

We fight for

- equally good medical treatment for people of all classes
- social and fair working conditions in the health professions
- solidarity-based support for participatory health movements internationally
- unrestricted medical care for refugees

We criticise

- the commercialisation of medicine
- the lobbying of the device and pharmaceutical industries
- any form of two-class medicine

We are

- Doctors
- Dentists
- Psychotherapists
- Medical students

Good working conditions instead of glossy advertising in other countries

Professionals recruited from abroad also need good working conditions

There are many voices in the press at the moment demanding that Germany must be able to keep up in the "tough international competition for foreign nursing professionals willing to migrate" (1). Most of these calls are for simplified and more efficient procedures so that globally poached professionals can solve the problem of shortages in Germany. A growing network of agencies and middlemen is involved in the poaching: from letterbox companies with Facebook ads to large agencies with big promises and glossy websites. Small service providers offer language courses with questionable guarantees of success (level B2 in 6 weeks) or even the falsification of nursing diplomas (2). There are reports from Serbia of headhunters who approach employees directly in clinics and are then paid by commission - per head hunted (ibid.).

Everyone wants to profit from the big business with the resource of skilled workers.

"Instead of seeing health workers primarily as a resource that can be exploited, exported and imported, we see them as active players in the provision of health care to the population. They can only play this role in a health system where the focus is not on profit interests but on their work for health care," says Karen Spannenkrebs, a vdäa* speaker on the topic of health professional recruitment.

Different reasons lead people to emigrate to Germany to work in the local health system, including comparatively higher wages or even employment in their learned profession. Unfortunately, the reality of recruiting and working in Germany is often far from what they were promised. It is not uncommon for the professionals themselves to have to dig deep into their pockets for visas, copies, language courses and flights. In some cases, high fees are still demanded if a professional decides to leave the employment contract before the end of a minimum period. (3)

Nursing professionals are only paid as nursing assistants until their diploma is recognised, although they often do the same work as their registered colleagues. Doctors from non-EU countries, whose path to licensure is often long, are initially employed with a professional permit and paid as beginners regardless of their real qualifications - in some cases they don't even get pay according to collective agreements at all.

However, the biggest problem for the foreign colleagues is probably the same that concerns the health professionals trained in Germany: The economised care structures, in which employees suffer from work intensification and staff shortages against the backdrop of a medicine eroded by the DRG (=Diagnosis related Groups) financing system and profit interests.

The fact that, of all places where there is a shortage of staff, foreign colleagues, some of whom still have insufficient language skills and initial uncertainties about work processes and responsibilities, are expected to fill the gaps, causes considerable problems - once again on the back of patients and health workers. Many recruited professionals suffer from not being able to use their professional knowledge and do a good job under these circumstances. In addition, there are often other problems that new immigrants to Germany experience, such as social isolation, belittlement and racist discrimination.

"For the growing number of colleagues from abroad, there must be binding standards for transparent recruitment, free language courses at a high level and concepts for successful onboarding," says Karen Spannenkrebs. "And for this onboarding, we need staff again".

So the point remains: the downward spiral of increasing work density and leaving the job in the hospitals must be stopped. This requires a real revolution in hospital financing - which Lauterbachs (German minister of health) reform proposals will certainly not bring about.

Instead of glossy advertising in countries of the European and global periphery, we need good working conditions in the hospitals here - for all health workers, regardless of where they were trained.

- 1) Positionen zur erleichterten Fachkräfteeinwanderung. Gütegemeinschaft Anwerbung und Vermittlung von Pflegekräften aus dem Ausland e.V., Berlin Januar 2023
- 2) Kljajić, Sanja, Nemanja Rujević, und Ajdin Kamber: „The Industry of Leaving“, *Mašina English* (blog), 26. Dezember 2019, <https://www.masina.rs/eng/the-industry-of-leaving/>
- 3) correctiv.org. „Wie dubiose Vermittler ausländische Pflegekräfte zur Ware machen“, 25. November 2020, <https://correctiv.org/top-stories/2020/11/25/wie-dubiose-vermittler-auslaendische-pflegekraefte-zur-ware-machen/>