgsdepartementet 2020). Some municipalities imposed stricter rules for persons working in elder care than for other personel. There are now frequently updated national and local guidelines, and testing of personnel in elder care is prioritized (Folkehelseinstituttet 2020c).

Fagforbundet was contacted by several branches regarding clothing in the workplace. Especially in home care services some municipalities failed to supply their employees with appropriate protective/work clothing. In some places they even had to wash contaminated clothes in regular washing machines, in contravention of the rules.

PROBLEMS FOLLOWING THE GUIDELINES

During the pandemic lack of personnel and insufficient training were risk factors for spreading the virus. The challenges, as Fagforbundet sees it, result from the constant cuts in funding and staffing in the sector over a long period of time. When the pandemic hit, elder care services had already been cut to the bone. Training had been downgraded over the years. Leaders were overstretched. All these factors were detrimental to the capacity to follow the guidelines.

Health authorities did prepare good guidelines for the different health sectors during the pandemic. But as mentioned above, many municipalities lacked the means to follow them. For example it was clear requested that staff should work for only one employer, in one institution/ward, to limit infection risk. But in elder care many employees work in multiple institutions because they only get offered part-time positions. This is, unfortunately, very common.

In one care facility run by a private organization, an investigation following several deaths found that serious deficiencies may have contributed to spreading the infection (Fylkesmannen 2020). The case illustrates many of the problems organizing elder care during the pandemic:

- The care facility had poor construction and several double rooms.[1]
- The plan for the pandemic was not followed.
- Many employees had to go in quarantine and isolation.
- The care facility staff included a large number of substitutes.
- The training of substitutes was minimal.
- Employees had to move between wards and floors.

1 The law requires care facilities to provide a single room for all residents. (Forskrift for sykehjem og boform for heldøgns omsorg og pleie §4.1).

In a survey conducted by Fagforbundet 63 % of health care workers responded that they had experienced breaches of guidelines in their workplace (Tallaksen 2020).

NEW TASKS AND INCREASED WORKLOAD

Many workers had to perform more tasks than they normally would and work in different ways. In a survey conducted by Fagforbundet 75 % of the responding health care workers said that they had been given other tasks than those they usually perform (Tallaksen 2020). New workplace routines had to be put in place, and many workplaces divided their workforce into new, smaller teams.

There was a need to establish a system for testing, which required quite a lot of (mainly) nurses to work in test stations. Many of these were makeshift, with tents in parking lots and the like. The changes made it necessary for many care facilities and home care teams to reassess the division of tasks. There was a concern that healthcare personnel would be pushed to do a lot of things that were beyond their qualifications or abilities during the most intense period, but as far as we know this did not happen to any large degree. The workload increased for many workers, and shop stewards across the country frequently reported stress and fatigue. According to the aforementioned survey 64 % of responding health care workers experienced a greater workload (Tallaksen 2020).

COMPENSATION FOR OCCUPATIONAL DISEASE

A big win for Fagforbundet was that Covid-19 was recognized as an occupational disease, giving health personnel the right to compensation if infected in the workplace (Fagforbundet 2020).

CONCLUSIONS

Norwegian elder care was clearly not properly prepared for an epidemic of this magnitude. It did not have the organisational structure, the routines or the knowledge to handle it. In the first phase there was a lot of confusion and uncertainty in the services. In many places there were not enough skilled workers to handle a normal situation, much less a serious pandemic. The government was too slow in responding to the need of municipalities, which contributed to the aforementioned lack of PPE and strange and slightly comical situations like workers being told to use medical shoe covers as a substitute for face masks (Fossheim et al. 2020). Fagforbundet believes that knowledge is central, and that training and education should continue throughout working life. The pandemic has shown the importance of this.

All in all the sector adapted. Lower-level management and health care workers in municipal services deserve great credit for that. When the second wave came we were better prepared.

The Norwegian health authorities did implement strict social distancing measures at the right time. Though controversial, the lockdown was successful, and Norway so far has not got to the point where the number of corona patients puts a serious strain on the entire health care system.

Norwegians trust their government and are quite good at following directions. As many international surveys show, Norwegians have high levels of trust and social capital – a more or less direct product of the welfare state and the unionized labour market. We have a strong welfare state with benefits like sickness leave and state-run health care services. One of the greatest threats to the Norwegian society is the erosion and undermining of these policies and institutions. This will reduce levels of trust and ability to adjust in the health care sector, in the event of a new pandemic.

REFERENCES

Fagforbundet (2020): Yrkesskadereglene utvides til også å omfatte korona-smitte, https://www.fagforbundet.no/nyheter/a/11049/yrkesskadereglene-utvides-til-ogsa-a-omfatte-korona-smitte/ (29.01.2021).

Folkehelseinstituttet (2020a): Daily report and statistics about coronavirus and COVID-19, https://www.fhi.no/en/id/infectious-diseases/coronavirus/daily-reports/daily-reports-COVID19/#covid19associated-deaths-by-age-and-sex (28.04.2021).

Folkehelseinstituttet (2020b): COVID-19-EPIDEMIEN: Kunnskap, situasjon, prognose, risiko og respons i Norge etter uke 26, https://www.fhi.no/contentassets/c9e459cd7cc24991810a0d28d7803bd0/vedlegg/covid-19-epidemien---kunnskap-situasjon-prognose-risiko-og-respons-i-norge-etter-uke-26-01.07.2020.pdf (29.01.2021).

Folkehelseinstituttet (2020c): Råd til sykehjem under covid-19-pandemien, https://www.fhi.no/nettpub/coronavirus/helsepersonell/sykehjem-og-smittevern-mot-covid-19/?term=&h=1 (29.01.2021).

Fossheim, Kenneth; Fjelltveit, Ingvild; Braaten, Magnus; Figved, Steinar (2020): Føler seg utrygge på jobb: Fikk beskjed om å bruke skotrekk som munnbind, TV2-Nyheter, https://www.tv2.no/a/11370439/ (29.01.2021).

Fylkesmannen (2020): Rapport fra tilsyn med Metodisthjemmet, https://fylkesmannen.no/contentassets/78c9464771574c0d9d97b6642b8fc307/tilsynsrapport-metodisthjemmet.pdf (29.01.2021).

Helsedirektoratet (2019): Styringsdata for fastlegeordningen, 4. kvartal 2019, https://www.helsedirektoratet.no/statistikk/fastlegestatistikk/Hovedtallsrapport%20fastlegeordningen%20landstall%202019-4%20(002).pdf/_/attachment/inline/315d017b-f9f8-4e2a-aabd-f1d93a4cf314:78334b754a3365812b823dd25d2b5e8f158a1e15/Hovedtallsrapport%20fastlegeordningen%20landstall%202019-4%20(002).pdf (29.01.2021).

Helsetilsynet (2020): Kartlegging av smittevern i hjemmetjenestene i kommunene, https://www.helsetilsynet.no/globalassets/opplastinger/publikasjoner/internserien/kartlegging_smittevern_hjemmetjenesten_kommunene_internserien5_2020.pdf (29.01.2021).

Helse- og omsorgsdepartementet (2013): Forskrift for sykehjem og boform for heldøgns omsorg og pleie, https://lovdata.no/dokument/SF/forskrift/1988-11-14-932 (29.01.2021).

Helse- og omsorgsdepartementet (2016): Rom for Omsorg. Behov for utbygging og fornyelse av landets sykehjem og omsorgsboliger, https://www.regjeringen.no/contentassets/bdba889a5fad49db9485f688551cebee/161115_rom_for_omsorg.pdf (29.01.2021).

Helse- og omsorgsdepartementet (2020a): Krav om testing av helsepersonell fra Sverige, https://www.regjeringen.no/no/aktuelt/helsepersonell-fra-sverige-skal-teste-to-ganger/id2721706/ (29.01.2021).

Helse- og omsorgsdepartementet (2020b): Helse- og omsorgstjenesteloven (Health and caretaker law) https://lovdata.no/dokument/NL/lov/2011-06-24-30 (29.01.2021).

Helse- og omsorgsdepartementet (2021): Helsepersonelloven (Health personnel law) https://lovdata.no/dokument/NL/lov/1999-07-02-64 (01.02.2021).

Muladal, Ane (2020): Mener kommunene bør få smittevernutstyr av sykehusene: – Stort udekket behov, VG, https://www.vg.no/nyheter/innenriks/i/e8gqAa/mener-kommunene-boer-faa-smittevernutstyr-av-sykehusene-stort-udekket-behov (29.01.2021).

NIHP (2021): Daily report and statistics about coronavirus and COVID-19, https://www.fhi.no/en/id/infectious-diseases/coronavirus/daily-reports/daily-reports-COVID19/ (29.01.2021).

Neergaard, Kristine (2020): Antall fagorganiserte og organisasjonsgrad i Norge, arbeidslivet, http://www.arbeidslivet.no/Lonn/Fagorganisering/Antall-fagorganiserte-og-organisasjonsgrad-i-Norge/ (29.01.2021).

Simonsen, Caroline; Nygaard, Arnfinn; Sirum-Eikre, Marit (2020): Helsearbeidere varsler kommunen, sier de ble presset på jobb med symptomer på covid-19, NRK, https://www.nrk.no/norge/atte-helsearbeidere-ved-et-sykehjem-varsler-kommunen-om-arbeidsmiljo-1.15173598 (29.01.2021).

SNL (2020): Eldreomsorg, https://snl.no/eldreomsorg (29.01.2021).

Tallaksen, Thomas (2020): Koronaundersøkelse, fagforbundet, https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjyxtPKjsHuAhUEmYsKHV1RCC8QFjAAegQIBBAC&url=https%3A%2F%2Fwww.fagforbundet.no%2Ffile%2Fe4974a69052ffd771152a50ce757af7c%2FSp%25F8rreunders%25F8kelse%2Bkorona.pdf&usg=AOvVaw0AjTo0K6WsfZyevzoO2vg7 (29.01.2021).

Utdanning (2020a): Lønn, https://sammenlign.utdanning.no/sammenligne/yrke#y_pleiemedarbeider,y_helsefagarbeider,y_sykepleier (29.01.2021).

Utdanning (2020b): Arbeidsmarked, https://sammenlign.utdanning.no/sammenligne/yrke#y_pleiemedarbeider,y_helsefagarbeider,y_sykepleier (29.01.2021).

Windstad, Øystein; Mortensen, Yngvil (2017): Kommersiell eldreomsorg vokser stort Kommersielle som driver eldreomsorg, har omsatt for ti milliarder kroner på ti år, https://fagbladet.no/nyheter/kommersielle-som-driver-eldreomsorg-har-omsatt-for-ti-milliarder-kroner-pa-ti-ar-6.91.485909.113df74dc3 (29.91.2021).

Friedrich-Ebert-Stiftung

The Friedrich-Ebert-Stiftung (FES) is the oldest political foundation in Germany with a rich tradition dating back to its foundation in 1925. Today, it remains loyal to the legacy of its namesake and campaigns for the core ideas and values of social democracy: freedom, justice and solidarity. It has a close connection to social democracy and free trade unions.

FES promotes the advancement of social democracy, in particular by:

– political educational work to strengthen civil society;
– think tanks;
– international cooperation with our international network of offices in more than 100 countries;
– support for talented young people;
– maintaining the collective memory of social democracy with archives, – libraries and more.

IMPRINT

© FES Nordic Countries 2021
Dr. Philipp Fink

Cover photo: Fredrik Sandin Carlson
Design/Typesetting: pertext, Berlin | www.pertext.de

EUROPA

Covid-19 has uncovered many societal fault lines. The virus hit the elder care sector in many countries especially hard, leading to many deaths and pushing care workers fighting on the corona frontline to the end of their limits. The pandemic has underscored deficiencies in elder care that have been warned about and protested by trade unions for years. Precarious working conditions, understaffing and underfunding devastatingly undermined the ability to protect the most vulnerable during the corona pandemic: our elderly.

It is high time we listen now.

The Friedrich-Ebert-Stiftung has, on the initiative of the Swedish municipal workers' union, Kommunal, and the Swedish progressive thinktank Arena Idé, commissioned reports from several European countries. By focusing on the plight of those in need of care and their caregivers, the reports shed light on the pandemic's impact on elder care and highlights the justified demands of the care workers' trade unions as well as the long overdue need for reform of the sector as a whole.

Further information on the project can be found here:
www.fes.de/en/on-the-corona-frontline

FRIEDRICH EBERT STIFTUNG