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Community through Corporatization? The case of
Spanish nurses in the German care industry

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ABSTRACT

Germany's labor shortage in the care sector has facilitated the commercial recruitment of Spanish nurses affected by the crisis to work in private care companies. This research analyses how nurses are recruited to Germany, and how employers use these to save labor costs up- and downstream in the care chain. I show how these corporate practices in care undermine the possibility of solidarity and community between care-users and care-workers as well as how management manufactures divisions of labor to control the workforce. Inadvertently, this engenders the very conditions for worker organization to emerge among Spanish nurses.

Introduction

In the wake of the crisis in Spain, German private care companies have been recruiting Spanish nurses to work as care workers for private companies, clinics and care homes in Germany. This study analyzes how Spanish nurses are recruited into the German care regime, how employers seek to save labor costs by employing them, and the way in which this situation produces the conditions for Spanish workers' organization in the German care sector. Previous studies have highlighted migrant care workers' capacity for self-organization and trade unions' responses to care work migration (Hardy, Eldring, and Schulten 2012; Schilliger 2016). This study aims to show how the "corporatization of care" (on which more below) creates the conditions for worker solidarity and organization, locates where solidarity and organization can potentially arise within the care chain and what it means for the transformation of social relationships. In doing so, this study seeks to contribute to the debates around the commodification of care, care chains and corporate care. In conclusion, this study finds that solidarity and community-building between care workers and care-users, as well as carers of different origins is obstructed through different managerial mechanisms; yet I maintain that these mechanisms can produce new forms of workers' organization among Spanish migrant care workers themselves.

In her article, *Social Politics and the Commodification of Care*, Clare Ungerson (1997) questions whether the commodification of the care relationship vis-à-vis payments to both caregiver and care-user facilitates "post-traditional" forms of (micro-)solidarity and community, as Adalbert Evers had argued elsewhere (Evers 1994). According to Evers, these forms of (micro-)solidarity and community lie beyond "the polarities of state, family, and market", "consumerist individualism" and "service-oriented collectivism" (Ungerson, 1997:377). Writing at a time when the commodification of care manifested itself in the process of moving from the remit of "unpaid work" to "paid work", Ungerson rejects the assumption that social relationships would move into "a single and particular direction". It remains open whether the commodification of care work can engender both privatization and individualism, as well as new forms of (micro-)solidarity and community. Clare Ungerson writes:

It seems to me that the social, political, and economic contexts in which payments for care operate and the way in

which payments for care are themselves organized are just as likely to transform relationships as the existence of the payments themselves. (Ungerson 1997:377)

The changes to the social, political and economic contexts are likely to change the relationship between care-giver and care-user, in as much as the existence of payments creates a transactional relationship. As care work moves into the remit of “paid work”, it raises the question whether these changes only affect the care-giver-user relationship, or whether carers – now considered workers – start to engage in community-building and solidarity on an occupational basis.

As the care context has changed within the last 15 years, a growing body of research emphasizes the exploitative labor relations and working conditions in care work (Williams 2010; Bauer and Osterle 2013). Care work has not only moved from the remit of “unpaid work” to “paid work” but has been outsourced to migrants from poorer countries, creating what authors refer to as a “global care chain” or “nanny chain” (Hochschild 2000; Murphy 2014). For the purposes of this study, I will focus on the former, in which individuals from poorer countries frequently choose to become health care professionals because of the migration possibilities that the career offers (Connell 2008, 2). Insofar as that states stand in competition with one another to attract workers, employment regimes are shaped and shape the global care chain and care work migration (Glinos, 2015; Lutz & Palenga-Möllnbeck 2012, 29; Schellinger, 2015). Such care work migration engenders a “care drain” in migrants’ sending countries as well as a “brain gain” in receiving countries regardless of whether the state follows state-led, market-led policies or a mix of the two (Fedyuk, Bartha, and Zentai 2014; Lutz and Palenga-Möllnbeck 2012). Accepting that inequities are reproduced within the care chain, Glinos’s research suggests that the mobility of healthcare professionals and care workers within the European Union disproportionately benefits wealthier EU member states, despite there being positive and negative effects for sending and destination countries alike (Glinos 2015).

Nicola Yeates, amongst others, has criticized this care chain analysis and the global commodity chain framework from a feminist perspective. She posits that such a chain analysis requires further theorization and gendering as well as empirical work to distinguish it from the economic determinism of the global commodity chain. While it is a valid analytical tool to analyze the globalization-migration-care nexus, it reduces care

work to production of goods for market consumption and does not account for the service nature of this type of work as well as omitting gender concerns. She draws attention to the diversity and specificity of migrant workers and the care contexts, as well as the unpaid labor that goes into care work (Yeates 2005a; Yeates 2005b).

The debate on global care chains helps one to understand the transformation of the social, political, and economic context, which Clare Ungerson foreshadowed in 1997. It is in this context that the “corporatization of care” can make a useful theoretical contribution². Hence, the question whether the pervasiveness of such business rationale in care provision prompts the conditions for the development of worker agency and solidarity.

In answering this question this study draws on 30 semi-structured interviews with three groups of people: Spanish nurses, members of the Spanish activist group Gruppo Accion Sindical (GAS), and trade union staff. I recruited the Spanish nurses by joining a Facebook group that resembles a professional association and through contacts with the GAS. I chose to interview trade union staff based on whether they had directly worked with Spanish nurses or indirectly with the GAS. I drew on interviews from activists of the GAS because they organize, represent, and provide mutual aid to fellow Spanish-speakers in Germany. The interviews were conducted in German and English between September 2015 and January 2016. The interviews were based on an interview guide, which contained the following topics: the workplace, the community, discrimination, power and relationship with trade unions. The quotes used in this paper have been translated from German into English by myself and then have been translated back again into German to see whether it matched. This method allows me to establish that these are accurate in form and content and wholly represent what the interviewee told me at the time of the interview. The interviews were transcribed and coded per new emergent themes (reason to migrate, labor movement in sending countries, agency work, interns, de-skilling, language, racism and discrimination) in NVIVO.

² Sara Farris and Sabrina Marchetti have argued that the corporatization of care manifests itself in both for-profit and non-profit care providing contexts insofar as they employ management and business rationales primarily through saving on labor costs and increasing productivity.

The German-Spanish care context

Germany's labor shortage facilitates corporate and business-like approaches to the recruitment of foreign nurses and care workers. Following World War II, the German state imported Korean nurses to fill the labor shortage in the health sector (Choe and Daheim 1987). At present, the German government has a bilateral trade deal with the Philippines – a country which 'produces' care workers and nurses for the global market – and continues to recruit care workers and nurses with the assistance of its development agency (GIZ) in 'Third States' such as Vietnam and Tunisia (Güllemann and von Borries 2012; Ramm and Güllemann 2013). Other programs such as these are in hiatus: the costs of devising, planning, and running them are substantial yet they have not been able to tackle Germany's shortage of skilled care workers and health personnel. As inequities in the care chain have led to insufficient numbers of health and care workers in many regions of the Global South, the World Health Organization's (WHO) new regulatory framework recommends equitable and sustainable recruitment practices of care and health personnel (WHO 2010). Consequently, private care companies and recruitment agencies have refocused on recruitment within the European Union where these regulatory framework agreements are over-ridden by the European Union's principle of freedom of movement for services and labor.

Germany's insistence on informal and private provision as well as the lack of state control of care services created an unregulated market and a growth of private for-profit providers since the 1990s (Anderson 2012, 140). Before that, large non-profit welfare organizations associated with the Catholic/Protestant Churches and other charitable organizations were responsible for long-term elderly care provision with local municipalities overseeing and monitoring their work (Theobald 2012a). Through the introduction of a long-term care insurance (LTCI) system³, the state pursued the goal of increasing efficiency of care provision, with measurable standards, market mechanisms and competition being

³ Helmut Kohl and his government introduced the German long term care insurance in January 1995. It is part of the social security system in Germany and makes financial provision for long-term care. The insurance covers some part of home and residential care costs for sick or old people in need for the duration of up to six months. Consequently, this person is not dependent on social assistance but can live an independent and self-determined life under the given circumstances.

introduced into long-term care under the guise of ‘personal choice’ (Winkelmann, Rodrigues, and Leichsenring 2014, 2–3). At present, private for-profit and not-for-profit providers compete in a market primarily by saving on labor costs (Theobald 2012b; Winkelmann, Rodrigues, and Leichsenring 2014). Germany’s care regime has been subject to both commodification and corporatization, insofar as care work has moved from the remit of unpaid work to paid work, and business rationality shapes different care actors. According to Juliane Winkelmann *et al.*, (2014, 7) this has a “positive effect” on prices of private providers, yet their study does not consider the specific effects on a predominantly female and migrant workforce.

At present, an estimated 115,000-300,000 Eastern European carers work in Germany. Many of them are recruited by international placement and recruitment agencies and work without professional recognition or a fixed contract, twenty-four hours on call (Knaebel 2015; Wilde 2014; Kniejska 2014). Since the enlargement of the European Union (EU) in 2004, employers use these legal loopholes to pay below the minimum wage, pay them less than German workers and do not pay social security or insurance contributions by having them work in bogus self-employment (Ver.di 2011). This has been possible because A8-citizens from Eastern Europe (Poland, Romania, Bulgaria etc.) did not have access to the German labor market following the EU enlargement and circumvented the ban by working as posted workers or illegal workers in both private homes and care homes for three months on a rotation basis (Lutz and Palenga-Möllnbeck 2010; Goździak 2016; Leiber and Rossow 2016). Helma Lutz and Ewa Pallenga-Möllnbeck show that this ‘grey market’ and the continued dependence on migrant labor constitutes “an integral part of German welfare state policies” (Lutz & Palenga-Möllnbeck, 2010, 419; Lutz & Palenga-Möllnbeck, 2012, 30), possibly explaining why the German government continues to ignore these practices.

Despite these measures, Germany continues to experience a shortage of care workers. Germany’s labor shortage amounts to 70,000 full-time care workers and a total of 162,000 care workers, with the current unemployed worker to open vacancy ratio standing at 38/100 (Bertelsmann-Stiftung 2015). The services union ver.di - the main union representing workers in care - , meanwhile, claims that more than 50,000 jobs have been slashed in the sector since 1997 (Ver.di 2015), highlighting how private care companies, public hospitals and other providers have increased labor productivity and increased margins by

saving in labor costs. A government report states that this has led to a significant number of workers deciding to work part-time or leave the job altogether (Afentakis 2009). While demographic changes account for part of this trend the German trade union confederation's study on care underlines that it cannot be reduced to this (DGB 2012). Accordingly, labor conditions account for a significant part of the labor shortage as 92 percent of care workers identify with their job but only 3 percent believe their working conditions are good; 79 per cent of care workers think that they are unfairly remunerated and 20 percent believe that they will be able to keep on working until retirement age.

The state-facilitated recruitment of Spanish nurses shows the extent to which Germany's care regime is shaped by corporate logic. Through the theoretical framework of the care chain one can see how inequities are reproduced in the care work migration from Spain to Germany. As Eastern European care workers and bilateral agreements with Third States have not been effective in tackling the care sector's labor shortage, private care companies look to crisis-ridden countries elsewhere within the European Union. Spain has an unemployment rate of 25 per cent and the budget for its public health care system has been cut by 13 per cent (Legido-Quigley et al. 2013), so its university-educated nurses have been recruited to come and work in Germany. While there are no definite numbers on this form of migration (Faraco Blanco et al. 2015; Barslund and Busse 2014), this policy has been endorsed by the EU, and the respective German and Spanish governments. EU-led initiatives such as *MobiPro-EU* have moved from tackling the financial barriers involved in European mobility to targeting qualified Spanish workers (Barslund and Busse 2014, 122–23). German chancellor Angela Merkel and Finance Minister Wolfgang Schäuble have argued that Spanish youth unemployment will only be solved if young people are willing to move to Germany (Evans 2013). The Spanish Minister for Employment and Social Security Fatima Bañez has labelled the current wave of emigration as *movilidad exterior* (exterior mobility), claiming that these young people have displayed the “ability and willingness to be mobile, to master foreign languages and expand their professional horizons. This can never be considered a negative phenomenon [*own translation*].” (quoted in Galindo, 2014).

The recruitment of Spanish nurses

Commercial recruitment practices epitomize the extent to which Germany's care system is guided by a business rationale. There are two main routes through which Spanish nurses enter the German care industry and labor market: They either are recruited by private clinics, care homes, commercial recruitment agencies or, they receive stipends from one of several EU-state-financed projects and web platforms set up to broker jobs for Spanish qualified workers abroad. By tailoring the message directly to Spanish nurses' need for work, commercial agencies and German care companies can encourage these nurses to migrate to Germany despite them not being able to speak German. The following example illustrates care companies' use of business practices to recruit care workers.

I saw it on public television. Something about this clinic. And then I looked a bit more and got in touch. I applied online. In many cities in Germany: Freiburg, Hamburg etc. Also in London, not only Germany. Even in Brighton. The first ones who answered was this clinic. After that there was a job interview in Spain. They talked a bit superficially about the project and then we immediately started to work.

The use of television commercials to recruit Spanish qualified workers such as this nurse is so widespread that it even has been featured in the Spanish mainstream film *Perdiendo El Norte* (engl. *Off course*), in which an engineer and a business graduate migrate to Berlin after seeing an advert on television for highly qualified jobs but end up working in a Turkish falafel shop. Other interviewees recount being recruited online by targeted Facebook ads in Spanish featuring detailed information about starting salaries and income. Time and time again, Spanish nurses emphasized that the German language constitutes a mobility barrier and that they would have preferred to work in the UK. But one of the reasons why Spanish nurses decide to migrate to Germany is the quick reply they receive from these agencies. This is repeated across the interviews. Through using private recruitment companies and agencies, clinics advertising at universities, television ads and social media and a high and fast response rate to applications they are able to generate a sense of German efficiency and professionalism which corresponds to Spanish nurses' need for a job. One Spanish nurse

received a call for a job interview in Britain once they had already started their job in Germany.

For Spanish nurses, commercial web platforms and agencies are indistinguishable from platforms such as *EURES* - the European Commission's Job Mobility Portal - as they advertise the same kind of jobs and draw on official state discourses on migration. By employing signifiers such as, "Europe", "EU", "work and travel", "job of my life", *Euro Rail*, *Erasmus*, or "mobility" they inspire a sense of trustworthiness in the agency and the jobs on offer. Such discourses appeal to the European outlook of young Spanish nurses, as well as serve the Spanish and German governments' agenda of solving youth unemployment through emigration and produce a flexible workforce.

By looking at a state-led initiative and what jobs are advertised, we can see how pervasive business practices have become. A Spanish nurse from Murcia signed up to work in Germany via *Job of my life*, an online platform launched by the German Federal Employment Agency (BA) and German government. Only once she arrived she discovered that she would be working below her skill-level as a care assistant in a staffing agency in the Hannover area. This was a distant world from when her father had come to work in Germany as a guest worker in the 1970s, as she had to pay for her own air travel to Germany, the first three months of rent and even the transport to move between different care homes for work.

Private care companies specializing in twenty-four-hour mobile care use deceptive tactics to recruit Spanish care workers to fill the German labor and care shortage. An activist from the Gruppo Accion Sindical (GAS) which organizes Spanish care workers recounts one company's recruitment practices:

[This company] organizes informational events in Spain and they also have a website which no longer exists because they branded it "work and travel". The idea was that you can get to know different German cities and you can work flexibly in different deployments: In Munich, the beautiful city! Berlin, the party city! Hamburg! And the 'work and travel'-part consists in the fact that you have an apartment in Berlin but you work in a small village in the Ruhr area, after that a week in Berlin, then a week in Brandenburg, then two weeks in Berlin, and then three

weeks in a small village in Bavaria. That's what they call "Work and Travel". Total flexibility, so to speak.

These recruitment practices are the product of the labor shortage and the primacy of private care provision. They are facilitated by the EU as well as the discourse of Spanish and German governments on migration, who present recruitment as a way of solving the unemployment crisis. The question is whether such pervasive business practices on behalf of state-led initiatives and private companies engender the conditions for worker solidarity and community-building.

These interviews suggest that these recruitment practices can foster community and worker solidarity insofar as they engender a common experience of migration. The commercial recruitment practice plays a role in creating bonds of solidarity between different Spanish workers. As one interviewee recounts:

We were a group but we didn't know each other. We were 30 nurses, we arrived at the same time. We needed to stay in touch because [the company] didn't do anything for us once we arrived.

Working in a care home alongside 30 other Spanish nurses, the interviewee states: "we needed to stay in touch". This is not so much a choice as a product of not being given adequate preparation before coming to Germany. It is facilitated by workers' common language being Spanish and their lack of German. This form of community and solidarity is based on the common experience of commercial recruitment and a collective experience of migration. As we will see in the following section, it does not, however, imply solidarity with German co-workers or care-users.

Saving Labor Costs

Sara Farris and Sabrina Marchetti (forthcoming) argue that the corporatization of care is occurring primarily through the application of business logics to care management and the business imperatives of saving on labor costs. In the case under focus here, this is achieved in two ways: Employers produce difference between groups of workers by employing Spanish nurses on lower wages despite having a university-

degree and German co-workers only having vocational training. Furthermore, they externalize the costs associated with the reproduction of labor power. The author's interviews, various newspaper articles, union reports (Kunkel 2015; Stern 2014; Kellner 2013; Nessler 2015) show that German employers depend on paying foreign nurses less, yet force them to work the same unsociable hours and perform the same tasks as fully qualified care workers. One care worker states that "we do the same work. Here in Germany carers and care assistants do the same". However, when it is convenient, employers and co-workers point out that they are care assistants or interns and task them with non-contractual work, including mopping floors, cooking meals or taking dogs for walk.

As care companies prioritize early entry into the labor market, Spanish nurses enter workplaces as interns or care assistants with insufficient German skills. The company provides them with basic language training for two hours a week with a private tutor, with one nurse reporting that the company owner's spouse teaches them German in their breaks. One care worker waited six months to have his first German language class and at another care company "there are people that continue to wait for their B2 course for two and a half years", continuously working as care assistants. According to another interviewee, they are often only given three to six months to pass their German Level B2 test, which allows them to gain their professional recognition. If they fail, they remain employed as care assistants or interns.

These labor-cost saving mechanisms are, of course, to the detriment of care-worker and care-user alike. "We couldn't understand anything and we work with people...not with plants or so", a Spanish nurse reports. Others reiterate this point in a different way:

[...] I'm a bit sad for these people, the patients. I can't do everything I can actually do. And I see it. These people can't communicate well with us because we don't speak German well enough. That makes it stressful.

Corporate care further undermines the emergence of community and solidarity between care-user and care-worker. It is not the payment which shapes the relationship between care-user and care-worker, but rather the fact that they cannot communicate. Occurrences of community and solidarity between patients and staff were not observed or recorded in interviews. Furthermore, the interviews reveal that

companies seemingly do not want to teach their Spanish staff German, as they appear to be more interested in saving labor costs. Spanish nurses' lack of German means that they cannot even communicate with the care-user in an adequate fashion. While the interviews indicate that the Spanish nurses feel for the care-users and patients, their situation of moving between different care homes, working around the clock and being isolated from other colleagues contributes to care workers' inability to build bonds of solidarity with care-users. Another factor which obstructs community-building and solidarity between care-users and care-worker is the way in which different companies (recruitment agency, private company, staffing agency) mediate the relationship. Thus, the corporatization of care does not only blur the lines in regards to the employment relationship, but also affects the care-users' ability to build a connection with a care-worker, ultimately undermining the very task of care.

This leads to a sense of frustration because it clashes with their expectation of care work transmitted through their university studies.

A1: We think we have one of the best university studies in care work in Spain. But yeah, we knew about it. We came here and knew that we might have to wash a patient but not clean floors.

B2: Yes, basic care such as washing, hygiene. Normally, that's done

A1: Normally, you don't have to do that.

B2: Only the care assistants and helpers do that in Spain

Another care worker confirms this:

I didn't know what work would be like here in Germany. [...]. In Spain, we do more technical work, here it's more care. More maintenance, more washing, more serving food and make the bed. We don't do any of these tasks in Spain. [...]. Here it is an apprenticeship, in Spain you go to university. But I don't feel like I'm more qualified than the Germans. No. I must understand that it's different and that there are things I can't do now. If that's not clear in your head, you can't work well and you feel terrible.

By referring to her university education, she reveals she expects more from her work. The same applies to the other two nurses above. The

interviewee previously worked as a nurse in a Spanish public hospital. Now she finds herself in a twenty-four-hour mobile care service where she is employed to fill labor shortages in up to five care homes a week. As care work in Germany and Spain differ, she gives them the labels “technical” for Spain and “care” for Germany, indicating that not only the institutional setting differs but also the national context in which care is provided and the labor process as such. In other words, particular tasks are deemed care tasks in Germany are considered auxiliary tasks in Spain. Despite freedom of movement in the EU, different educational and professional standards apply along the care chain. Thus, Spanish care workers’ labor process is marked by them losing their professional recognition and their autonomy. The corporatization of care contributes to the devaluing of labor and care, as it treats labor like any other input into the care chain.

The question is whether occupying this position within the care chain facilitates solidarity and community within the workplace. Commenting on the issue, one ver.di trade union secretary states the following.

They didn’t somehow say ‘we have a better qualification’ but they wanted to be treated as equals. That was their central theme. But I think it played a role that their education and qualifications are academic.

Thus, their university education is used to demand equal treatment and at the same time leveraged to receive language classes. One of the interviewees and her Spanish colleagues collectively approached management and demanded language classes which they refused. Another group of care workers approached their labor union in Spain which in turn contacted the Spanish Labor Ministry. Others approached the Gruppo Accion Sindical (GAS), a group of migrant activists associated with 15M movement, to assist them in their demand for language classes. However, all the routes facilitate separate organization rather than solidarity and community-building with care-users or co-workers as the national context, the institutional setting and their experience of the labor process come to dominate.

German care companies depend on producing difference between different groups of workers in the workplace, by having Spanish care workers work below their education and skill-level in Germany and paying them less than their German colleagues.

Further, management fosters divisions between groups of foreign and non-foreign workers to manage the workforce. This undermines the prospect of community-building and solidarity between care workers of different origin. An interviewee recalls:

On some stations[German] colleagues were mean to the foreign ones because they see 30 foreign new colleagues arrive. These people didn't want to work with foreigners - with the new ones - or train them because it's difficult. Some were just really mean. [...]. So, I asked 'can I do something?' 'No, but you can mop the floor'.... *That was nice of them...* But at the beginning you can't do anything, so you do it.

The interviewee describes a division between German and Spanish care workers - those who are new on the job and those who have been already working there - within their workplace. In other cases, German co-workers do not distribute work tasks, insult them as "lazy Spanish" and make them perform non-contractual work such as mopping the floors. This produces resentment between the two groups and forecloses the possibility of solidarity. Management, on the other hand, creates a division of labor by using Spanish care workers to fill labor shortages in partner clinics, care homes or domestic services, jobs which German workers refuse to do.

A ver.di trade union organizer says:

That became part of the conflict because the companies sent them to the places where the German colleagues didn't want to go either.

A Spanish care worker recounts:

For example, I had my shifts scheduled for three days and then I had planned a day off. They said: 'No, you got to work.' At the beginning, I couldn't believe that this is normal. [...]. I worked in four or five different elderly care homes in a month without knowing the city, without knowing anything. [...]. [The people you work with], they're not your real colleagues because you're outside of the company. You come from a different company. You're there for a day and

then tomorrow you're elsewhere. You can't build any relationships or contacts.

This division of labor in the company serves the purpose of filling staff shortages, as well as isolating Spanish workers from one another.

Companies' high demand for mobile domestic work and the lack of a geographically fixed workplace leads to an individualized experience of work and, consequently, produces an individualized workforce. The fact that the nurse says "they're not your real colleagues" displays the lack of community and collegiality between workers of different origin, which corporate care comes to depend on. As employers can draw on a steady supply of workers who will perform these tasks, work those jobs at the same or lower wage, community and solidarity become difficult to construct within the workplace. Consequently, Spanish nurses are inhibited from building sustainable contacts and collegial relationships with German co-workers, which might bring them into discussions over pay, conditions or possibly a union. One can argue that the division of labor within private companies and the different experiences of work rule out the potential of spontaneous manifestations of worker solidarity against the employer.

The Externalization of Costs

Private companies save labor costs by passing on the costs of reproducing labor power to the Spanish state or the individual Spanish nurse. Thus, inequalities are reproduced both up- and downstream within the care chain.

Based on the care chain analysis, one can argue that labor costs are externalized upstream to the Spanish state insofar that the Spanish state and respective individuals bear the costs associated with training, education and language. This chimes with the view that:

reproduction costs, social risks, and the responsibility for investing in human capital are shifted from the receiving to the sending countries and from society as a whole to the individual (Lutz and Palenga-Möllenbeck 2012, 30)

The German state and the private care companies, which employ Spanish nurses depend on Spanish universities to educate and train

Spanish nurses. Furthermore, private companies receive money from the state, the European Union or European Social Fund so that Spanish nurses can learn German and work as fully recognized nurses in Germany. Private companies, though, externalize the costs associated with learning German on to the individual. A nurse working at a staffing agency recounts that she received money for a language course through the EU-financed project *Job of my life* while at the same time the company claimed money from the European Union for German language training. In turn, the Spanish healthcare and care system experience a “brain drain” and “care drain”, reproducing inequities and inequalities in the care chain. The German state thus saves costs by not paying for vocational training and companies save money by employing qualified nurses as care workers below their skill and qualification level and pay them less than German workers.

The inequalities reproduced in the care chain and carer migration are felt most strongly by those who have migrated to Germany as the company demands that nurses pay a penalty fee in case of a breach of her work contract. So, the company saves money twice. Once, by receiving money from the European Social Fund to train workers and, secondly, by including it as a penalty fee in the contract in the likelihood that employees breach the contract. In doing so, employers undermine workers’ labour mobility power and the opportunity of moving on to better jobs, which has been a strategy used by many workers in the sector as the cited government report above documents. The penalty fee shows that employers find a strategy necessary to prevent workers from leaving their jobs. One could argue that better working conditions and high pay could stop care workers from leaving. However, this would mean that private care homes and companies would not be competitive against forms of informal provision. The penalty fee is a means to discourage the Spanish workforce from leaving in the face of difficult labor conditions and unequal treatment. It epitomizes another way employers isolate Spanish workers, yet as discussed in the final section it also has galvanized Spanish care workers to organize for their rights, as having a penalty fee in one’s contract is not an isolated occurrence. The case of a nurse working in Hamburg epitomizes this:

The company argues they paid for a German course, coaching and a psychologist which he never made use of. They asked for 4,950 euros in case he left his job. In other cases, companies demanded up to 8,000 euros. This systematic externalization of costs takes place despite the EU stipends covering the costs and the move to Germany.

For example, how much does my professional recognition cost? 250 euros. Paid by the stipend. My B2 language course was financed by the European Social Fund. And the company claims that they paid 2000 euros for the course. My question is why should I pay them 2000 euros if they never paid anything?

By externalizing the costs associated with high labor turnover and labor shortage on to individual workers, companies save money. Inadvertently, we also see how the penalty fee creates the conditions among Spanish care workers to move beyond solidarity and community toward organization.

From Community and Solidarity to Organization

The previous sections show how corporate care seeks to undermine solidarity between care-user and care-worker as well as care workers of different origin. Spanish nurses are not able to build community and solidarity with their German co-workers due to the division of labor at a workplace level and the hostility they face from German colleagues. This is exemplified by the fact that Spanish workers are not able to mobilize German or Polish workers despite working to organize with them through the ver.di union and distributing multi-lingual flyers, which address that they do not want to be played off against their co-workers. Neither did the author observe any indications of solidarity and community-building between care-users and workers as language skills are insufficient and staffing agencies and recruitment companies mediate the employment relationship. The business practices discussed above, though, do not only generate the basis for community and solidarity to emerge among Spanish care workers themselves, but also for worker organization to emerge in the German care sector.

At a workplace level, Spanish nurses have engaged in a myriad of collective tactics to improve their working conditions. In one case, Spanish nurses collectively approached the company demanding language classes. As soon as they approached their employer he retaliated by firing the workers or reduced the number of hours. Arguably, this is a disproportionate response as workers wanted to improve their work, which one would think might fit with their employers' business goals. In another case, Spanish nurses started to organize

dinners to discuss work-related issues. These would lead to the formulation of collective demands such as planned scheduling, so that workers could organize their work and free time. Again, one would think that this was in the interests of the private care company as it is a more efficient way to manage the workforce. Nurses' letters and grievances to employers, management, the Spanish Labor Ministry and their professional associations at home were to no avail. While Spanish nurses develop collective demands, interviews reveal that they first and foremost want to leave their job. Given the penalty, individual flight is impossible. That is why many nurses decided to build pressure collectively and make "trouble" within the company so that employers would let them leave their jobs. This proved to be a successful tactic insofar as workers could leave the job without having to pay the penalty fee because employers were happy to no longer have them in the company. As Irene Glinos's research points out that return migration and a "cycle of brain gain, waste and drain" is the likely consequence if foreign trained health professionals are de-skilled, face inadequate working conditions and lack appropriate structures (Glinos 2015, 1532).

The organizational forms that Spanish nurses choose underlines the extent to which their experiences as Spanish migrants needs to be featured in the analysis. To understand the work of the GAS and the Spanish nurses and their collaboration it is necessary to focus on forms of organization which have emerged upstream in the care chain, as well as the failure of traditional forms of trade union representation within the care chain in Germany.

The GAS and Spanish nurses draw upon the collective experience of the 15M movement, which saw more than 200 towns and city squares occupied in May 2011. In the wake of this movement, new forms of solidarity and organization emerged in Spain's healthcare sector, with campaigning and direct action being taken against cuts and privatization. In particular, the GAS draws on the activism and organizational forms of networks such as the *Marea Blanca* which moves between new forms of unionism and an open peer-to-peer network in which everyone is allowed to use the logo, name and identity (Gutierrez). Thus, activists who agree with the principles of the GAS can start their own group. Unlike the initial indignados protests, which rejected trade unions, health activists in Spain built alliances with traditional labor organizations as the UGT and CCOO (Stobart and Sans 2012). The case of the GAS and Spanish nurses show that migrants can transport such forms of organization into their new host society. My

research shows collaboration with ver.di, as well as collaboration with the syndicalist Freie Arbeiter Union (FAU) and Spanish unions, which have an interest in maintaining a membership base among young people below the age of thirty-five. There is no evidence which suggests that the Marea Blanca in Spain has organized around the issue of care work migration. But groups such as the GAS attack the EU, Spanish and German government discourses on migration and mobility discussed earlier in this study. Spanish activist groups frame their migration as a collective process of being “kicked out”, “in exile” or even “forced migration”. These slogans are also confirmed in the stories of my interviewees, none of studied to become a nurse in order to migrate as John Connell (2008) might suggest. Instead, structural issues such as the cuts in health care and political situation which explain their migration. It is on that basis that nurses and activists challenge the dominant discourses, and use their common experience of migration as a basis for collective organization.

It is not only the dominant migration discourse they attack, but they also turn private companies’ and recruitment agencies’ practices on their head by placing targeted Facebook ads to Facebook users in Germany and Spain who post or mention anything related to nursing and care work. In doing so, they employ the very same corporate practices to organize care workers by which private care companies recruit Spanish nurses. On that basis, they built a contact list of 138 nurses affected by the penalty fee, and it resulted in two new groups being founded, both with the aim of organizing care workers.

The forms of organization developed by the GAS and Spanish necessarily need to move beyond the traditional forms of servicing encountered in traditional trade unions due to their individualized experience of the labor process and the organizational weakness of trade unions in the sector. Workers’ experiences with the works councils, which are not convened by the trade union but are elected by the entire workforce to represent their interests, illuminate the need for separate organization:

A1: I tried to go to the works council. But all my colleagues told me it’s better not to. Because he’s from the company.
[...]

B2: The works council’s office is directly next to the employer’s office. What are you going to do when he asks:

‘What are you doing here? Do you want to discuss something with me?’. ‘No, no. I’m just going next door.’ ‘What do you need to discuss with the works council?’ That’s what’s going to happen. I haven’t spoken to anyone from the works council.

A1: And then the works council representative will just tell the employer and manager: ‘He said this, and this, this, this.’ Then I might as well tell him directly.

B2: I just don’t trust the works council in my company so I have looked for different support.

Distrust of works councils and the lack of support from the trade union due to its organizational weakness leaves a space for GAS activists to step in and organize workers on a collective basis. As Jane Hardy et al. (Hardy, Eldring, and Schulten 2012, 354) highlight the union has prioritized the introduction of a statutory minimum wage for all care workers, possibly creating a further barrier to organizing workers in the care sector.

Their successes in improving terms and conditions at workplace level are limited: most Spanish nurses either have insufficient language skills or are not committed to staying with their employer, let alone in Germany.

This leads to problems for the GAS in convincing ver.di to invest resources into organizing this group of workers. Nonetheless, they have built sustainable relationships with responsible trade union organizers and embed themselves in wider campaigns for more care personnel in hospitals.

But this is the thing, because the German model is so based on the *Betriebsrat* [works council], and so less based on unions, that when the union perceive there is nothing to do with the *Betriebsrat*, there is nothing to do in the clinic. All their activity goes through the *Betriebsrat*. If you can’t access the *Betriebsrat*, there’s nothing you can do. [...].

By connecting individual workers to the union, identifying conflicts that can be fought collectively, leafleting actions at care companies, the GAS provides a space to Spanish workers across different companies to

group together and build community and worker solidarity under difficult circumstances. Thus far,, the GAS fulfils a similar function to the Polish Church as a center of mobilization for Polish nurses working in home care in Switzerland (Schilliger 2016).

Conclusion

This article finds that the corporatization of care in Germany is the product of the country's labor shortage. It manifests itself in the recruitment practices of private agencies and is facilitated by the EU, German and Spanish states' discourses on migration and mobility. These recruitment practices by state-led initiatives and private companies exacerbate inequities in the care chain, as companies rely on the Spanish state and individuals to bear the costs associated with education and training. In doing so, German care companies save costs.

Furthermore, this article has highlighted that corporate care practices seek to undermine solidarity and community between the care-user and care-worker and care workers of different origins. The case of Spanish nurses exemplifies the wholesale commodification of care, and the shift from care-giver to care worker, which has consequences for the debates on the commodification of care (Ungerson 2003; Ungerson 1997). Solidarity and community between care-user and care-worker are obstructed insofar as Spanish nurses are not given adequate language training to communicate with care-users. The insistence on Spanish nurses' early entry into the labor market and working below their level of qualification and skills highlights private care companies' primary motive of using Spanish nurses to save labor costs. In doing so, this study contributes to a better understanding of the mechanisms of labor exploitation and the working conditions of health and care workers. This study also reveals that management draws on German employees' hostility toward new Spanish care workers to control the workforce. These cost-saving mechanisms lead to unequal treatment. This situation is reinforced by creating a division of labor and tasks within the company, with Spanish workers performing the role of care assistant or intern and being used to fill labor shortages in mobile care or being given tasks that German workers are unwilling to do. This labor market segregation with immigrant women working in care services on sub-standard wages in jobs that native workers will not accept is also observed by Olena Fedyuk *et al.* (Fedyuk, Bartha, and Zentai 2014, 2). However, in the case of Spanish nurses they are observable within the

same workplace. These divisions obstruct a development of community across racial and national divides and means that Spanish nurses forge a sense of community only among themselves even though the squeeze on labor affects all workers. Thus, Clare Ungerson's emphasis on the care context and its changes remains an important pointer when analyzing the emergence of solidarity and community within the care sector.

Inadvertently, the very business practices discussed in the above sections create the basis for community and solidarity to emerge among Spanish nurses working for German private care companies. This chimes with Clare Ungerson's claim that solidarity and community are multi-directional. The commercial recruitment practices foster a mutual dependence on one another, creating bonds of solidarity and community. Spanish nurses' insufficient German skills means that they are used for similar jobs which are experienced as degrading and are subject to a loss of professional autonomy and professional recognition. This establishes a commonality between Spanish nurses. Management uses Spanish workers for the jobs that Germans refuse to do and draws on German workers' hostility to their Spanish colleagues in order to control the workforce; the result is that Spanish workers collectively demand equal treatment. But solidarity between the Spanish workers is primarily expressed through opposition to the penalty fee that prevents them leaving their jobs. It takes the organizational form of being organized in the Gruppo Accion Sindical which draws on forms of activism and trade unionism imported from Spain, as well as using communication techniques and messages to undermine the dominance of business in the sector. The lack of union representation and the complicity of works councils with management therefore opens the space for new forms of activism to emerge within the German care sector.

The forms of community and solidarity that emerge among Spanish nurses represent a challenge for unions as does the corporatization of care itself. This research contributes to a better understanding of where labor unions and activist organizations can draw on already existing forms of solidarity and community up- and downstream in the care chain and potentially integrate them into their organizing and campaigning work.

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