

Recruitment of Brazilian health workers to Germany

Position paper by Association of Democratic Doctors Germany (vdää*) and Centro Brasileiro de Estudos de Saúde Brazil (CEBES)

The German Federal Minister of Labour, Hubertus Heil, was recently travelling through South America trying to recruit nursing staff for the German health system in Brazil. The first declarations of intent have already been signed by him and his Brazilian colleague Luiz Marinho.

The common rhetoric, according to which everyone is supposed to benefit from the international recruitment of health workers, usually lacks a critical look at who actually profits from such deals.

Can international recruitment be the solutions to the health staff crisis in Germany?

In view of the heavy strains on the German health system, the international recruitment of skilled workers is currently presented unquestioningly as the solution to a crisis caused by a homemade neoliberal policy in Germany. What is not taken into account is why so many health professionals have given up their profession in German hospitals in the first place. The worsening personnel crisis in the German health system is closely related to structural problems that are existing for many years. Economisation and privatisation over the last 30 years have led to an almost unmanageable workload that has driven many health workers out of their jobs.

Real solutions are needed to improve people's working conditions and enable them to care for their patients sustainably. The idea that new migrant workers are thankful to work under the current poor conditions in Germany is neocolonial arrogance.

Voluntary work migration should not be blocked by restrictive migration laws and all new colleagues are welcome. However, their recruitment cannot be the solution to the structural problems in the German health system. First and foremost, all health care professionals need good working conditions in Germany. No matter if they are recruited abroad or trained in the country.

It is evident that there is no transparency in the recruitment process by the German government, minimizing the challenges that imply the exercise of professional practice and residence in a country with different culture and customs.

The reality behind the big promises

The recruitment to Germany is operated by a growing number of private recruitment agencies, who make profit with the high hopes of the foreign trained health workers. Unfortunately, the reality of recruiting and working in Germany is often far from what these agencies promise. Some agencies have tried to pass the costs of placement fees and language courses to migrating health professionals. Particularly controversial are binding clauses in the employment contract, which oblige the recruited professionals to pay high fees if they terminate their employment before the end of a minimum working period. This is to ensure that the employer does not run the risk of being stuck with the "investment costs" if the professional decides to change the job- for example because of poor working conditions.

In contradiction to some of the promises made by agencies, it is hard to learn German and can't be achieved in a couple of weeks or months. To achieve the required language level B1, the professionals have to invest a lot of their time, but even then, they won't be able to communicate with patients and colleagues without problems.

Before a professional is officially recognised as a nurse, they are employed only as a nursing assistant, which means: much less payment. The recognition process can take some months up to two years. In consequence a Brazilian nurse with an academic diploma will work and be paid in a German hospital for a considerable time like a nursing assistant.

It is necessary to recognize the differences in nursing education between Brazil and Germany. While in Germany nursing training is technical training in service for three years; in Brazil training is at university level for 4 to 5 theoretical and practical years. However, this higher education of Brazilian nurses is not recognized in Germany, the Brazilian nurses receiving a salary lower than their qualification, in a neocolonial pro-

cess of exploitation of the work of professionals from the Global South.

Some conditions are essential to mitigate the challenges of the emigration of nurses, such as: decent work with dignified working conditions; employment contracts with all social rights (social health insurance, social security); remuneration compatible with the local standard of local living; support for the validation of the diploma; guarantee of decent housing close to the workplace; linguistic and psychological support for at least one year funded by the state or employer; guarantee of safe conditions from the origin, on the way and at the destination with measures to prevent harassment and discrimination of all kinds: against immigrants, gender and ethnicity; remembering that the Brazilian nursing workforce is mostly female and black.

Health workers in the Brazilian health system

The assertion that in Brazil there would be an excess of nurses not absorbed in the labour market is false. In Brazil there are only 0.88 registered nurses per doctor (in OECD countries the average is 2.7 nurses per doctor) with high inequality in the distribution of nurses across the country's regions. In Germany, according to the OECD, there are 12.8 nurses per thousand inhabitants (Health at a Glance 2022). In Brazil there are only 3.3 graduated nurses per thousand inhabitants (Cofen 2023 <http://www.cofen.gov.br/enfermagem-em-numeros>). Considered nursing technicians and nurses, this ratio is 10.6 nurses per 1,000 inhabitants (less than in Germany) with important inequalities in the availability of nurses between states. While in Rio de Janeiro this ratio is 16/1000 inhabitants; in Maranhao it is 7/1000. Unemployed health workforce cannot be interpreted as a statement about the needs of the population and is often primarily a sign for an underfunded health system.

In this context, it is certainly necessary to recognize the problems and working conditions of nurses in the Unified Health System (Sistema Único de Saúde -SUS). The SUS, chronically underfunded, has suffered in recent years from draconian austerity policies that have frozen public investments in health for 20 years. Precarious employment contracts with fixed-term employment; absence of a national career plan; low wages and the need for multiple jobs are among the multiple problems. The discussion about nursing work conditions has been the subject of important political debates and struggles of the nursing professional category. As a result of the professional's struggles for more than 30 years, a national wage floor for nursing professionals across the country has recently been legislated. Currently the wage floor is being implemented with federal subsidies, but with strong opposition of the financial and private health sectors. The National Confederation of Hospitals and Health Services Establishments, representant of the private sector appealed to the Federal Supreme Court to suspend the mandatory payment of the minimum/ floor wage, claiming that it was unconstitutional.

By recruiting health workers in Brazil, Germany is profiting from poor working conditions and underfunding of the SUS.

Another aspect that shows that the advantages are not mutual is the savings in training costs for nurses that the German government makes with the active recruitment. These costs of 17 years of training a nurse are financed by the Brazilian people.

Considering all this, it is more than questionable, that there is benefit for everyone in the international recruitment of health professionals from Brazil to Germany. We have to question this narrative and fight for strong health systems that offer good working conditions for health professionals in both countries and all over the world.

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