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The Price to Pay for a Racialized Labor Market Is Health

Depletion and Restless Bodies among EU-2 Migrant Workers

This post is based on PhD research con as part of the DFG project Contestations of the Social: Towards a Movement-Based Ethnographic Social (State) Regime Analysis lead by Dr. Lisa Riedner at the Ludwig-Maximilan University in Munich. Aimed at understanding and explaining transformations of social security systems in cities of the Global North, the various subprojects are working with grassroot movements, following conflicts and making sense of them, de-centering the institutional and state perspective. Valentina has worked 2023-2024 with the self-organized group Arbeitslosenselbsthilfe Oldenburg (ALSO) in Niedersachsen, Germany

I saw Vlad* struggling with his health every time we met. We'd often smoke a cigarette together, the common denominator amongst every "proper" Balkan immigrant, and I'd notice the way he would always be restless, crutching the lower part of his back and hiding little grunts of pain when he had to sit down or stand up. For the longest time he was prescribed opioids to be able to make it through the day – which severely hindered his everyday and especially his carework abilities for his daughter, who at the time we were working together was one year old. Yet the most important consequence on Vlad's every day was that he could no longer engage in the performance of wage labor, since he, like many migrantized workers in low-wage sectors, was confronted with the racialized labor market that gives very few options to migrants who do not speak German. Those rely almost exclusively on a "functioning" moving body and with his health damaged after years of harsh labor conditions, he is now struggling to access his social rights as well as retain autonomy on deciding the course of his own life, materialized in choices like where and how to

work, in which country to live, or how to manage time with the family.

When we talk, Vlad tends to sometimes get his stories over the top. But during the time we have known each other I have learned to distinguish when he is being serious and when he is exaggerating. Through my PhD fieldwork in Oldenburg and its region (May 2023- April 2024) we ended up being in contact quite often, since he frequently had a desire to make inquiries and ask questions about his welfare procedures, job applications, and whatever everyday tasks he had to complete that we at ALSO were helping him with. Gradually he ended up skipping the counsellor I was shadowing and working together with and would call me directly. Most of the time the tasks he wanted to complete were simple enough that we could manage without the help of a more experienced counsellor – like call the health insurance with some questions or send a fax to the Familienkasse[1]. Also, most probably, because Vlad must have noticed that especially in that period I rarely refused when a Ratsuchende[2] called me with a request. Nevertheless, it was hard for me to get upset even when he would step out of line with a phone call too many or an insistence too strong; I came to understand that it was his form of coping with his and his family's current struggle. At the same time, he was also a familiar reminder to me. There's a serenity in Vlad's voice when he'd talk, the tone of *ehe*, and the colorful and sometimes violent language that makes me know he grew up in Bucharest, just like me. Maybe that is one of the reasons Vlad agreed to participate in my research so quickly and accept me into the intimacy of his conflict around his health. He always let me make copies of his bureaucracies, had me come along and translate some appointments and spoke extensively about his situation, how he felt about it and what the next course of action was.

Anthologies of conflict around health: Travelling birds beyond temporal and geographical borders

When we sat down for our interview, in October 2023, I did not expect Vlad to be shy. We spoke for two hours over a cup of coffee (and obviously, a cigarette) and

covered a broad range of topics, from how he left Romania, to his family back home, how he met his partner and his life here in Oldenburg. Listening to him speak I understood that the injury which had taken him out of wage labor and made him welfare-dependent was not a momentary mishap at the production line. It was bound to happen, a matter of time, given the connection between social reproduction, the border regime and the labor market share in the social (state) regime.

In 2021, Vlad was working for one the area's larger meat processors, in a factory somewhere in the outskirts. In the meat industry, Vlad tells me, there rarely is a fixed station for you to work at, the work changes depending on where they need you. "This is the law of the slaughterhouse", he confesses, in a tone that makes me think he's talking about laws of the jungle. This is not a surprise to me – previous research in the industries of the area show how employers like Tönnies, Danish Crown, Heidemark or Amazon have little regard for anything else besides increasing production and often use the production processes to "discipline" workers (e.g. when they take sick leave, get pregnant, organize for better working conditions) (Birke 2022). The day of his accident he was working as a machinist, which required him to climb a large machine that churned frozen blocks of meat into sausages. His job was to scrape the sides of the large bowls so that all the remaining frozen meat would run through the machine –this meant him climbing it without any safety measures, almost dangling. At one point, he felt his back become stiff and pain shot up through his spine. He yelled out for everything to stop, and he was hoisted down and driven home. The work accident was never reported, as he did not directly see a medical professional.

There is a clear causal relation between Vlad's back and the working conditions in the slaughterhouse; and yet, when the story of his work accident is presented separately it could be seen as an unrelated event. Isolate the accident from the rest of his story and his conflict for healthcare and social reproduction becomes the

result of a consequential moment instead of a series of labor power extractions where mobility becomes key to this kind of demanding labor. Consider his struggle as extending temporally and spatially, beyond borders and state lines, and a more complete picture takes shape (method which I call *anthologies of conflict*[3]). We are not just talking about the meat processing job and moment of strain Vlad had in 2022, but we can extrapolate to an entire range of precarious, physically demanding labor –of which Vlad has performed plenty throughout his life.

When he was 18, he left Romania for the Bordeaux region to work in agriculture. At the time, he continues telling me in our interview, you had to have a visa to leave the country, which made it easier for employers to blackmail you out of your wage. Quarrels with his then supervisor prompted him to go back to Romania, wait a bit and leave for Europe with the next opportunity. Over the next 18 years he went to Italy, Spain, Germany, Portugal, the UK and worked in construction, car mechanics, cleaning, agriculture, with different periods spent home in between those destinations, either tending to his health or performing carework for relatives. Work was sometimes better, sometimes worse. When he tells me this, he is grinning and waving one hand above his head as he exclaims “I am a travelling bird!”.

In truth, Vlad is not just a travelling bird. He is also what Raia Apostolova would refer to as a *Restless Body*, namely, “an emerging class of mobile labor that is subjected to non-payment of wages, blocked paths to social benefits, working in ‘shadow’ economies, hardened access to health care and pensions both in their countries of origin and destinations” (Apostolova 2021, 6) –a dynamic which constitutes a large “supply” of low-wage laborers in the Global North.

Mechanisms of racialization are a key element that constructs this dynamic. Once arrived in countries like Germany, EU-2 migrants are faced with racializing narratives and structures rooted in anti-Eastern European sentiments (Lewicki 2023) (especially expressed in forms of antitziganism (Neuburger and Hinrichs 2023)), which are crucial for the mechanisms that bind the migrant’s labor possibilities to

their body. Most famously, there is an ongoing discourse of welfare fraud that materializes in everyday interactions with both state and non-state actors that make it less possible for people like Vlad to rely on welfare. Vlad, like many other Ratsuchende that were in Krankengeld[4], was often faced with the interruption of his welfare payments because his orthopedic doctor refused to acknowledge his pain and accused him of faking his injury. By not providing the documents necessary for the insurance company to acknowledge the continuation of his injuries, his payment would abruptly stop. We therefore had to not only navigate the scarce pool of medical specialists in the region, but find one who did not, like the first, refuse to read his MRI and accuse him of not wanting to go back to work. The wait and uncertainty prompted Vlad to sometimes take work without papers –not because he was keen on making more money, but because it was the only chance he saw to keep his family's head above water financially. As you might expect, the work he did was physical and bad for his back.

Like many Ratsuchende that were in Krankengeld, Vlad's health had deteriorated over the years when, nudged by fears of instability, tested the limits of their body in diverse low-wage jobs. The segmentation of the labor market in (not just) Germany has a mechanism of exclusion that rarely lets migrantized workers escape these kinds of jobs. In that process, the migrantized person is first and foremost their ability to physically labor, over a longer period with irreparable deterioration of their health and in many cases, death. Like many migrants with different statuses in Germany my research partners are also caught in what Hooker (2025, forthcoming) refers to as depletion, namely, the process through which bodies are caught between labor, border, and reproduction regimes at the cost of their health. Today, the inability to wage labor can lead to a contested right of residency and on that basis a withdrawal of social rights (Freizügigkeitsgesetz[5]) or obligation to pay upfront for one's health insurance.

The grass won't grow quicker just because you pull at it: the friendly face of a

racializing structure.

In November 2023, at the invitation of the Deutsche Rentenversicherung[6], Vlad and I went for an appointment to discuss his working prospects and recovery. The Krankengeld was coming to an end and the next step of his recovery would be to find a suitable way back to some form of employment, ideally full employment, as the transition to the Nahlosigkeitsverfahren[7] is bound to happen soon. We met in front of ALSO and then walked together to our appointment for about 10 minutes. It was early, so the city was dead and quiet. There was a thick layer of fog, and I could see my exhaling breath in front of me as we were rushing towards the right spot of the riverbank. I don‘t really remember what we talked about. If I think about it more carefully, I‘m pretty sure we walked in silence. I had seen Vlad very recently, and in general I heard from him often. At this point pleasantries did not need to be exchanged. I would lie if I said I wasn‘t hopeful for Vlad‘s appointment, based on the experience of another person I knew that managed to reintegrate in the job market under her terms. Which is what Vlad wanted as well, when I asked him what he expects of our visit. He is still in touch with some friends who own construction firms that could give him good work operating a forklift. For that he needs a permit, maybe the institution can help with the qualifications.

We reach our destination and enter the building through a side door, up the stairs, and enter a long and narrow hallway. We find the door of our case worker, and she invites us to sit down for a second. In the waiting room is a very small white table and two of those classical conference chairs that come in blue and in black. I sit and remove my layers of coats and hats and mittens and schawl. Vlad follows, but he lowers his body slowly, with a silenced groan, his palm holding his back, forming a triangle between back, elbow, and shoulder. “It hurts like crazy” he tells me. The only thing I can answer is “I can imagine”. We sit for a solid five minutes. I start laughing “if you‘ll swear at this woman, I want you to know, I‘m not translating that”. He laughs back and promises to behave.

A head emerges from the door and invites us in to sit down at a table right next to a wall. I do, but Vlad remains standing, leaning against the wall next to me and excuses himself. It‘s because of the back.

All in all, our caseworker is very nice. She‘s clearly very happy I am here to translate. The woman smiles, sits down and starts explaining the situation to us, now that his physicians have sent over all his information. He might need surgery, but there are certainly some activities which he can and can‘t do, according to what the doctors overseeing his paperwork decided. Based on that, the Deutsche Rentenversicherung can help him: they can sponsor a job to retrain him, a berufliche Rehabilitationsmaßnahme, provided the job aligns with the doctor‘s recommendations. She approaches our little table with an A4 paper, and places it flat between Vlad and I. We both stare at it. With her pen, she touches each of the columns. “As you see, we have things that the doctor allows. Like work a nightshift. And there‘s things you can‘t do. Like lifting. Bending. Or being subjected to vibration”. I translate, and Vlad asks about the forklift license. She tilts her head, they can‘t help with that, since it would subject his back to vibration and constitute something the doctor said he should not do. Vlad sighs and asks me “I can‘t do anything. Who‘ll hire me if I can‘t do anything from that list?” The case worker turns to me, expecting a translation. When I do, she exhales a little sigh. Not a spiteful one, not an annoyed one. Rather, a worried one. She repeats that these are the parameters with which the Deutsche Rentenversicherung can assist us with. Truthfully, even if they would help an employer with Vlad‘s re-training, there is no guarantee that after the training is done, Vlad would be hired. Besides, many employers do not hire the ones they‘ve trained, since it is harder to fire them and the workers are entitled, in some cases, to special requirements that the employer must accommodate.

I translate and notice Vlad staring at his shoes. The woman looks back at me. Vlad is always free to search for a job of his own will, but these are the conditions the

institution will help us under. “Tell her I want to work. How do I work?” She tries to meet his gaze. What he needs to do now, she sais, is to focus on his recovery. “Grass doesn‘t grow faster if you pull at it”. Not surprising at all, these words did not comfort Vlad, although it genuinely seemed like the caseworker meant it with care. We left the appointment and did not speak at all while walking back to ALSO. The kind case worker offered little comfort considering Vlad’s reality: for him, the only option seems to be highly precarious physical labour that will further destroy his body, without support from the Rentenversicherung or other social agencies. While such institutions might assist with inclusion in non-manual employment, access to these jobs is effectively blocked in a labour market that is not only segmented by skill but also deeply racialized.

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Footnotes

[1] The Familienkasse is the German government office responsible for handling child benefits (Kindergeld). It processes applications, determines eligibility, and pays out the monthly benefits to families.

[2] German translation for „those seeking counsel”. In contradiction to the language of the institutions and social work which refers to the people they work with as “clients” I choose to use the terminology used by ALSO. What this does is take a step back from a paternalistic and deterministic way of performing social and migration counselling and instead puts the person in need of help in the middle, maintaining their agency as we as counsellors react more to their wishes that can branch beyond welfare. Thus, while a case worker from the Jobcenter will be concerned with the welfare application, we let the person decide on the course of action regardless of our expectations.

[3] Drawing on multi-sited ethnography (Marcus 1995) and Riedner's methodological framework (Riedner 2018, 47–73) which intertwines activism and academia by foregrounding conflict, I propose the notion of *anthologies of conflict*. This approach seeks to engage with the intimate dimensions of a person's experience without reducing the outcomes of the conflict to their own persona or them to the position of victim or elevating them to that of hero. Instead, it centers on the concrete actions taken within conflict and the multitude of actors, reactions and logics. Crucially, it calls for a certain relationship and communication with the Ratsuchende to trace the conflict across temporal spans and transnational borders.

[4] Krankengeld is a sickness benefit in Germany that employees receive from their statutory health insurance (gesetzliche Krankenversicherung) if they are unable to work due to illness for longer than six weeks. It typically amounts to 70% of gross salary and lasts for 78 weeks

[5] Most European migrants derive their right of residency based on their status as laborers, Arbeitnehmerstatus. Six months without work renders the loss of this status and can lead to a questioned right of residency alongside exclusion from multiple welfare benefits – and in some cases even to deportation.

[6] The Deutsche Rentenversicherung is Germany's statutory pension insurance provider, responsible for managing pension contributions and paying retirement, disability, and survivors' pensions.

[7] The Nahtlosigkeitsverfahren is a special regulation in German social law that ensures people continue to receive financial support if they are still too ill to work but their entitlement to Krankengeld has ended. It is managed by the unemployment agency.

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