MEN CAME: "Refugee Men" Who Do Care Work in Germany

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STATEMENT OF AUTHORSHIP

I hereby declare that I am the sole author of this doctoral thesis and that I have not used any sources other than those listed in the bibliography and identified as references.

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ABSTRACT

Like many countries in the Global North, Germany is grappling with both migration and care crises. In Germany, the migration crisis peaked in 2015, with an unprecedented number of people who fled war, violence, and poverty entering Germany to apply for asylum. Within just a few months, the German state had to accommodate nearly one million refugees. Approximately 65% of the asylum seekers who entered Germany in 2015 and 2016 were young men from countries in West Asia and Africa. Their welcome in Germany proved challenging from the start. Racist narratives that cast men from countries in West Asia and Africa as "dangerous", hyper-sexual, and misogynist "others" had long circulated in Germany. They were, thus, ready culprits in the sexual molestation of German women in Cologne's central train station on New Year's Eve in 2015. The quick presumption of culpability provoked a moral panic in Germany about the danger that "refugee men" posed. The question of how – if at all – "refugee men" could be integrated into German society was thrust into public debate.

Concomitantly, the German federal government and national welfare organizations were dealing (and continue to deal with) a national care crisis that is particularly acute in the long-term care sector. State ministries, national and local care organizations, as well as refugee resettlement organizations proved quick to discover refugees as a potential labour source for Germany's understaffed care sector. They strove to recruit and train refugees as care workers to equip elder care homes and hospitals with much-needed (geriatric) nurses. In doing so, they further aimed to facilitate refugee integration into German society. Many of the refugees opting into care work are young men from countries in West Asia and Africa. Their threatening public image, however, renders Germany's recruitment of "refugee men" and their uptake, in turn, of such feminized caring labour ostensibly difficult to fathom.

This dissertation explores why and how supposedly hyper-masculine and "dangerous" migrant men are integrated into Germany and the German labour market via their training and subsequent employment in public care work – a traditionally female-dominated and low-skilled occupational realm. Germany's "integration" strategy constitutes a novel approach that seeks simultaneously to address two crises, a migration crisis and care crisis. I ask, *how are "refugee men" integrated into German society as care workers* and *how do gender and race manifest themselves in this process?* To answer these questions, between July 2021 and December 2022, I interviewed migrant men care workers from countries in West Asia and Africa, organizational actors involved in the recruitment and training of refugees as care workers, and (white) German elder care workers (99 interviews in total). In addition, I conducted five months of participant observation in two elder care homes.

I find that the migrant men I interviewed and/or observed can and do make legal and economic status gains as care workers. Because care work is an occupational realm where low-entry requirements are paired with various possibilities of acquiring professional credentials, migrant men can upgrade their legal status but also turn themselves into skilled and sought-after health professionals. At the same time, I find that migrant men care workers from countries in West Asia and Africa experience gender-specific racism from their employers, co-workers, and the people for whom they care. The public

discourse that constructs and defames "refugee men" as violent, hyper-sexual, and misogynist others permeates their workplace interactions. It stirs conflict and distrust among care workers and undermines migrant men's well-being in German care homes and hospitals. Despite this racism, I contend, paradoxically, that they experience valorization as men who are the minority in a womendominated occupational realm. They are appreciated and celebrated by their women and men colleagues *because* they are men. To many of their colleagues they appear similar to German men and, in some ways, superior to them. Their embodiment of "suitable" manhood elevates their status relative to their women colleagues. I thus argue that racial disadvantage does not necessarily negate access to gendered privilege. Manhood represents a major asset of supposedly hyper-masculine and "dangerous" "refugee men" who do care work in Germany.

My findings advance scholarly debate about care migration, boundary processes in immigrant societies, and racialized men who do women's work. In contrast to previous research that exposes sites where migrants do care work as sites where migrants experience isolation, exploitation, and professional immobility, I highlight how care work in Germany serves as an occupational realm that advances rather than limits migrants' economic integration. I extend previous work on *boundary* formations viaà-vis immigrants by illustrating empirically how discursively constructed *boundaries* against "dangerous refugee men" manifest in workplace interactions. Finally, while past research on racialized men in women-dominated occupational realms suggests that racialized minority men are excluded from the privileges that (white) majority men enjoy when they do women's work, I show that racialized migrant men in Germany's care sector can reap the *patriarchal dividend* along with their (white) German men colleagues.

This dissertation also yields several critical insights for policymakers in Germany and beyond who are tasked with responding to the migration and care crises. Germany's migrant integration strategy foregrounds the acquisition of education and professional credentials. Care work in Germany is particularly well-designed with regard to offering "suitable" migrants an opportunity to upskill. It is a fully professionalized occupational realm where job-entry requirements in terms of language proficiency and educational attainments are accessible. Migrants' ease in forging a career in Germany's care sector makes care work an attractive occupational choice especially for migrants – even for men – who find it difficult to establish themselves as skilled professionals in other occupational realms. The German case serves as a compelling example of how such crises can be tackled in ways that promote migrant integration. The racism that migrants experience as care workers in German elder care homes and hospitals as well as the structural racism that informs Germany's immigration policies, however, curtail their success.

Resumé

À l'instar de nombreux pays du Nord, l'Allemagne est confrontée à la fois à la crise migratoire et de soins. En Allemagne, la crise migratoire a atteint son paroxysme en 2015, avec un nombre sans précédent de personnes fuyant la guerre, la violence et la pauvreté et sont entrées en Allemagne pour demander l'asile. En l'espace de quelques mois, l'État allemand a dû accueillir près d'un million de réfugiés. Environ 65 % des demandeurs d'asile entrés en Allemagne en 2015 et 2016 étaient des jeunes hommes originaires de pays d'Asie occidentale et d'Afrique. Leur accueil en Allemagne s'est avéré difficile dès le départ. Des récits racistes présentant les hommes originaires de pays d'Asie occidentale et d'Afrique comme des êtres dangereux, hypersexués et misogynes circulent depuis longtemps en Allemagne. Si bien que tous les présumé coupables d'agression sexuelle commise sur des femmes allemandes dans la gare centrale de Cologne le soir du Nouvel An 2015, était issus de l'imagration. La présomption rapide de culpabilité a provoqué une panique morale infondé en Allemagne quant au danger que représentaient les « hommes réfugiés ». La question de savoir comment les « hommes réfugiés » pouvaient être intégrés dans la société allemande a été propulsée dans le débat public.

Parallèlement, le gouvernement fédéral allemand et les organismes nationaux de protection sociale étaient confrontés (et continuent de l'être) à une crise nationale de soins, particulièrement aiguë dans le secteur des soins de longue durée. Les ministères d'État, les organisations de soins nationales et locales, ainsi que les organisations de réinstallation des réfugiés ont rapidement considéré les réfugiés comme source de main-d'œuvre potentielle pour le secteur des soins allemand en manque de personnel. Ils se sont efforcés de recruter et de former des réfugiés en tant que personnel soignant afin de doter les maisons de retraite et les hôpitaux des infirmières (gériatriques) dont ils avaient tant besoin. Ce faisant, ils ont également cherché à faciliter l'intégration des réfugiés dans la société allemande. La plupart des réfugiés qui optent pour le travail de soignant sont des jeunes hommes originaires de pays d'Asie occidentale et d'Afrique. Leur image publique menaçante rend toutefois difficile à comprendre le recrutement par l'Allemagne d'« hommes réfugiés » dans un travail de soins pourtant perçu comme féminin.

Cette thèse explore pourquoi et comment des hommes migrants supposés hypermasculins et « dangereux » sont intégrés en Allemagne et sur le marché du travail allemand par le biais de leur formation et de leur emploi ultérieur dans le secteur public des soins - un domaine professionnel traditionnellement dominé par les femmes et peu qualifié. La stratégie « d'intégration » de l'Allemagne constitue une nouvelle approche qui cherche à résoudre simultanément deux crises, une crise migratoire et une crise de soins. Je pose la question suivante : comment les « hommes réfugiés » sont-ils intégrés dans la société allemande en tant que travailleurs sociaux et comment le genre et la race se manifestent-ils dans ce processus ? Pour répondre à ces questions, entre juillet 2021 et décembre 2022, j'ai interrogé des travailleurs sociaux migrants originaires de pays d'Asie occidentale et d'Afrique, des acteurs organisationnels impliqués dans le recrutement et la formation de réfugiés en tant que travailleurs sociaux, ainsi que des travailleurs sociaux allemands (blancs) pour personnes âgées (99 entretiens au total). En outre, j'ai mené pendant cinq mois des observations dans deux maisons de soins pour personnes âgées.

Les hommes migrants que j'ai rencontrés peuvent, par le biais de leur travaille dans le secteur du soins, améliorer leur statut juridique et économique. Le travail dans le soins etant un domaine professionnel où les exigences d'entrée sont faibles et où il existe diverses possibilités d'acquérir des qualifications professionnelles, les hommes migrants peuvent améliorer leur statut juridique, mais aussi devenir des professionnels de la santé qualifiés et recherchés sur le marché du travail. En outre, j'ai constaté que les hommes migrants qui travaillent dans le secteur des soins de santé dans les pays d'Asie occidentale et d'Afrique sont victimes d'un racisme sexiste de la part de leurs employeurs, de leurs collègues et des personnes dont ils s'occupent. Le discours public qui présente et diffame les « hommes réfugiés » comme des êtres violents, hypersexués et misogynes imprègne leurs interactions sur le lieu de travail. Leur présence suscite des conflits et de la méfiance parmi le personnel soignant et nuit au bien-être des hommes migrants dans les maisons de retraite et les hôpitaux allemands où ils sont recrutés. Paradoxalement, ils sont valorisés en tant qu'hommes minoritaires dans un domaine professionnel dominé par les femmes. Ils sont appréciés et célébrés par leurs collègues hommes et femmes sous prétexte qu'ils sont des hommes. Pour nombre de leurs collègues, ils apparaissent comme des hommes allemands et, à certains égards, comme supérieurs à eux. Leur incarnation d'une virilité convenable élève leur statut par rapport à celui de leurs collègues féminines. Je soutiens donc que le désavantage racial n'empêche pas nécessairement l'accès aux privilèges liés au genre. La virilité représente un atout majeur des « hommes réfugiés » supposés hypermasculins et dangereux qui travaillent dans le secteur des soins en Allemagne.

Mes conclusions font avancer le débat académique sur le travail de soin et ma migration, les processus de délimitation dans les sociétés d'immigration, et les hommes racialisés effectuant un travail traditionnellement attribué aux femmes. Contrairement aux recherches antérieures des spécialistes des soins et de la migration qui exposent les sites où les migrants effectuent des travaux de soins comme facteur d'isolement, d'exploitation et d'immobilité professionnelle, je souligne comment le travail de soins en Allemagne sert de domaine professionnel et favorise, plutôt qu'il ne limite, l'intégration économique des migrants. J'élargis les travaux antérieurs sur la formation de frontières vis-à-vis des immigrés en illustrant de manière empirique comment les frontières construites de manière discursive contre les « hommes réfugiés dangereux » se manifestent dans les interactions sur le lieu de travail. Enfin, alors que les recherches antérieures sur les hommes racialisés dans les domaines professionnels dominés par les femmes suggèrent que les hommes minoritaires racialisés sont exclus des privilèges dont jouissent les hommes majoritaires (blancs) lorsqu'ils effectue un travail de femme, je montre que les hommes migrants racialisés dans le secteur des soins en Allemagne peuvent récolter les dividendes patriarcaux au même titre que leurs collègues masculins allemands (blancs).

Cette thèse apporte également des informations essentielles aux décideurs politiques d'Allemagne et d'ailleurs, qui sont chargés de répondre aux crises de l'immigration et des soins. La stratégie allemande d'intégration des migrants met l'accent sur l'acquisition d'une formation et de qualifications professionnelles. En Allemagne, le travail dans le secteur des soins est particulièrement bien conçu pour offrir aux migrants « non qualifiés » la possibilité de se professionnalisé. Il s'agit d'un domaine spécialisé où les conditions d'accès à l'emploi en termes de compétences linguistiques et de niveau

d'études sont accessibles. La facilité avec laquelle les migrants peuvent faire carrière dans le secteur des soins en Allemagne fait de ce secteur un choix professionnel attrayant, en particulier pour les migrants - même hommes - qui ont des difficultés à s'établir en tant que professionnels qualifiés dans d'autres domaines professionnels. Le cas de l'Allemagne est un exemple convaincant de la manière dont de telles crises peuvent être abordées de manière à promouvoir l'intégration des migrants. Le racisme dont les migrants sont victimes en tant que personnel soignant dans les maisons de retraite et les hôpitaux allemands, ainsi que le racisme structurel qui sous-tend les politiques d'immigration de l'Allemagne, freinent toutefois leur réussite.

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It is a rainy Wednesday afternoon in October 2016 in Malhausen, a small city in the heights of Germany's picturesque Black Forest area.¹ There, leaning against a forest on one side and overlooking a valley on the other, Joseph House, an elder care home, lies rather majestically. The elder care home stands out amid the luscious green, rolling hills for which the region is so well-known. It towers over the single-family homes that line the narrow street at the end of which Joseph House was built in the early 2010s. In the home's conference room, snacks and drinks for an estimated fifty people stand prepared along with Joseph House's slightly nervous managers, Ms. Faser and Mr. Jansen; two of their senior geriatric nurses, Johannes and Nadine; two translators; one immigration lawyer; and one representative of the nearby unemployment agency. They are expecting a busload of refugees who live in a nearby asylum shelter and are interested in elder care work.

When the bus arrives, Ms. Faser, Mr. Jansen, Nadine, and Johannes rush outside to greet its passengers in front of Joseph House's main entrance. "Hallo, willkommen, welcome!" they say to the over 40 people who, one after the other, step out of the bus into the rain. Most of the people exiting the bus are men. "Wow, so many men," Ms. Faser, Mr. Jansen, Nadine, and Johannes think while trying to hide their surprise. "All these men are interested in elder care work?" wonders Nadine anxiously.

One of the men is 21-year-old Lamine from West Africa, who arrived in Germany earlier that year. He had jumped on the bus spontaneously. Earlier that day, one of his roommates in the asylum shelter had told him about a bus that would leave the shelter at 2 p.m. to take its residents—as many as the bus could fit—to an event in a nearby town. "There might be work or at least information about it," was all his roommate knew when he convinced Lamine to come along. "It could have been anything," Lamine told me six years later when I met him at Joseph House, "I just wanted something to do for the day."

Lamine was utterly bored while the German Federal Office for Migration and Refugees (BAMF) was processing his application for asylum, a process which, at that time, could take up to a year. All there was for him to do was worry about his prospects of getting asylum. He had reason to be worried—over 90% of asylum applicants from his country of origin were rejected in Germany in 2016. So, when he learned about the bus and the prospect of leaving the town where the shelter was located for a few hours to learn something about work in Germany, Lamine did not think twice. That the bus would take him to Malhausen to visit an elder care home, he did not know. But this information would have been meaningless to him, he told me. At the time, he had no idea what an elder care home even was.

¹ This excerpt draws from the accounts of Lamine, Ms. Faser, Mr. Jansen, Nadine, and Johannes.

In Joseph House's crowded conference room, Lamine learns that he is in an elder care home. Ms. Faser and Mr. Jansen start the event with basic information; they had decided to keep it very simple. In Germany, they explain, many elderly people move into an elder care home when they can no longer live by themselves. There are many jobs in a house like this-most urgently needed are geriatric nurses. They are responsible for the health and well-being of the elderly who live here. Geriatric nurses have many responsibilities. They keep an eye on the elderly's overall health, check their medication intake, and attend to their wounds or to any other medical need. They also wash the bodies of the elderly or help them when they need to use the toilet. Gender does not matter in elder care work, the two managers emphasize: male geriatric nurses must wash elderly women and female geriatric nurses must wash elderly men. To become a geriatric nurse, one must do an apprenticeship that is paid, takes three years to complete, and requires very good knowledge of the German language and an advanced secondary school diploma. If one still struggles with the German language or does not have the equivalent of an advanced secondary school diploma, one can also begin with the one-year geriatric nurse assistant training, which is more practical and less theoretical. Here at Joseph House, Ms. Faser and Mr. Jansen conclude, we offer positions for both apprenticeships to refugees who are interested in this work.

After the info session, Lamine curiously tags along on a short walking tour through the elder care home. After the tour, he sits down with the immigration lawyer and the representative from the unemployment office, to go through some formalities regarding his legal status in Germany and his prior education. (Does his legal status even permit employment? Does he have a secondary school degree?) After this quick consultation, Lamine moves to a different office, where Ms. Faser and Nadine try to find out more about his interest in elder care work. "I took care of my grandmother. I really enjoyed it," Lamine explains to substantiate his new-found interest in elder care work, hoping that what little he has to say about elder care work is enough to signal his genuine interest. "Sleep a few nights on it and let us know if you want to learn more or join us for a short internship," Ms. Faser says, wrapping up the interview with Lamine, who is excited about the prospect of helping people at Joseph House rather than spending his days in the asylum shelter. A few days later, after some consideration, he sends a WhatsApp message to the number he received from Ms. Faser. "Hello, this is Lamine," he writes. "I was there last week with the bus. I am still interested. When can I start?"

1.1. THE PUZZLE

In this dissertation, I tell the stories of racialized men who migrated to Germany from countries in West Asia and Africa, applied for asylum, and became elder care workers. These are stories of citizenship, racism, and manhood. Together, they provide deep insights into the project of immigrant "integration" in Germany, the role of care work within it, and the salience of gender and race.

The inspiration for this study began in late summer of 2015. Though I lived in the United States at the time, I was anxiously observing the "refugee crisis"² in Europe unfold daily via the news. My attentions particularly focused on my home country, Germany. I was stunned when German chancellor Angela Merkel opened the country's borders in early September, allowing in thousands of refugees that were stuck at the train station in Budapest, Hungary. Her Christian Democratic Union (CDU) party had previously shown itself rather reluctant, if not dismissive, of the idea of opening German society to migrants. The thousands of Germans volunteering at train stations and reception centres in response to the migrant inflow had surprised me too. I had never seen such a mass mobilization of Germans ready to help and donate their time and resources. I did not recognize the country where I had grown up and spent most of my life to-date. I wondered whether and how long Germany's internationally celebrated "welcome culture" would last. The sudden spike in refugees undoubtedly overburdened Germany's asylum and social welfare infrastructure. Also worrying were the recent successes of the far-right Alternative for Germany (*Alternative für Deutschland*; AfD) party. Their triumphs signaled that German society provided fertile ground for xenophobic sentiments to take hold.

Then the fall came, and the mood in Germany shifted. In some German cities, people began to gather every Monday to march and chant against the supposed Islamization of the West. Some of them marched under the banner of a movement called "Patriotic Europeans Against the Islamisation of the West" (*Patriotische Europäer gegen die Islamisierung des Abendlandes*; PEGIDA). They deemed refugees a religious and racial threat to German culture. When then on New Years Eve 2015 "Middle Eastern", "Arab", and "North African" looking men in Cologne's central train station were accused of sexually molesting numerous German women, the mood vis-à-vis refugees went into free fall (Boulila and Carri 2017, Weber 2016a). PEGIDA proponents, politicians, talk show hosts, journalists, supposed experts, and self-proclaimed feminists all loudly voiced concerns about the safety of German

² I use the terms "refugee crisis" and migration crisis throughout this dissertation interchangeably when I speak of the German case specifically.

women in the midst of so many "Muslim" and "Black" men. How "refugee men" could be "integrated" into German society—if they could be integrated at all—sparked intense public debate. These men's "cultural" differences, their alleged hyper-religiosity and sexual recklessness, these different commentators proclaimed, simply do not fit with Germany's idea of itself. For centuries, Germans had been attuned to the idea that there is something fundamentally different, even dangerous, about men from West Asia and Africa. The image of the innately different and hyper-sexualized "Black" and "Muslim" man was already a well-established trope in German culture prior to the events in Cologne. Having grown up in rural Germany as the child of white, German parents, I too was familiar with these ideas. I grew up with children's books and tales that were meant to make me fear Black men's bodies. As a teenager, I had watched some of the movies of the 1990s and 2000s that portrayed Muslim communities in Germany as violent, cruel, and patriarchal. Sporadically, I had heard of African men who rape women in ethnic conflicts in Africa—an African problem, I was made to believe. The moral panic that followed Cologne's New Year's Eve "attacks" did, therefore, not surprise me the least.

Three years later, in the spring of 2019, with the "refugee crisis" no longer imminent but its aftermath still discernible in political debate, the media, and in public life, I travelled to Germany as a researcher. I accompanied a professor who was conducting research in Germany on the role of gender in the refugee resettlement process. Together, we interviewed social workers and staff of state ministries and local administrations to learn about various refugee resettlement initiatives and how they were attuned to the needs of migrant women. In these interviews, I first discovered that refugees, many of them men, were taking up elder care work. Local and regional initiatives that promote the integration of refugees into German society encouraged refugees to do so. A quick web search yielded several governmental documents promoting the recruitment and training of refugees as elder care workers, as well as reports in local newspapers that celebrated men living in local asylum shelters who had taken up work in elder care homes.³ I was puzzled. Remarkably, the very same men who were publicly defamed as potentially "dangerous" and categorically misogynist were now potential elder

³ A quick Google image search of "refugees – elder care – Germany" (*Flüchtlinge – Altenpflege – Deutschland*) leads to several pages of images that depict refugees as apprentices in elder care facilities. Notably, the vast majority of those depicted are Brown and Black refugee men. See for example: Kiehn, Annika (2017), "Katatrophenhilfe aus Afhanistan", Spiegel Online, 1.12.2017: https://www.spiegel.de/karriere/fluechtlinge-in-der-altenpflege-ein-afghane-als-azubi-in-brandenburg-a-1180961.html (last retrieved: 13.08.2024); Bauer, Judith (2019), "Die Retter des Pflegesystems: Parade-Beispiel der Integration eines Flüchtlings", TZ München Online, 05.01.2019: https://www.tz.de/muenchen/stadt/pflege-notstand-in-muenchen-fluechtlinge-als-retter-systems-zr-10991593.html (last retrieved: 13.08.2024); Raviol, Sebastian (2016), "Mein Hobby ist zu helfen", Merkur Online, 07.11.2016: ">https://www.merkur.de/lokales/starnberg/tutzing-ort29607/asylbewerber-absolvieren-intensivkurs-pflegeberuf-6939168.html>">https://www.merkur.de/lokales/starnberg/tutzing-ort29607/asylbewerber-absolvieren-intensivkurs-pflegeberuf-6939168.html>">https://www.merkur.de/lokales/starnberg/tutzing-ort29607/asylbewerber-absolvieren-intensivkurs-pflegeberuf-6939168.html> (last retrieved: 13.08.2024)

care workers. They were deemed suitable for work that is associated with "feminine" personality traits such as love, nurturance, and altruism, and that men, globally, tend not to do. The tension between the image of "refugee men" as "dangerous" and the feminized work some of them were opting into sparked my curiosity. How did these supposedly "dangerous" men come to do "women's work"? How would the stigma attached to these men affect workplace dynamics as they work alongside women? And what are the implications of doing feminized, low status, "dirty" work (Simpson et al. 2012) for their legal status and economic integration into German society? To tackle this puzzle, I first turned to the literature on migration, gender, and care to help make sense of the recruitment and training of "refugee men" as elder care workers in Germany.

1.2. A GLOBAL PATTERN OF CARE MIGRATION

The historically unprecedented volume of migrants leaving countries in the Global South for a better life in the Global North has resulted in increased diversity (e.g., ethnic and religious) in societies across the Global North.⁴ At the same time, declining fertility rates and increasing life expectancy have meant a growing need for public long-term care. Due to these demographic shifts, established migration and long-term care regimes across the Global North are under great strain; they are in crisis.

The migration crisis is induced by the sheer volume of migrants that cross, or are attempting to cross, international borders today. During the last ten years, international migration reached a global high (IOM 2024). Wars, the effects of climate change, and economic deprivation are prompting numerous people from the Global South to seek humanitarian aid and more prosperous lives in the Global North. Meanwhile, many countries in the Global North attempt to control the exit and entry of these migrants through skill-based selection criteria and narrowly defined humanitarian protection categories. The migration crisis stems not only from the sheer number of migrants currently on the move, however. The presence of an increasing number of supposedly "unskilled", non-white migrants in countries of the Global North prompts receiving societies to reckon with questions of diversity and integration. There is a growing fear among Global Northerners about the alleged threat that migrants

⁴ I use Global South/Global North as a relational concept rather than a geospatial classifier. As the Global South Studies Center at the University of Cologne aptly explains, "*Global South/Global North* are not defined by clear spatial boundaries but rather as emergent topographies of historically evolving and overlapping networks of exchange, of dominance and exclusion, and of identity ascriptions. [...] the *Global South* can be found in the geographic north, and vice versa. As a relational concept *Global South* can help to address the internal inequalities of countries and territories across the world. It describes the increasing political, cultural, and epistemic marginalization of people not able to profit from the benefits of globalization." Available online: https://gssc.uni-koeln.de/en/research-1/global-south (last retrieved: 17 August 2024).

pose to the unity and cultural traditions of their "imagined" national communities (Anderson 1983, De Genova 2018, Ruzza 2018, Walia 2021)

Population ageing and the ensuing number of long-term care dependents have induced the longterm care crisis. A dearth of qualified elder care workers has further fueled this crisis. The demographic changes themselves explain, in part, this labour shortage: low fertility rates reduce the pool of eligible care workers and the tax base needed to fund the long-term care sector (Hussein and Christensen 2017, Lutz and Palenga-Möllenbeck 2011, Lutz 2018b). At the same time, low fertility rates combined with women's increasing incorporation into the labour market have reduced the availability of (unpaid) care workers in the private sphere. The heightened vulnerability of the elderly population to COVID-19 has only worked to intensify concerns about the notorious understaffing in public elder care facilities.

Situated in the whirlwind of the migration and care crises are migrants who care for sick and elderly people in countries of the Global North. Migrant care workers constitute a significant share of today's migrants; their host states increasingly rely on their presence to meet the demands of their ageing populations.⁵ The vast majority of these migrant care workers are women (Castles et al. 2014, UN 2017). They attend to the needs of the elderly as live-in care workers in domestic spaces or work in institutional settings, specifically hospitals and long-term care facilities. Their employment as care workers is the result of a confluence of gender, care, and migration regimes (Lutz and Palenga-Möllenbeck 2011). These different regimes work together to produce "an international labor force of care workers that is gendered, racialized and undervalued" (Huang et al. 2012:198). While gender, care, and migration regimes differ from one national context to another, their interaction is patterned globally, positioning racialized and "unskilled" migrants as easily exploitable and, thus, marginalized care workers (Duffy 2007, Kilkey 2010, Lutz and Palenga-Möllenbeck 2011, Williams 2010).

⁵ In this dissertation, when I speak of care workers, I am referring to the people who attend to the health and well-being of sick and elderly people in a domestic or institutional setting. These care workers have in common that they attend, to varying degrees, to the immediate medical, physical, and emotional needs of the elderly people under their care. They monitor medication intake, attend to wounds, wash bodies, and assist by nutrition intake and discharge. They are also often the primary contact persons of the people they care for. My use of the terms, care work and care workers, is limited accordingly. Outside the confines of this project, care work entails so much more; it constitutes "everything we do to continue, repair, and maintain ourselves so that we can live in the world as well possible" (Tronto and Fisher 1990:415). Social workers, teachers, home makers, and childcare workers are also care workers, for example. They are not, however, implicated when I speak of care workers in this thesis.

1.2.1. GENDER AND CARE REGIMES

Gender regimes organize responsibilities and relations on the basis of gender in any given institutionfor example, the family (Connell 2006, Walby 2004). In the context of care work, gender regimes are cultural scripts that code tasks and responsibilities relating to the care of family members as either feminine or masculine (Lutz and Palenga-Möllenbeck 2011). Around the globe, women do the lion's share of paid and unpaid care work in hospitals, elder care homes, and private homes. According to the International Labor Organization (ILO 2018), 69% of the global health care work force are women. In Europe, the share of women among health care workers is even higher at 79%. Supposedly, women are more suited to do care work than men because they are deemed more empathetic, nurturing, altruistic, and servile (England et al. 2002, Hochschild 2015). These qualities are considered essential for care work because—irrespective of their own feelings—care workers must constantly manage the emotions of care recipients, signal safety to them while they are naked, and wash away their stool or other bodily fluids (England et al. 2002, Isaksen 2017, Simpson et al. 2012, Simpson and Simpson 2018). Internationally, there is a long tradition of women doing the caring—and "dirty" work privately as mothers, wives, and daughters. In these roles, they work for free. As domestic labour that, historically, does not produce a commercial good, for the longest time care work was outside the purview of market forces and deemed not worthy of little, if any, remuneration.

Since World War II, women in the Global North have increasingly been incorporated into the labour market. Their labour market inclusion was not only accomplished due to their own fight for emancipation. Neoliberal states are also heavy promoters of women's wage labour, placing emphasis on women's self-sufficiency and identity as workers and taxpayers (Chorus 2007, Lutz and Palenga-Mollenbeck 2012). The neoliberal reorganization of societies across the globe has changed the gender regimes of many, if not all, countries of the Global North. Women of the Global North now find it difficult to combine their responsibilities as workers in the public sphere with their remaining responsibilities as mothers, wives, and daughters in the domestic sphere (Hochschild 2015, Lutz 2018b, Truong 1996). Women's incorporation into the labour market has unfurled without a significant re-distribution of their private sphere labours. Men's participation in the home remains insufficient to offset women's growing labour load.⁶ Across the Global North, a care gap has thus

⁶ According to the Gender Equality Index 2019 of the European Institute for Gender Equality, 32% of women aged 20-64 without formal employment are inactive due to domestic care responsibilities of older family members, compared to 5% of men in the same age group. Available online: https://eige.europa.eu/publications-resources/toolkitsguides/gender-equality-index-2019-report/informal-care-older-people-people-disabilities-and-long-term-careservices?language_content_entity=en (last retrieved: 3 August 2024).

emerged which population aging has further exacerbated. There simply are not enough people women—available to care free of charge or for low wages for the rapidly growing number of aging citizens in need of care services (Apitzsch 2010, Ehrenreich and Hochschild 2003, Parreñas 2001). In the spirit of neoliberalism, states have responded to this dynamic with care regimes that turn care work into a commodity which can be purchased and sold on an international care market.

Care regimes organize the provision of care. They are comprised of "a multitude of state regulations according to which the responsibilities for the well-being of national citizens are distributed between the state, the family and the market" (Lutz and Palenga-Möllenbeck 2011:350). Care regimes are also comprised of cultural norms that dictate in any given society what constitutes "appropriate" care (Williams and Gavanas 2005, Williams 2010). In many countries across the Global North, including Germany, states hold on to the notion that care, whether of children, the ill, disabled, or elderly, is a familial responsibility to be performed in the domestic sphere. This pairs with the notion of the home as the most appropriate setting for the elderly to receive care. Consequently, states have been slow or unwilling to build or extend the public provision of care (Hochschild 2015, Lutz and Palenga-Möllenbeck 2010, 2011). In the absence of sufficient state programs regulating the provision of care, care has become a commodity offered at competitive prices on national and international markets that turn families into care consumers (Hussein and Christensen 2017). In the context of elder care, many families now purchase care that fits their needs and budgets. They can avail themselves of professional care services provided in nursing homes or by professional outpatient services. Moreover, they can meet their care needs informally by hiring live-in care workers, mostly migrant women, who provide round-the-clock care at the lowest price possible (Hanley et al. 2017, Lutz and Palenga-Möllenbeck 2010, 2011). The commodification of care has created a competitive care market. In the care market, care service providers compete in their quest to offer attractive (affordable) care services. Due to the pressure of offering care services at the lowest price possible, the wages of elder care workers are consistently kept low. The notion that care work requires only low levels of skill and is done by women out of love and altruism further justifies the low wages of care workers. Migration regimes facilitate the commodification of care by providing a constant supply of workers-migrant women—who provide elder care work at low wages (Lutz 2018a, Lutz and Palenga-Möllenbeck 2011, Williams 2010).

1.2.2. MIGRATION REGIMES

Migration regimes exist because most states seek to control their borders (Hindess 2000). States do so, or attempt to do so, through migration regimes consisting of migration policies that regulate the entry and exit of migrants-that is, an enforcement infrastructure-as well as policies, practices, histories, and discourses around race, culture, and national belonging (Huang et al. 2012, Isaac and Elrick 2021, Williams 2010). Migration regimes establish judicial hierarchies between different groups of migrants, with some migrants desired, some welcome, some merely tolerated, and others wholly rejected. Migrants' assumed potential to promote-or at least not harm-the prosperity of their host societies undergirds this ranking system; ascriptions of "skill" dictate the position of migrants. "Skilled" migrants are on top of the hierarchy because they hold educational degrees and credentials or at least some high-demand expertise. They are assumed to contribute positively to the economic, social, and cultural life of their host society because they will live professional lives and therefore "integrate" well-so the logic. Migrants who do not meet these criteria are considered "unskilled" and are therefore at the bottom of the migration hierarchy (Anderson 2015, Burawoy 1976, Ruhs and Anderson 2010, Zolberg 1987). The skills they may have acquired prior to migrating are deemed not good enough to allow for a job outside the low-wage sector (Liu-Farrer et al. 2021). "Skilled" migrants find it relatively easy to acquire an entry and work visa; "unskilled" migrants find it particularly difficult.

Most "skilled" migrants are individuals with passports and professional credentials from "developed" countries in the Global North, and many of them are white. Most "unskilled" migrants are individuals with passports and credentials from "underdeveloped" countries in the Global South with a population that is racialized as "non-white." Consequently, it is extremely difficult for people from countries in the Global South to get a visa to access the territories, labour markets, or educational systems of countries in the Global North. Masked by supposedly neutral conceptions of skill, the access and entry to countries in the Global North is, in effect, racist (De Genova 2017, Glick Schiller and Salazar 2013, Joseph 2020, Mezzadra and Neilson 2013). Due to such highly restricted and racist migration regimes, individuals deemed "unskilled" must rely on other options to enter countries of the Global North. For some of them, entering without a visa, meaning "illegally", or applying for asylum are the only options available. However, the right to asylum is highly restricted and certainly not everyone who seeks asylum gets it. Asylum seekers can therefore easily slip into precarious forms of legal status at the bottom of the migration hierarchy (Ambrosini 2016, Anderson 2010, De Genova 2002, Menjívar 2006). Nevertheless, "unskilled" migrants at the bottom of the migration hierarchy are not entirely without value for their host countries. They supply these states with the labour for jobs that citizens find undesirable because these jobs are marked as "3D"—that is, they are dirty, demeaning, or dangerous (Gallo and Scrinzi 2016:88, see also: Piore 1979, Zolberg 1987). Due to their legal status and their lack of accredited skills, "unskilled" migrants are confined to these jobs. Racialized constructions of worth only serve to legitimize their employment in these low-wage, 3D jobs, where opportunities for upward mobility are extremely limited. It is here that migration regimes converge with gender and care regimes as well as with constructions of racial differences.

Care work is a low-wage sector that is widely considered "dirty" and demeaning, and is increasingly staffed by migrants. Many of these migrants do this work for lack of better options at home and abroad; most of them are women (Lutz and Palenga-Möllenbeck 2011). Female, non-white migrant bodies are constructed as particularly suitable for the provision of elder care. On the one hand, this suitability is because their bodies are held to be (or made) more submissive through restrictive immigration policies, systemic racism, and the oppression of women. Their assumed, expected, and imposed deference suits the demands of the labour they perform. On the other hand, employers expect care workers to bring a high degree of sensitivity, nurturance, devotion, and/or altruism to their work. These are characteristics society attaches to women and their "mothering" qualities and to migrant women from countries in the Global South (Ehrenreich and Hochschild 2003, Mahler 2003, Yeates 2012). As Yeates (2012:143) explains, "many employers in the care sector express a preference for care workers from certain countries whom they believe possess certain behavioral, cultural, linguistic or religious traits thought to bear on the quality of the service provided." In addition to gender and race, religion also serves as a basis to select who, and therefore who is not, deemed "suitable" to provide elder care (Yeates 2012). In Europe, including Germany, elder care is constructed as a reflection of Christian values. This notion is promoted especially by Christian-faith organizations involved in the provision of elder care. Christian female migrants from the Global South are consequently assumed to be ideal elder care workers (Calavita 2006, Gallo and Scrinzi 2016, Lamura et al. 2008, Scrinzi 2010). The perception of Christianity as a supposedly "caring" religion must be understood in the context of widespread stereotypes about Islam as a supposedly violent religion. Based on these stereotypes, Muslim migrants are, relative to Christian migrants, less desirable elder care providers in Europe (Gallo and Scrinzi 2016, Lazardis 2000, Williams and Gavanas 2016). Overall, the societal integration of these migrant, predominately women, care workers is not the goal of the states that host them and depend on their care. Post-industrial societies tolerate their presence because it alleviates the pressure on the care system. Arguably, as a consequence, studies documenting the experiences of migrant care workers in post-industrial societies are overwhelmingly stories of exploitation and marginalization (Chang 2017, Duffy 2007, Gallo and Scrinzi 2016, Hagan 1998, Scrinzi 2016).

1.3. AN EXCEPTIONAL CASE: "REFUGEE MEN" AS ELDER CARE WORKERS IN GERMANY

Germany is one country in the Global North where the migration and the care crises have been particularly acute. Since 2015, Germany is among the top-ten host countries for refugees (Amnesty 2020); it is also one of the top-ten fastest aging societies (UN 2020).⁷ The recruitment of refugees as elder care workers in Germany is in many ways exemplary of the globally patterned interlocking of gender, care, and migration regimes. Over the past forty years, German women have increasingly been incorporated into the labour market.⁸ Many women are today no longer willing or able to take on elder care responsibilities in their families. This situation has led to the commodification of care and a competitive care market, where elder care wages are relatively low. The low wages combined with elder care work's reputation as "dirty" and feminized labour has created a significant shortage of elder care workers in Germany. Racialized and "unskilled" refugees placed at the bottom of the migration hierarchy are now opting into care work. Despite this rather typical interlocking of gender, care, and migration regimes in Germany, the German case also breaks in important ways with the global pattern of care migration.

First, Germany envisions the recruitment and training of refugees as care workers to promote their long-term social and economic integration. Underpinning this strategy is the German government's realization in 2016 that most of the people who had entered the country the year prior are, in all likelihood, not going to leave the country (BMWi 2016). In Germany, migrants' integration is closely tied to migrants' potential as workers. "Integrated" migrants are "skilled" migrants who have acquired educational credentials valued and recognized in Germany (Schuster-Craig 2017). "Unskilled" refugees thus have to be turned into "skilled" workers to realize their integration into

⁷ In 2017, 36 out of 100 people living in Germany were 65 years and older (old-age dependency ratio of 36 out of 100). In 1950, the old-age dependency ratio was, with 16 out of 100, significantly lower. Today, women living in Germany have a life expectancy of 83 years and men of 78 years. These numbers are expected to increase over the next thirty years to 90 and 87 years, respectively. Meanwhile, the birth-rate is currently with 1.57 quite low, which means the old-age dependency ratio is expected to increase further (BPB 2019).

⁸ The number of employed women in Germany has increased from approximately 9 million in 1985 to approximately 18.4 million in 2019. In the same period, the number of employed men increased from approximately 14.5 million to approximately 20 million. The number of women in full-time employment has increased (minimally) from 6.4 million in 1985 (31% of all full-time employees) to 9.5 million in 2019 (35% of all full-time employees). In 1985, 2.6 million women were part-time employees. The German Federal Statistical Office publishes these statistics online: <a twww.destatis.de> (last retrieved 2 September 2024).

German society. An apprenticeship in elder care work is one way to realize refugees' integration. At the same time, such an apprenticeship addresses a severe labour shortage in Germany's long-term care sector. Importantly, unlike migrant care workers studied elsewhere, whose supposed lack of skill legitimizes their continued employment as "unskilled" elder care workers, "unskilled" refugees in Germany are meant to be *upskilled* as elder care workers.

Second, most refugee elder care workers in Germany are men. Moreover, they are men who are racialized as "Muslim" and "Black" and, as such, publicly stigmatized as "dangerous" and violent. To this end, the German case proves unique. Thus far, the literature on migration and care work offers only limited insights in this regard. Scholarship on migrant men care workers is relatively nascent, emerging only in the past 15 years. Initially, migrant men were presumed to rarely participate in caring activities. Feminist scholars therefore contended that an emphasis on the few migrant men who do caring labour would overplay their involvement in a feminized domain (Duffy 2005, Parreñas 2012). Migrant men were not wholly absent in the literature on migration and domestic work, however. They appeared as husbands accompanying their wives migrating for domestic care work (George 2005) and as "reproductive" labourers who provide for the well-being of their domestic employers through a range of non-caring activities, such as gardening or home maintenance (Bartolomei 2010, Glenn 1992, Kilkey 2010, Ramirez and Hondagneu-Sotelo 2009, Sarti 2010). More recently, migrant men who perform domestic elder care work has captured some scholarly attention. These scholars offer novel insights into the management and negotiation of migrant masculinities in the realm of feminized and domestic caring labour (Gallo and Scrinzi 2016, Hussein and Christensen 2017, Näre 2010, Ray 2000, Sarti and Scrinzi 2010, Scrinzi 2010). Research on migrant men's domestic care work in Italy shows that employers in Italian households construct Christian men from Sri Lanka, India, and the Philippines, based on their faith and racialized imaginations of South (East) Asian mentalities, as effeminate, docile, and non-threatening. Importantly, they are portrayed as an entirely different kind of men relative to Muslim men, who are supposedly too dangerous to provide care and too dangerous to have around in the house (Gallo and Scrinzi 2016, Näre 2010). In Germany, by contrast, these "dangerous" Muslim men are addressed as potential elder care workers. While Muslim migrant men are deemed unsuitable to do domestic care work in Italy, they must be reconstituted as suitable in the German context of care, where "refugee men" become elder care workers despite their public image as "dangerous" and violent. How this reformulation of "refugee men" as suitable care workers occurs and what aspects of migrant men's (ascribed) identities are advantageous in this process are among the core sites of inquiry in this dissertation.

Third, racialized migrant men care workers in Germany provide care work in institutionalized care settings, where their labour is visible and where they interact with multiple elderly people, their families, and-most importantly-with various colleagues. As care workers in elder care homes and hospitals they are part of teams and work alongside mostly German women. They are not, like most migrant care workers studied elsewhere, women and men alike, employed in domestic care settings, where they work in isolation and where their labour is largely invisible. How their masculinities are negotiated in such institutional care settings and how they are positioned in feminized occupational realms as men who work alongside mostly women warrants investigation. Literature on Black men in feminized jobs in the United States offers one of the few points of reference (Wingfield 2009, Woodhams et al. 2015, Yavorsky et al. 2016). These studies consistently show that minority men who are racialized as non-white are marginalized and held back from professional advancement because of the racial stigma attached to them. As Wingfield's (2009) seminal study on Black nurses in the United States shows, the privilege that white men in feminized professions experience does not carry over for racialized men. Racial disadvantage seems to undercut gendered privilege in feminized professions. Whether and how exactly these findings from the United States extend to the German context remains unclear, however. How gender and race intersect and work to position migrant men care workers in Germany is a pressing issue. Germany's care sector increasingly depends on migrants and is, as I discuss in chapter II, increasingly staffed by migrant men.

Taken together, the exceptionality of the German case promises insights on a range of topics that are of interest to gender, race, and care migration scholars as well as to policymakers in countries similarly grappling with the ongoing migration and care crises. On the one hand, the German case allows for the study of care work settings in Germany as potential sites of societal inclusion. To date, the existing literature on international care migration has solely theorized migrant women's care work as a response to a care deficit and a site of marginalization. Care work has not emerged in this literature as a potential facilitator of societal integration. Therefore, my intention is to carve out those aspects of care work and its organization that promote *and* impede migrants' long-term societal inclusion in Germany. On the other hand, my study of the German case offers an analysis of gender-specific forms of racism that occur parallel to the intended integration of refugees into German society as care workers. My study of the German case, thus, generates insights into the management of migrant men's (assumed) "cultural" differences in a feminized occupational realm that is meant to facilitate their societal integration.

1.4. THE QUESTION

In this dissertation, I ask:

How are "refugee men" integrated into German society as care workers? How do gender and race manifest themselves in this process?

I seek to uncover how gender, race, legal and professional status converge in the German context of care for migrant men from countries in West Asia and Africa. My research question builds on intersectional theory, which argues that different identity categories, such as gender, race, or sexuality, intersect with one another and give rise to unique experiences of privilege and marginalization. Each identity category has a distinct and context-specific meaning in combination with any of the other identity categories (Choo and Ferree 2010, Crenshaw 1991, Hill Collins 1990). At the heart of my research question sits a very complicated word, one that is contentious in its many meanings: "integration". As a policy goal and an analytic concept, "integration" has generated much well-founded critique (Favell 2019, Hess et al. 2015). In theory, "integration refers to the process by which individuals become members of society" through multiple forms and levels of participation (Anthias et al. 2013:3). Integration could thus be a harmless social process that involves all members of society to promote societal cohesion. It is indeed "necessary to provide newcomers with explicit explanations of legal and social codes, prepare them linguistically, and offer them instruction about how to enter a complex economy," as Schuster Craig (2017: p. 609) argues. In reality, however, the ideas and dominant discourses on how to structure integration have "political overtones that hierarchize people through racializing rhetoric and discriminatory practices in order to maintain control of political power" (p. 609). In effect, integration policies, those realized and those proposed, commonly serve to reproduce the nation-state society imagined as "culturally" homogeneous. Members of the dominant group are rarely asked to "integrate" or to adapt. However, such policies regularly target minorities, those perceived as too different "culturally." They must learn, adapt, and change for the sake of "integration." This "othering" is often done along the axes of race, religion, and nationality, marking individuals as lacking in one way or another (Anthias 2013, Favell 2001, Hinger and Schweitzer 2020). In many countries of the Global North, including Germany, integration policies are a sub-category of immigration policies that are particularly far-reaching for non-white and "unskilled" migrants. Even though most integration policies officially aim to promote social inclusion and societal participation,

they cement, in effect, racialized power differentials (Anthias 2013, Favell 2001, Hinger and Schweitzer 2020).

Despite the valid critique of the concept, I entertain the idea of "integration" because it gives me sufficient room to capture the various ways in which gender, race, and legal status manifest and combine as migrant men seek to live and work in Germany as care workers. Specifically, asking about "integration" necessitates attending to the pitfalls and opportunities in Germany's integration policy architecture which targets asylum seekers. Any analysis of integration must also make room for an inquiry into mechanisms of exclusion, or non-integration, that, in the case of "refugee men", undoubtedly follow a logic that is both racist and gendered. Finally, the idea that perceived differences can be overcome—a hopeful take on the idea of integration—encourages the identification of mechanisms that reduce the perceived distance between majorities and minorities, and promote instead a sense of similarity.

I began my research in the summer of 2021 and concluded data collection in December of 2022. Despite a global pandemic, I interviewed and observed over 70 people involved in the recruitment and training of "refugee men" as care workers. Among them were migrant men from countries in West Asia and Africa who applied for asylum in Germany and became care workers, care home managers, care school teachers, and various integration officers promoting the recruitment and training of refugees as elder care workers. I also spent five months in two elder care homes, where I observed the interactions between migrant men care workers, their German women and men colleagues, and the people they care for. Through participant observation, I sought to understand how migrant men racialized as Black and/or Muslim are positioned within their teams relative to women and their white, male counterparts.

1.5. CHAPTER SUMMARIES

I find that as care workers, migrants with precarious legal status can assume a worker identity and thereby satisfy some of the integration expectations that the German state considers vital for migrants' long-term permission to stay. Furthermore, formal training as a care worker is also an opportunity to participate in Germany's system of credentials and to assume the identity of a skilled and sought-after health professional. Care work thus implies legal and economic status gains for the migrant men I interviewed and/or observed. However, care work is also a women-dominated occupational realm where gender differences are salient and where gender-specific forms of racism can easily permeate workplace interactions. The racialization of men asylum seekers in Germany is a source of tension

that stands uncorrected among care workers and promotes difficult and harmful workplace dynamics. Racial marginalization does not negate access to gendered privilege, however. I find that as men minorities in a women-dominated occupational realm, the migrant men I interviewed and/or observed experience valorization too. To many of their colleagues they appear so similar and, in some aspects, even better than German men. Their embodiment of "suitable" manhood elevates their status relative to their women colleagues. I therefore argue that manhood is an asset for migrant men care workers which might propel their careers as care workers.

I pursue this argument in the following chapters. In chapter II, I offer all of the information needed to appreciate the German case. I explain the emergence of "refugee men" as a specific type of men who are historically associated, in Germany, with hyper-sexuality and violence. I then move to a detailed description of Germany's asylum architecture. I describe the categories of humanitarian protection that exist in Germany and how those who receive humanitarian protection—and those who do not—are expected to integrate into German society through work. Finally, I explain how and by whom care work is done in Germany and how refugees emerged as potential care workers on the radar of German care home managers.

In chapter III, I present my methods. I describe the people I met in the field, how contacted them, and how I interviewed and observed them. I also address some of the emergent challenges of doing fieldwork across identity-based differences between myself as the researcher and my interlocutors. Finally, I explain how I went about analyzing the data I collected.

In chapter IV, I explain what care work means for asylum seekers' legal and economic integration in Germany. I discuss migrant men's reasons for doing care work as well as the economic effects of their decision to train as (geriatric) nurses. I look at these motivations and outcomes through the prism of citizenship and two of its dimensions, "legal status" and "participation" (Bloemraad et al. 2008, Marshall 1950). I find that migrant men can make status gains as care workers. Because care work is an occupational realm where low-entry requirements are paired with various possibilities of acquiring professional credentials, migrant men can not only upgrade their legal status but also turn themselves into skilled and sought-after health professionals. They can attain professional credentials that are recognized and valued in German society, opening various career opportunities as well as a path to a middle-class life. These occupational status gains set them apart from other migrant care workers that have been studied elsewhere.

In chapter V, I illuminate how migrant men from countries in West Asia and Africa experience gendered forms of racism in German care facilities. There is a *symbolic boundary* (Lamont and Molnár 2002) at work that casts these men as "dangerous" others (Yurdakul and Korteweg 2021). I show how this boundary manifests itself in day-to-day interactions among care workers in Germany. Specifically, I show that the boundary structures behavioral expectations towards newly recruited men from countries in West Asia and Africa and serves as an interpretative frame in ambiguous social situations. I also find that the boundary of "dangerous refugee men" prompts migrant men as well as Germans to adjust their behavior via-à-vis each other and stokes fear among care workers. Migrant men care workers in Germany thus experience *ethnoracial exclusion* (Lamont et al. 2016).

In chapter VI, I consider the gendered privileges of men who do women's work in the German case. These privileges, I find, are well within reach for the migrant men care workers I met, despite their racialized disadvantage. Essentializing ideas of how men and women supposedly behave differently allow migrant men care workers to form positive and privileged workplace identities. As men who comport in ways that are expected of "suitable" men, migrant men are valorized *as men* by the German men and women they work with and the elderly they care for. Previous research has shown that racialized men who do women's work are excluded from the privileges that white men enjoy when they do women's work; unlike their white, male counterparts, racialized men do not advance swiftly into higher status positions (Wingfield 2009). I challenge this scholarship by showing that racial disadvantages do *not* necessarily negate migrant men's valorization and elevated status *as men* when they do women's work.

In chapter VII, I return to my research question and discuss what Germany and other countries currently grappling with migration and care crises can learn from this study. I argue that migrant men care workers are on a path towards economic and legal status parity with Germans. As they settle in Germany as care workers, essentializing gender beliefs of how women and men are different provide a foothold and may even propel migrant men care workers up the career ladder. The professionalization of care work combined with the gender-typing of this occupational realm allows migrant men to emerge in Germany as suitable care workers. My findings expand the boundaries of existing research on migrant's care work and racialized men who do women's work. I present care work as an occupational realm that promotes societal inclusion and suggest that gender is a force that may diminish racialized disadvantages. I conclude this discussion chapter with the implications of my findings for policymakers in Germany and beyond who are tasked with addressing migration and care challenges.

In the concluding chapter, I summarize with my findings, highlight the limitations of this study, and suggest potential directions for future study.

II. RACIALIZED MEN, ASYLUM, AND CARE WORK IN GERMANY

Lamine—we met him in the introductory chapter as he cluelessly boarded a bus that would take him to Joseph House in Malhausen-had applied for asylum in Germany in 2016. In that year, he was one of 746,000 individuals who had sought asylum in Germany. Never before had the German Federal Agency for Migration and Refugees (BAMF), the agency responsible for handling asylum applications in Germany, received this many applications, though the recent years had already been remarkably high. Between 2012 and 2014, asylum applications had almost tripled, increasing from 78,000 to 203,000. In 2015, 477,000 asylum applications were filed, most of them in the fall (BAMF 2017).⁹ The peak year of 2016 was therefore just a continuation of a drastic increase in asylum seekers in Germany that began in 2012 and gained considerable intensity in the second half of 2015.¹⁰ In 2015 and 2016, Syrian citizens filed most of the asylum applications. In terms of countries of origin for asylum applicants in Germany, Syria had already been in the top 10 since 1998. Of all asylum applications filed in Germany, the share filed by Syrians had hovered around 3.5% throughout the 2000s. With the outbreak of the war in Syria in 2011, Syria quickly became one of the top three sending countries of refugees in Germany. In 2012 and 2013, Syrians filed approximately 10% of all asylum applications in Germany.¹¹ In 2014, this percentage grew to over 22% and peaked at 36% in 2015 and 2016. In 2016, numerous individuals from Afghanistan (18%), Iraq (13%), and Iran (4%) filed other asylum applications. Asylum applications from individuals from African countries also peaked in 2016, making up almost one-third of all asylum applicants (SVR 2020). Of all asylum applications filed in 2016 in Germany, 76% were filed by individuals who identified as Muslim, 68% by men, and approximately 50% by individuals between the ages 18 and 35. In the 18-35 age group, the share of men was particularly high with approximately 75% (BAMF 2016, 2017).

In this chapter, I provide the necessary information to understand what happened on that day in October of 2016 in Malhausen, when Lamine, along with a busload of men from a nearby asylum shelter, was dropped off at Joseph House to learn about elder care. How were these men positioned in German society when elder care emerged as an employment option? Why did the management of

⁹ The numbers of asylum applications presented are rounded to the nearest thousand.

¹⁰ The majority of the applications filed in 2016 were from individuals who had already entered Germany in 2015 but who could not file their applications earlier because the German asylum system was not equipped to handle this increase in applicants.

¹¹ BAMF (2012, 2013). "Migrationsbericht", online: <https://www.bamf.de/EN/Themen/Forschung/

Veroeffentlichungen/Migrationsberichte/migrationsberichte-node.html> (last retrieved: 2 September 2024).

the elder care home in Malhausen organize a whole bus of refugees to come for a visit and learn about care work in Germany? And why was Nadine, a geriatric nurse involved in the recruitment event at Joseph House, as she said, initially wary of all the men who were in the bus? I answer these questions in the next three sections. I position the many men asylum seekers who came to Germany in 2015 and 2016 within an ongoing and centuries-old public discourse that has racialized men from West Asia and Africa as "dangerous" others. I explain how Germany's asylum and immigration policy architecture categorizes and regulates individuals like Lamine who seek asylum in Germany. Finally, I explain how care work is done in Germany and how refugees emerged as potential care workers amidst the national care and migration crises.

Citizenship	# of applications	% men
Syria	266,250	64
Afghanistan	127,012	68
Iraq	96,116	62
Iran	26,426	71
Eritrea	18,854	70
Pakistan	14,484	92
Nigeria	12,709	64
Somalia	10,232	unavailable
Gambia	5,787	unavailable
Morocco	4,156	unavailable
Ethiopia	4,030	unavailable
Algeria	3,761	unavailable
Guinea	3,537	unavailable
Ghana	2,645	unavailable

Table 1: Number of asylum applications in 2016 from individuals from major refugee-sending countries in West Asia and Africa by gender.

Sources: BAMF 2017, Das Bundesamt in Zahlen 2016, Asyl Migration und Integration; BAMF 2017, Antrags-, Entscheidungs- und Bestandsstatistik, 01.01.2016 - 31.12.2016

2.1. "REFUGEE MEN"

The sheer number of refugees¹² who entered Germany in 2015 overburdened state agencies responsible for processing asylum applications. While a quota system regulated the allocation of asylum seekers across federal states (Länder), states struggled with the ad hoc setup of reception facilities. National welfare organizations specialized in emergency relief thus quickly stepped in to support the German state in securing refugees' basic needs. Meanwhile, countless volunteer initiatives across Germany welcomed refugees at train stations and helped them navigate the asylum bureaucracy that was, in the late summer of 2015, changing almost on a daily basis. Local churches, sports clubs, student groups, neighborhood associations, and loosely organized groups of individual actors soon became involved in the settlement of refugees (Feischmidt et al. 2019, Hamann and Karakayali 2016). Civil society's unprecedented engagement in the reception and settlement of refugees drew Germany international praise. Germany's "welcoming culture" in those first weeks of the so-called "refugee crisis" was, in fact, unprecedented in Germany and Europe. Yet, German society did not stand united in the summer and fall of 2015. Not everyone was ready to welcome so many newcomers and especially not so many young, unmarried, and unaccompanied foreign men (Ward 2019). Concerns about German women's sexual safety in the presence of so many "refugee men" grew across the German public throughout the fall of 2015. Far-right political organizations such as the AfD party and the PEGIDA movement stirred these concerns, which the Christian-conservative CDU and also other parties further echoed. Then on New Year's Eve 2015, when "North African and Arab-looking" men¹³ sexually molested numerous (white) German women in Cologne's central train station, skepticism about the presence of "refugee men" in Germany quickly turned into a full-grown moral panic (Yildiz 2023).

The widely publicized events in Cologne triggered a nationwide debate about the potential threat that "refugee men" pose to (white, German) women's safety. What had happened in Cologne was for some an inevitable result of the incompatibility of "Muslim values" in a Christian country where women have supposedly come to enjoy gender equity, freedom, and sexual autonomy (Boulila and

¹² Here, I use the term "refugee" (*Flüchtling*) to refer to all those people who entered Germany during the last six years and applied for asylum upon their arrival. As will be explained in greater detail in the following section, this use of the term "refugee" does not reflect its definition in the German asylum regime. However, it does reflect how the term is used in the German media, in policy debates, and by a broad range of civil society actors. I thus mirror how the term is commonly used in the context I here describe.

¹³ The (alleged) perpetrators of these sexual assaults were described by victims and the police as "North African and Arablooking men", see, for example, Yildiz (2023). As it later turned out, approximately one third of the defendants were refugees, some of them from Syria and Iraq. The majority of defendants were Moroccan and Algerian nationals (Lauter 2017).

Carri 2017, Dietze 2016, Drücke 2016, Kersten 2016, Stürmer et al. 2019).¹⁴ During the first few weeks of 2016, public meaning-making of the events in Cologne was omnipresent and involved actors across the political and societal spectrum. Women's groups gathered at the Cologne Cathedral (located next to the central train station) to defend their rights; public broadcasting companies changed their programs to accommodate special issues on Cologne's New Year's Eve; and parliament held two sessions singularly dedicated to the issue of women's safety in the aftermath of Cologne (Boulila and Carri 2017, Dietze 2016, Drücke 2016). Across these sites of protest and debate, the assaulted women were discussed as potential victims of Muslim misogyny who, on New Year's Eve, manifested their liberty in a gender equitable Germany through their fearless celebration on the streets of Cologne. Thus, the New Year's Eve "attacks" were interpreted as an offence against all German women who participate in public life (Dietze 2016). Although there were those who challenged the categorical scapegoating of "refugee men" (i.e. see Sezgin 2016), "refugee men" had emerged as a distinct type whose morals, intentions, and suitability for life in Germany and Europe were openly up for debate. The moral panic about "refugee men's" sexualities and their cultural fit into German society exemplifies modern racism. However, this panic also reflects a continuation of a centuries-old process of racialization that has "othered" men from West Asia and Africa as hyper-sexual and violent.

It must be stated upfront: race and racial differences do not exist. Race is the product of racism, not its foundation (Solomos and Back 1996). People do not have a race, but they are racialized. Racism is a set of ideas, a historical power relationship, and a form of discrimination (Garner 2010). Racialization is a social process that defines a racial group and positions it as inferior or superior relative to other racialized groups. The racial hierarchy that is produced in this process comes to be seen as something natural by others in society, especially by those on top of the hierarchy (Gómez 2012). Up until the end of World War II, racism relied on the assumption that people of different races inherited biological differences which could be scientifically measured (Kimmich 2006). In the era of the European colonial expansion from the late 15th to the mid 20th century,¹⁵ the idea of biologically and thus "natural" racial differences dovetailed with the construction of the white race as the most superior race. While white European colonizers saw themselves as representatives of a civilized, educated, and morally pure high culture, non-white colonial subjects across Asia, Africa, and South America were socially constructed as barbaric, underdeveloped, and infantile. Bodily features

¹⁴ See Schwarzer (2016) as one of the most prominent examples.

¹⁵ Arguably, colonization is still ongoing and has not ended with the supposed independence of Europe's colonies.

such as skin colour or hair structure served as markers to divide people into different races and ascribe to them specific behavioral qualities. This binary division of the social world, the construction of a (white) "norm" and a (non-white) deviant "other" continues to be a fundamental aspect of racism and racist discourse (Hall 1997, 2018 [1992]). Today, however, in the era of universal human rights, which promotes the equality of all humans regardless of their race, the idea that there are "natural" visible biological differences between people that justify differential treatment is, at least officially, no longer accepted. Racism thus had to reconstitute itself in a different guise.

Culture today serves as a marker that divides and categorizes people into a norm-conforming "West" and a deviant "Rest" (Hall 2018 [1992]). In this "racism without race" (Balibar 2018 [1988]), the logic and effects of racism remain entirely unchanged because culture, as Balibar (2018 [1988]) explains "can also function like a nature, and it can in particular function as a way of locking individuals and groups a priori into a genealogy, into a determination that is immutable and intangible in origin" (p. 134). Racism thus hides behind the word "culture" and the alleged insurmountability of cultural differences. This "neo-racism", as Balibar (2018 [1988]) calls it, does not "postulate the superiority of certain groups or peoples in relation to others but 'only' the harmfulness of abolishing frontiers [and] the incompatibility of life-styles and traditions" (p. 134). In effect, however, people whose cultures are considered so different that they are incompatible with a Western lifestyle are usually non-white migrants from former European colonies. Thus, culture is what is invoked, when Black and Brown people are meant. Increasingly, religion and Islam are used interchangeably with culture across Europe and North America to express the belief that migrant communities from countries in West Asia and North Africa do not fit in with the Christian, civilized cultures of the West. Therefore, they should either cease to migrate or abandon their cultural or religious predispositions in order to assimilate into a Western lifestyle (Amir-Moazami 2016, Attia 2009, Garner and Selod 2015). This cultural "othering" of non-white Muslim migrants incorporates ideas about gender, sexuality, and gender relations and produces gendered forms of racism.

Gendered racism is as old as racism itself. European colonizers, from the 15th to the 20th century, fantasized, desired, feared, and degraded the bodies and sexualities of their colonial subjects. Different imaginations and narratives dominated perceptions about African, "Oriental", Latin, Asian, and South Asian masculinities and femininities (Kitossa 2021, McClintock 1995, Meiu 2015, Yekani 2011). I will here focus solely on colonial imaginations and narratives of African and "Oriental" masculinities, their sexualities, and their imagined relations to (white) women. These colonial tropes have re-emerged and been reinvented throughout the 20th century, and they were readily available in 2015, when thousands

of young men from countries in West Asia and Africa marched and sailed towards Europe. As such, the creation of "refugee men" as a distinct and feared social category in Germany and in Europe must be understood as an early 21st century edition of racist colonial narratives.

Long before the 2015 New Year's Eve events in Cologne, German society had been exposed to the notion that African, Arab, and Muslim men must be feared due to their supposed virility and sexual aggression (Weber 2013, Yildiz 2023). Throughout Europe's colonist expansion, African men have consistently been caricatured as uneducated, uncultured, savage, and highly potent "others", as men whose supposedly rampant sexualities could not be tamed and posed a threat to the purity of white women (El-Tayeb 2001, Fanon 1986 [1952], Gruhlich 2019, Kitossa 2021, Meiu 2015). After World War I, from 1919 to 1930, French colonial troops from North and West Africa occupied parts of west Germany's river Rhine area. The German government, the press, and political organizations across the political spectrum understood France's deployment of colonial troops as a "Black disgrace" (Schwarze Schmach). To put white Germans under the control of a "lower" race on white, German soil was considered a "disgrace" that undermined the superiority of whites. It was also dangerous due to Black men's unrestrained sexuality, these commentators claimed. Groups of women mobilized in response, with the stated aim of ending the threat that "Black men" posed to women's safety through their presence as soldiers (Dietze 2019, Maß 2001, Wigger 2007). Less than two decades later, in the aftermath of World War II, Germany was once again occupied, from 1945 to 1949. Among the occupiers were Black troops from the United States and the French colonies in North Africa. When German women entered sexual relationships with Black soldiers, moral leaders in the church and politics tailored an explanation that would restore the standing of German women, who they argued could not possibly have engaged in sexual intercourse with Black men voluntarily. Thus, Catholic priests, local administrators, and the press reinvigorated and adapted the narrative of sexually dangerous Black men, casting these women as victims of Black men's ravenous potence: they were raped. Simultaneously, incidents of rape committed by Black soldiers were overreported, while incidents of rape committed by white soldiers were swept under the carpet (Fehrenbach 1998, Kuber 2019). Violence against women in occupied Germany was thus loosely attributed to the presence of Black men. As I will show in chapter V, the narrative of Black troops raping German women in occupied Germany continues to circulate.

In the post-World War II period, the supposed hyper-sexuality and violence of Black men have been reproduced in German media through different channels: firstly, the German press has sporadically reported on sexual violence against women as a means of warfare in civil conflicts in Africa (Pieterse 1992, Wa'Njogu 2009). In the absence of an alternative narrative about African men, outside the context of war and violence, these reports reproduce the idea of the barbaric and sexually aggressive Black man. Secondly, Black men have also emerged as sexual aggressors *and* as objects of desire. In German film and print media, a sub-genre emerged in the 1970s that introduced Black men as particularly desirable sexual partners to adventurous German women, due to their purported foreignness and exoticism (Dickel and Potjans 2019, Layne 2016, Partridge 2012). Finally, cultural exports (film, music, TV) from the United States have done their share in reproducing Black men in Germany as potentially violent and as men whose sexualities are fetishized (Collins 2004, Jackson 2006, Partridge 2012, Slatton and Spates 2016). In sum, from Europe's colonial expansion onward, in one way or another, Black men's bodies have been hyper-sexualized in Germany.

Men from countries in West Asia and North Africa have also repeatedly appeared in Germany's public discourse as sexually aggressive "others". Two different facets of racism against "Arabs", "Muslims", and "North Africans" have framed this depiction: Orientalism and Islamophobia. They represent different locations of European encounters with the people that inhabit West Asia ("the Middle East") and North Africa, a vast territory that stretches from the North African Atlantic coastline to the Gulf of Oman. Orientalism positions "Arab" and "North African" men as colonial subjects who must be controlled outside of Europe. Islamophobia positions "Muslim" men as immigrants who must be controlled in Europe's centre (Jazmati and Studer 2017, Skenderovic and Späti 2019). According to Said (1978 [1994]), who pioneered post-colonial studies with his analysis of "Orientalism", Orientalism is "a style of thought based upon an ontological and epistemological distinction made between 'the Orient' and (most of the time) 'the Occident."" The "Orient" is the opposing twin of the "Occident"; its people are described as monolithic, backward, and despotic. Orientalism is a hegemonic discourse, "a Western style for dominating, restructuring, and having authority over the Orient" (Said 1978 [1994]:2f). Under the authorship of primarily French colonial powers, Oriental men were depicted as ruthless tricksters, always ready to pull a knife. As Fanon writes, North African men, France's colonial subjects, were "born slackers, born liars, born thieves, born criminals" (Fanon 1961 [2002]:285). Their potence was imagined as extreme; they had many women, lived in harems, and were sexually virile. According to Said (1978 [1994]), a strong undercurrent in colonial Orientalism exaggerated the sexualities of oriental men. Summarizing colonial writings about the Orient, Said explains that "what is really left to the Arab[,] after all is said and done[,] is an undifferentiated sexual drive," for "the Arab produces himself, endlessly, sexually, and little else" (p. 245). Islam appeared in orientalist discourse both positively and negatively. To some
colonial writers, the bounds of Islam were the one thing that held "the Arabs" back from realizing their full civilized potential. To others, Islam stirred mystical fantasies that stood for leisure and play (Jazmati and Studer 2017, Skenderovic and Späti 2019, Turner 2000). While Orientalism has never really attracted the attention of the general public, Islamophobia, its modern extension, stirs heated societal debates and even moral panics.

Islamophobia is "an ideology which functions as racism in its thinking and goals, as it constructs and perpetuates negative, homogenizing representations of Islam and Muslims and results in discriminatory practices and exclusion" (Skenderovic and Späti 2019:136). Islamophobia is a form of "neo-racism" (Balibar 2018 [1988]) in which religion is racialized and constructed as a natural, insurmountable life-style barrier between Western societies and Muslim immigrants (Garner and Selod 2015). Islamophobia emerged on the stage of Western and global politics already in the 1990s and gained momentum after 9/11 with "the global war on terror". Islamophobic depictions of Muslim men rest on Orientalist traditions and plot Muslim men as potential terrorists and Muslim *immigrant* men in Europe as violent husbands, fathers, and brothers who supposedly oppress, and sometimes even kill, their wives, daughters, and sisters (Weber 2013). Islam stands at the center of this racialization process. It is constructed as inherently backwards and illiberal and stands in contrast to the (self-)perception of Europe as a democratic society, where gender equality is a fundamental value or aim (Bhavnani 1993, Brion 2009, Lutz et al. 1995, Scrinzi 2010, Van Walsum and Spijkerboer 2007). While Muslim women's presence in a liberal Europe bears the potential of fostering Muslim women's (allegedly lacking) emancipation from both Muslim men and Islamic values (Alund 1999, Choo and Ferree 2010, Rolandsen and Sata 2013, Van Walsum and Spijkerboer 2007), Muslim men must be tamed and controlled, if not banned entirely from growing roots in Europe (Dagistanli and Grewal 2012, Korteweg and Yurdakul 2014, Korteweg and Triadafilopoulos 2013, Yilmaz 2015). Thus, Islamophobia has worked to turn crime, violence, and sexism into problems that foreigners—that is, Muslims—bring to Europe. In this climate, immigration and integration policies are used as tools to address the threats that "Muslim" and "Black" men supposedly pose to European societies. The lives of the many men who entered Germany in 2015 and 2016 and applied for asylum have since been regulated by such policies.

2.2. ASYLUM, INTEGRATION, AND WORK

For most non-white, non-wealthy, and "unskilled" people around the world, entering Germany or any other country in the European Union (EU) legally—that is, with a visa—is rather difficult, if not

entirely impossible (De Genova 2017, 2018). Broadly speaking, the German immigration regime provides two entry options for individuals: one can either enter as a tourist or as a worker. Let us go through both options from the perspective of Lamine, whom I introduced at the very start of this thesis. Lamine is a citizen of a West African country. Had he wanted to enter Germany by plane to avoid the risky journey to Germany via the Saharan desert, the Mediterranean Sea, and several Southern European countries, he would have needed either a tourist or work visa. For a tourist visa, Lamine would have had to provide the following documents: a bank statement and his bank card as proof of his ability to sustain a life in Germany for three months; a valid work contract, proof of university enrollment or any other kind of contract; and travel health insurance. With these documents, Lamine would have had to overturn the assumption that he might burden the German state during his visit and not leave in due time. For this purpose, the German embassy responsible for handling Lamine's visa application would also have sought information about his family's economic standing to make further guesses about the likelihood of Lamine overstaying his welcome in Germany.¹⁶ For most people from Lamine's country of origin, meeting these requirements is extremely difficult. A tourist visa was thus not a good option for Lamine, though his intentions for coming to Germany were not touristic anyway. Lamine was looking for a brighter, more prosperous future for himself and his family. So, let's assume Lamine had wanted to enter Germany with a work visa. Without a university degree or vocational certificate, nor a binding job offer from a German company, Lamine would not qualify for any of the work visa categories. His only option would have been to apply for a vocational training visa, that would allow him to enter Germany for the purpose of finding an apprenticeship position within six months. To get such a visa, Lamine would have needed an advanced secondary school diploma that is recognized in Germany, proof of his German language proficiency at least a B-1 level, as well as €10,800 in a blocked bank account.¹⁷ For Lamine, as for most other people from "less developed" countries in the Global South, fulfilling all of these requirements is virtually impossible. However, with tourist and work visas out of reach, there is no other visa category left to enter Germany, unless one is married to a German citizen or to a lawful resident of Germany. The horizons narrow, only one option remains for Lamine and most other people across the globe:

¹⁶ Information retrieved from the website of the German embassy in Dakar, Senegal: https://dakar.diplo.de/sn-de/service/visa#content_0 [last retrieved 15 July 2024].

¹⁷ For information on work visas for Germany, check the *Make It in Germany* website of the German Federal Government: www.make-it-in-Germany.com

entering German territory via the land route without a visa—that is, "illegally"—and applying for asylum upon arrival.

Asylum is a form of humanitarian protection that states grant foreign citizens when their lives or well-being are in danger in their countries of citizenship. In strict legal terms, a refugee is a person to whom a foreign state has granted humanitarian protection. The 1951 Refugee Convention of the United Nations is the document that provides a legally binding framework for a state's individual approach to the granting of humanitarian protection. The Refugee Convention was a response to the mass persecution of Jews and other groups of people in Nazi Germany. The Convention defined refugees narrowly as individuals who fear state-based persecution on the basis of their race, religion, nationality, membership of a particular social group or political opinion. Today, after many subsequent civil conflicts and regional wars, the United Nations High Commissioner for Refugees (UNHCR), the United Nations body that oversees the Refugee Convention, defines refugees more broadly, as "people forced to flee their own country and seek safety in another country [...] because of feared persecution as a result of who they are, what they believe in or say, or because of armed conflict, violence or serious public disorder" (UNHCR 2024). The general idea behind the term "refugee" is that an individual was *forced* to leave their country of origin; staying would have been a risk to their own life and safety due to (indiscriminate) violence. Within global and national refugee regimes, fleeing hunger, economic stagnation, poverty, and the effects of climate change are not recognized as reasons to flee one's country of origin. People like Lamine, who apply for asylum in Germany for lack of other equally or more feasible entry options, have thus emerged in public discourse across Europe as "bogus" or "economic refugees" (Bloch 2000, Neumayer 2005, Zetter 2007). They are commonly defamed as people who abuse the humanitarian protection regime in search of employment, welfare, and prosperity. However, the limitations of the "refugee" label betray the fact that "underdevelopment, conflict and, by extension, economic and forced migration are closely linked" (Crawley and Skleparis 2018:52). In light of these various circumstances that prompt individuals to leave their countries of origin, combined with unattainable visa options for most people from countries of the Global South, the distinction between migrants and refugees has arguably become obsolete (Bakewell 2011, Nyberg-Sørensen et al. 2002, Zetter 2015).

As with most other countries, the German asylum regime is complex and limits humanitarian protection to individuals who flee war, indiscriminate violence, and persecution. Certainly, not everyone who seeks humanitarian protection in Germany receives it. There are several categories of humanitarian protection that an individual who applies for asylum in Germany cycles through and ultimately falls into. First, there are *asylum seekers*. These are individuals who declare—usually at the border or wherever they first encounter German law enforcement officers—that they intend to file an asylum application. Asylum seekers receive proof of arrival after providing biometric information, which allows them to stay in Germany to file their asylum application. Asylum seekers have access to basic state services—housing, food, healthcare and cash benefits—but are not allowed to work. Once they have filed their asylum application, asylum seekers become *asylum applicants*. Asylum applicants are permitted to reside in Germany (at least) until their case has been decided. They continue to have access to the above-mentioned state services. Pursuant to the German Integration Law of 2016, which I discuss in detail below, some asylum applicants are allowed to find employment while their application is still pending.

At the end of the application process, an asylum applicant lands into one of four categories. The category assigned to a person at the end of the asylum application process is synonymous with that person's legal status. Different legal statuses come with different but overlapping sets of rights and privileges. All types of legal status within Germany's asylum regime are temporary and subject to revaluation after a pre-determined period of time. The following categories of humanitarian protection exist in Germany's asylum regime: 1) entitlement to asylum, 2) refugee protection pursuant to the Geneva Convention, 3) subsidiary protection, and 4) rejected asylum seekers with "national ban on deportation." Categories 1, 2, and 3 indicate that an asylum application has been decided positively; this decision means that the German state considers an individual applicant deserving of humanitarian protection. Entitlement to asylum is given to individuals whom state actors have persecuted on political grounds because of their race, nationality, political opinion, religion, or social group. Refugee protection is similar but also applies to persecution by non-state actors. Under both statuses, residence permits are issued initially for three years but can be extended when the reasons for escape are ongoing. The EU created subsidiary protection in response to the Yugoslav Wars to shelter individuals fleeing large-scale, non-discriminate violence against civilians in countries of origin. Residence permits under subsidiary protection status are initially issued for one year. After that, extensions can be issued repeatedly for two years at a time, provided that violence in countries of origin is ongoing (BAMF 2020). Moving forward, I will refer to categories 1, 2, and 3 as "protected" status. In 2016, 98% of asylum applicants from Syria, 92% from Eritrea, 71% from Somalia and 56% from Afghanistan attained a "protected" status.¹⁸

¹⁸ BAMF 2017, Antrags-, Entscheidungs- und Bestandsstatistik, 01.01.2016 - 31.12.2016.

When neither of the three forms of protection applies, but a return to the country of origin would pose a concrete danger to life, asylum applicants can be issued a national ban on deportation. Such a deportation ban exists because states are legally mandated not to deport people whose lives might otherwise be in danger. Pursuant to this international legal norm (called "non-refoulement"), individuals who fall under this category are "tolerated" (geduldet) in Germany for at least one year. There are many other reasons for the issuance of a so-called toleration in Germany. For example, individuals might receive a toleration if their deportation would impose an untenable degree of harm to (minor) family members who lawfully reside in Germany. Individuals who cannot be deported for logistical reasons also receive a toleration. That is the case when, for example, an individual cannot produce proof of identity, when they are unaccompanied minors, when their countries of origin do not accept them back or, simply, when there is no flight connection to return.¹⁹ Tolerations are issued for a maximum of one year at a time, sometimes only for a few weeks or months. Tolerations can be renewed—and they often are—but such renewals are not guaranteed. "Tolerated" status is explicitly not a residence permit but a delay of deportation; it merely legalizes migrants' temporary presence in Germany. With "tolerated" status, the German state signals its desire for an individual to leave the country but accepts that this directive is not possible for the time being. More than 80% of asylum applicants from African countries fall into this category.²⁰

Germany's Integration Law largely governs the expectations of the state vis-à-vis "protected" and "tolerated" individuals. The Integration Law was enacted in July 2016 and introduced changes to the German Residency Act. Months of heated parliamentarian deliberations about the fate of the many individuals who had sought asylum in Germany over the last year had preceded the law's adoption. Public sentiments vis-à-vis the influx of migrants had turned sour, especially after the New Year's Eve events in Cologne. Chancellor Merkel and her CDU party thus had to "convince voters that refugees will be incorporated into the nation without demanding that Germans give up the national, political, and cultural identities they hold dear" (Schuster-Craig 2017:608). The 2016 Integration Law was announced as the first of its kind. Yet, "integration" as a political interest, an array of policy measurements, and as a stratification tool had emerged in German politics long before 2016. In the early 1970s, when many of the guestworkers present in Germany were rejoined by their families and planned to settle, the question of how guestworkers and their families could be "integrated" first arose.

¹⁹ See Pro Asyl for an explanation of the different reasons for the issuance of a "toleration", online: https://www.proasyl.de/hintergrund/was-ist-eigentlich-eine-duldung/ (last retrieved: 14 July 2024).

²⁰ Bundesamt für Migration of Flüchtlinge, Antrags-, Entscheidungs- und Bestandsstatistik, 01.01.2016 – 31.12.2016.

Throughout the 1970s, German politicians were unable to pin down what integration should look like and what the desired outcomes should be. Sociologists were thus commissioned to study guestworker communities. According to Chin (2007), authors of these sociological studies "overwhelmingly advocated integration as a crucial antidote for the instability created by the clash of the so-called modern and traditional systems" (p. 96). Throughout the 1970s, 80s, and 90s, the German state increasingly asserted itself over the matter of integration, eventually adopting the idea that integration is meant to preserve "Germanness" and German prosperity (Schuster-Craig 2017).

With the German Immigration Law of 2005, the German state first introduced "integration courses" (Integrationskurs), consisting of language and civic education, that some migrants must attend. Such integration measures were derived from the notion that immigrant communities otherwise live in ghettos, refuse to learn German, remain uneducated, develop an interest in crime, and stay welfare dependent (Carpenter 2017, Schuster-Craig 2017). To prevent and undercut such resistance to internalizing "Germanness," Schuster-Craig (2017) explains, "the state argues that an integrative apparatus must intervene upon subjects" (p. 609). Not all migrants require such intervention, however. In effect, since the introduction of integration courses, the German state has compelled mostly nonwhite, "unskilled", and racialized "others" to participate in them (Böcker 2011, El-Tayeb 2011, Nghi Ha 2007, Schuster-Craig 2024). The motto of the 2005 Immigration Law and the 2016 Integration Law is "to foster and demand" integration. With a series of assistive and compulsive elements enshrined in the Integration Law, Germans cast themselves as "both benevolent gatekeepers who offer opportunities for immigrants to integrate, as well as stern sentinels tasked with guarding a national culture threatened by ethnic, racial, and religious diversity" (Schuster-Craig 2017:612). Therefore, in the spirit of the Integration Law, immigrants must assimilate to a form of Germanness imagined to be "longstanding and concrete" (p. 612).

The Integration Law treats wage labour as the best way to integrate. Germany's Federal Minister of Labour and Social Affairs in 2016, Andrea Nahles, explained the emphasis on work in the Integration Law, saying that "the best way to [get to] integration here in Germany, to really arrive, how it works is through work, and the best way to reputable work is through learning German and education."²¹ In the spirit of working for integration, the German state opened the labour market to asylum applicants with "good prospects of staying" and to some groups of "tolerated" people. This

²¹ Phoenix (2016), Integrationsgesetz: Thomas de Maizière und Andrea Nahles geben Pressekonferenz am 25.05.16, online: <https://www.youtube.com/watch?v=Lt_3SrCXTH8> (last retrieved: 3 September 2024).

opening of the labour market reflected the recognition that most of the people who had come to Germany the year prior were likely not going to leave any time soon, even those who did not receive asylum. Putting asylum applicants to work, even rejected ones, was also meant to mollify a labour shortage that hounds Germany across occupational domains, particularly in trades, crafts, and the "unskilled" sector (Fontanari 2022a). Having work—or, ideally, qualified work—was codified in the German Integration Law as an integration requirement which opens possibilities of staying in Germany long-term. The enmeshing of two distinct policy realms—asylum and labour market regulation—has not escaped criticism from migration scholars. The German state now nudges asylum seekers with low prospects to take up employment quickly as a means of collecting proof of their integrative potential and, hence, their usefulness to German society (Etzold 2017, Fontanari 2022a, Maroufi 2017). Fontanari (2022b) summarizes the logic of the Integration Law as follows: "Newcomer asylum-seekers, refugees, and rejected asylum-seekers have to perform to be first 'real refugees', than 'good migrants', and afterwards 'potential good workers' under the neoliberal rationality" of the Integration Law (p. 138). Fontanari further argues that the issuance of residence permits based on an asylum seeker's economic potential overturns the purportedly enshrined human right to asylum.

Pursuant to the German Integration Law, individuals with "protected" status have immediate and unrestricted access to the labour market. Asylum applicants whose cases are still pending, but whom the BAMF categorizes as having "good prospects of staying" due to the likely approval of their applications, may also find work. The category of asylum seekers "with good prospects of staying" has prompted much critique from migrant advocacy groups and migration scholars (Schuster-Craig 2017). This category is widely held to be at odds with the International Refugee Convention, which requires states to evaluate asylum applications on an individual basis. Refusing to do so, argues Schuster-Craig (2017), "indicates that an essentialization of groups—the definition of a process of racialization—is taking place" (p. 611). For instance, most Syrian asylum applicants were classified as having a "good prospect of staying", while most asylum applicants from African countries were treated as having poor prospects of staying; as such, the latter had to wait for the lengthy asylum application process to end before they were allowed to find work, if at all.

The German Integration Law strongly encourages "protected" individuals and those with "good prospects" of receiving protection to learn the German language to qualify for work. Refusal to participate in such language courses may lead to financial sanctions. The German agency responsible for the settlement of migrants and refugees (BAMF) provides free German language classes up to the level of B-1 proficiency, which takes up to 1.5 years in most cases. The language classes are part the

integration course, which consists of 600 to 900 hours of language learning and 100 hours of civic education in an "orientation course" (Orientierungskurs). This "orientation course" seeks to convey knowledge of German society, its principles, and values. While participating in the integration course, those with (prospective) "protected" status receive a monthly stipend from the unemployment office that covers their necessary monthly expenses. Once they acquire the B-1 level of proficiency, they are expected to look for employment or, if they are still minors, to attend school. However, there are few employment opportunities in Germany for people with this level of language proficiency. B-1 merely indicates the ability to form easy sentences and participate in small talk. "Unskilled" jobs in restaurants, delivery services, or elder care homes are examples of jobs typically available for migrants who do not speak German well, especially when they also lack professional credentials that the German state recognizes.²² Migrants can request from the "Jobcenter", the agency that manages unemployed migrants and citizens, additional agency-funded German language training to acquire B-2 or even C-1 proficiency. Receiving advanced language training is not a right, however, and case workers decide on a case-by-case basis. It is the Jobcenter's stated aim to place unemployed migrants and German citizens into stable employment fast, to stay within the budgetary constraints of the unemployment insurance.

Individuals with "tolerated" status are allowed to take up work three months after their toleration has first been issued. Unlike "protected" individuals, "tolerated" individuals do not have access to German language classes up to B-1 level. They must request permission from BAMF; their requests are decided on a case-by-case basis pending the availability of open slots in language courses. "Tolerated" individuals receive financial support from the social welfare office, but their monthly stipend is smaller than the financial support that individuals with "protected" status receive directly from the Jobcenter. Despite these constraints, it is in the interest of many individuals who live in Germany with a toleration to find employment as soon as they can. Pursuant to the Integration Law, having a regular job that provides for one's subsistence, is taxed, and contributes to the welfare infrastructure is rewarded within Germany's Residence Act. To acquire any type of legal status upgrade, from "deportable" status to citizenship, these requirements must be met. Fulfilling these requirements sooner rather than later is therefore strongly incentivized, especially for migrants with precarious forms of legal status.

²² For an ethnographic exploration of the effects of these language policies, for asylum recipients, on their human capital accumulation, see Gowayed (2022).

Regular employment qualifies "tolerated" individuals who entered Germany up until 31 December 2022 for an "employment toleration." This "employment toleration" can be issued for up to thirty months—much longer than tolerations are otherwise issued. Pursuant to the Integration Law, "tolerated" individuals who participate in an officially recognized three-year apprenticeship program in Germany qualify for an "apprenticeship toleration", which allows apprentices to stay in Germany for the duration of their training and for an additional two years to work in their learned profession. An exception is made for individuals who learn a care profession. The shorter, one-and-a-half yearlong (geriatric) nurse assistant training is explicitly included in the German Residence Act to qualify for such an apprenticeship toleration.²³ The apprenticeship toleration was marketed in Germany as an opportunity for individuals with "tolerated" status to upgrade their legal status (Carpenter 2017). Fontanari (2022b) forcefully argues against this rhetoric as being benevolent. She shows how the apprenticeship toleration effectively promotes labour market segmentation along racial lines of division. The stipulations and bureaucratic discretion that accompanies its implementation put an immense pressure on "tolerated" apprentices. They live with constant fear of failing an exam, getting into a difficult situation at work, or being fired. Concomitantly, they must learn German, settle in a foreign country, and support their families abroad.

For individuals with "tolerated" status who hold regular employment for an extended period of time, or who, better yet, completed an apprenticeship, the German Residence Act offers pathways towards temporary residence permits. In article 25 (a) (b), for example, it is stipulated that "well integrated" youth and individuals with a good integration trajectory can transition out of "tolerated" status into a temporary residence permit. The completion of an apprenticeship and stable employment are benchmarks of an individual's integration track record. Acquiring a temporary residence permit—different categories and pathways exist—is a steppingstone to permanent residency (*Niederlassungserlaubnis*) in Germany and thus a key priority for many newcomers to Germany. To obtain permanent residency applicants must have lawfully resided in Germany for five years. "Protected" status and temporary residence permissions count as lawful residence; "tolerated" status does *not*. Applicants must also show they have paid into the German pension scheme for 60 months, can speak German at the B-1 level, can provide for their families, have sufficient housing, understand

²³ Individuals who seek an apprenticeship toleration as a participant of the assistant training must show a written confirmation from an officially recognized long-term care facility stating that the three-year nurse apprenticeship will follow in the same facility.

German laws and society, and have obtained all the necessary permissions to perform their work longterm. The same requirements must eventually be met for German citizenship.

Not only individuals with "tolerated" status must "integrate" and work their way into more permanent forms of residence in Germany, "protected" individuals must do so as well. Initially, they received their right to reside in Germany due to their stated and proven need of humanitarian protection. The German state treats this need as temporary, however. Residence permits for individuals with "protected" status are issued for a maximum of three years at a time. Developments in countries of origin and, arguably, other political considerations of the German state have in the past prompted the German state to declare a refugee's country of origin as "safe" and discontinue "protected" status when it was up for renewal (Costello 2016, Hunt 2014). To get out of this dependency of the German state, migrants with "protected" status must transition into a type of legal status that is irrespective of the political developments in their countries of origin. To do so, they too must prove that they have "integrated" into German society as workers. For many of the migrant men I observed and interviewed for this study, both those "protected" and those "tolerated" becoming a care worker served their "integration" into German society.

2.3. CARE, GENDER, AND REFUGEES

As in so many other countries of the Global North, the German population is, on average, getting older. Care statistics reflect the old age of Germany's society. In 2017, approximately 3.41 million people living in Germany—4.1% of the population—required long-term care. The growing demand for long-term care services currently outpaces the supply of such services in domestic and institutionalized settings. This deficit is rooted in the German state's conception of how welfare should be provided, and by whom. As a "conservative-corporatist" welfare state (Esping-Andersen 1990), the German state positions men as taxpaying breadwinners who are individually eligible to receive welfare. Women, in turn, are positioned within this welfare state as unpaid and non-taxpaying workers of the home who must provide all of the care for their families. Their access to welfare is based primarily on their identities as mothers, wives, and daughters. While this welfare model reflected family structures in the immediate post-World War II landscape, it is entirely unsuitable for the organization of welfare today. Over the last 40 years, German women, like women elsewhere, have increasingly joined into the labour market. The number of employed women in Germany increased from

approximately 9 million in 1985 to approximately 18.4 million in 2019.²⁴ Consequently, German women's time, willingness to be tied to their homes, and enthusiasm for providing care for free has dwindled (Chorus 2007, Lutz and Palenga-Mollenbeck 2012, Lutz and Palenga-Möllenbeck 2010). And yet 76% of today's care dependents receive care in their homes; family members provide care for 69% of them (Bundesamt 2018). Thus, there are still many women in Germany who provide (unpaid) care.

Both the German state and men have been slow to respond to women's incorporation into the labour market. The distribution of welfare reflects this reluctance. Despite the growing demand for elder care, Germany spends only 1.5% of its gross domestic product (GDP) on the provision of longterm care. By comparison, Scandinavian countries and Germany's Western European neighbours spend between 2.1% and 2.7% of their GDP on long-term care (OECD 2020). The German state's scarce financial long-term care payments go towards in- and out-patient long-term care services and towards the country's long-term care insurance (*Pflegeversicherung*). The latter was introduced in 1995 by the German government with the expressed intent to alleviate the pressure on women and families to provide care for their elderly relatives at home. Employers and employees pay into this state-subsidized insurance scheme. Individuals can claim this insurance based on their level of bodily impairment. The higher their level of care indigence, the more long-term care insurance money they receive. The insurance money aims to support care recipients in paying for the care services they need, either at home or in a long-term care facility (BMG 2020). In most cases, however, the insurance money is not enough to fully cover the costs of care services. Therefore, families must privately invest in the professional care of elderly family members, in addition to spending the insurance money. Many families are unable to afford such investments. Consequently, they use the insurance money to partially subsidize the wage loss of a family member-usually a woman-who provides the care work. Some families also pay migrant women from Eastern Europe to move in and provide round-the-clock care (Kehl 2015, Lutz and Palenga-Möllenbeck 2010). In any case, the state-subsidized long-term care insurance has not taken the pressure off women. In one way or another, women continue to do most of the elder care work.

²⁴ In the same time period, the number of employed men increased from approximately 14.5 million to approximately 20 million. The number of women in full-time employment has increased (minimally) from 6.4 million in 1985 (31% of all full-time employees) to 9.5 million in 2019 (35% of all full-time employees). In 1985, 2.6 million women were part-time employees. In 2019, 9 million women were part-time employees. The German Federal Statistical Office publishes these statistics online at www.destatis.de.

While the German state promotes the provision of elder care in the private, domestic realm, elder care work has been a fully professionalized occupation in Germany already since 1969 (Swoboda 2016). Professional training entails a three-year apprenticeship that includes practical training in an officially recognized long-term care facility and theoretical training in a care school.²⁵ Successful completion of the apprenticeship enables graduates to bear the occupational title "geriatric nurse."²⁶ To do the geriatric nurse training, individuals must hold a German advanced secondary school diploma. Since 2003, with the enactment of the Care for the Elderly Act (Altenpflegegesetz), the occupational title "geriatric nurse assistant" has been formally recognized. Geriatric nurse assistants support geriatric nurses in all non-medical and non-administrative responsibilities. A lower secondary school diploma suffices to do the assistant training, which takes, depending on the German state, one to one-and-a-half-years (Höfert and Meißner 2008). Even though the geriatric nurse apprenticeship exists, many elder care homes in Germany also employ individuals as geriatric nurse assistants who did not complete the assistant training. These individuals receive on-the-job training and usually earn slightly less than trained geriatric nurse assistants. In January 2020, the trainings of general and geriatric nurses were merged. Until then, general and geriatric nurses went through different three-year trainings that led to different occupational fields and opportunities. Now, all apprentices of the profession "nurse" (Pflegefachkraft) must spend a minimum of three months of their three-year training in an elder care home. After their training, they can work in hospitals and in elder care homes.

Despite its professionalization, employment in elder care in Germany is an undesirable line of work. The work is held to be poorly paid and physically and emotionally demanding. This situation is, in part, because the German state began in the 1990s to promote the privatization and commodification of long-term care. This approach has forced care providers into a fierce competition for profits (Oschmiansky 2013). Elder care workers partly shoulder this price competition: they work for relatively low wages in understaffed facilities and outpatient care services. Consequently, elder care workers face a demanding work environment in which they are individually responsible for a high number of care recipients. Due to a severe staff shortage, they work overtime on evenings, nights, weekends, and during holidays and often lack time to take breaks during their shifts (OECD 2020). The fact that long-term care facilities and outpatient care services have difficulties in filling vacant job positions makes this notorious understaffing far worse. As a poorly paid and demanding occupation,

²⁵ These schools/academies are usually either part of university hospitals, or they are run by national care organizations such as Caritas or Diakonie. An apprenticeship in elder care is not a program offered at technical colleges.
²⁶ I use the terms "geriatric nurse", "elder care worker", and "elder caretaker" interchangeably.

relatively few people pursue elder care as a profession. On average, there are only 21 applicants for every 100 open positions (Groll 2018, Strelow 2019).

Apart from the underfunding and privatization of the elder care sector, the history of elder care as a woman's "unskilled" free, domestic labour contributes to its devaluation (Fleßner 1995, Hipp and Kelle 2016, Paul and Walter 2019). Due to its cultural association with presumed feminine traits such as love, altruism, and nurture, the participation of men in paid elder care work has consistently been low in Germany. In 2022, only 18% of all elder care workers were men (see Table 2 at the end of this chapter). Elder care work in Germany is de facto "women's work" despite German men's historically strong presence in elder care facilities. Between 1960 and 2011, numerous military objectors served temporarily in long-term care facilities as part of their mandatory civil service (Zivildienst).27 However, this program did not dismantle the notion that elder care work is women's work. Instead of performing bodily care work, civil servants were typically responsible for traditionally "masculine" activities such as technical support, shuttle services, or the entertainment of the elderly. Also, the German state did not market the civil service as an opportunity for men to explore various career opportunities. Instead, the civil service was branded as men's temporary service to society prior to starting their actual careers (Beher et al. 2002). The ongoing dominance of women in elder care work suggests that few men remained in elder care work after meeting their civil service obligation. There are no statistics on the number of Germen men who decided after their civil service to train as a geriatric nurse. Today, most young German men do not consider elder care work as an appealing employment option. The low wages, lack of knowledge about the various existing career advancement opportunities, and the overall lack of prestige serve as major deterrents to men's participation in elder care work (Kada and Brunner 2009, Theobald and Leidig 2018). Moreover, young German men tend to disqualify themselves from elder care work due to the persistent notion that elder care work does not come "naturally" to them (El-Cherkeh and Fischer 2010, Kada and Brunner 2009, Theobald and Leidig 2018). Thus, German men do not stand ready to fill the gaps in Germany's porous elder care sector.

To address this care deficit, the German state increasingly relies on migrants' willingness to provide care to citizens and worthy taxpayers. For one, by turning a blind eye to the untaxed employment of migrant women in German households, the German state concedes its reliance on migrant women's informal care work (Lutz and Palenga-Möllenbeck 2010). In addition, the German

²⁷ The mandatory civil service was abolished in 2011 together with the military duty of German men.

state recently began to seek out more formalized routes of combating the care deficit with foreign nationals. In 2013, the German state entered into labour agreements with several non-EU countries to recruit trained nurses for work in elder care homes. These so-called "Triple-Win Programs" are meant to alleviate the labour shortage in Germany and reduce unemployment rates in nurses' countries of origin.²⁸ At the same time, the remittances and know-how which nurses presumably send back to their home countries are envisioned to contribute to the development of participating countries (BAA 2020, Pütz et al. 2019). On top of such efforts by the German state, individual elder care homes are also increasingly entering into collaborations with care service providers outside of Germany. Many of the care home managers I met during my fieldwork worked with agencies abroad to recruit trained nurses or nurse apprentices.

While the efforts of finding elder care workers abroad are ongoing, German welfare organizations as well as individual managers of elder care homes have discovered refugees as an additional source of elder care workers. In 2014, the Caritas, a national welfare organization that is affiliated with the Catholic Church and the largest employer in the long-term care sector, began to advertise elder care work as a low-threshold employment option for refugees in Germany. The Diakonie, a national care organization affiliated with the Protestant Church, was quick to follow suit, along with several initiatives created or funded by individual German states (Diakonie 2018, Eitenbichler 2016). At the regional and local levels, numerous initiatives formed between 2015 and 2017 across Germany, bringing together managers of long-term care facilities and care schools, social workers, and integration officers. Together, these organizational actors reached out to local asylum shelters to generate interest in (elder) care work and recruit apprentices. In the German state of North-Rhine-Westphalia, for example, the state's Ministry of Health, Emancipation, Care and Age, the Ministry of Labour and Integration, the EU, and the Federal Employment Agency funded an initiative called "Care for Integration" in 2017. Therein, individual long-term care facilities, care schools, integration officers, and social workers of the state-led refugee integration program joined forces to ease refugees' entry into the care profession. The initiative entailed German language training, a place at a lower secondary school, and an apprenticeship position to train as a geriatric nurse assistant at a local care home. In 2018, in the German state of Hesse, the Ministry of Social Policy and Integration established the initiative "Pflege in Hessen integriert" (Care in Hesse integrates), which mirrors many

²⁸ By design, there are three winners of these "Triple-Win Programs": One, employers in receiving countries win qualified and motivated care staff. Two, foreign nurses "gain" a professional and personal opportunity of life in Germany. Three, sending countries are relieved from the oversupply of trained nurses (BAA 2020).

aspects the "Care for Integration" initiative in North-Rhine-Westphalia. A series of similar, unnamed initiatives formed simultaneously in several communes in the states of Bavaria and Baden-Wuerttemberg. The federal Ministry of Economics and Energy (BMWi) principally supports these recruitment efforts. In the fall of 2016, the BMWi published a detailed brochure directed at employers in the elder care sector.²⁹ The brochure encourages employers to offer refugees apprenticeship positions. The recruitment of refugees into the elder care sector, so the brochure says, would not only help alleviate a labour shortage but also support refugees' rapid integration into German society (BMWi 2016, 2018).

I interviewed several care home managers who participated in one of these state- and local-level initiatives.³⁰ While these initiatives vary in terms of their funding, their organizational structure, and the specifics of the educational programs they provided, they all pursue the same goals. They strive to alleviate the dire staffing situation in German elder care homes. Rather than going through the immense effort of recruiting nurses from abroad, care home managers deem it more efficient to recruit elder care workers from the many refugees already in Germany without stable jobs. Ms. Lauge, for example, who manages a refugee recruitment and training initiative at a larger elder care home in Munich, explained that "compared to people we would recruit from abroad, refugees are already in Germany; so this major hurdle has already been taken [...], and most of them want to stay in Germany long-term, settle here, and integrate through work." Apart from their desperate need to find more care workers, managers also emphasized that these initiatives were formed at a time, when the rapid influx of refugees in Germany and the challenges surrounding their "integration" dominated public discourse. By invoking the Christian roots of their care homes and their organizations' broader mission to contribute to the welfare of German society, managers seek to support the rapid integration of refugees by offering them an education and employment stability. As Mr. Quartz, for example, who manages an elder care home in the state of Baden-Wuerttemberg, explained to me, "We are a churchbased facility, we are part of the Diakonie. It was a matter of principle for us to go down this path." The stated intend of wanting to help refugees is not merely an empty claim. As several care home managers explained to me, they had to mobilize immense resources to get refugees to start and, eventually, finish their geriatric nurse apprenticeships. For example, they had to organize and make available funds for specialized German language trainings, and many also had to hire immigration

²⁹ The brochure was reissued in 2018.

³⁰ I explain the interview process in detail in the following methods chapter III.

lawyers to help navigate Germany's asylum bureaucracy. In the end, many of the care home managers contended that they had to jump through numerous bureaucratic hoops only to have a handful of refugees join their teams. Ms. Faser, for example, who manages Joseph House in Malhausen, laughed when she said, "Had I looked at all this from a human resources perspective, I would have said that it this does not make sense economically. But okay, we took up this cause and decided not to look at the numbers."

	2013		2022	
Citizenship	# elder care workers	% men	# elder care workers	% men
All	462,251	15	634,866	18
Germany	431,357	15	526,103	17
Non-Citizens	30,712	13	108,760	23
Syria	42	62	2,911	66
Afghanistan	133	32	2,033	76
Iraq	44	32	947	54
Iran	264	23	1,173	44
Eritrea	55	22	1,469	57
Pakistan	27	41	302	72
Nigeria	94	29	930	36
Somalia	16	38	363	56
Gambia	33	64	510	80
Morocco	269	33	1,676	43
Ethiopia	141	16	470	33
Algeria	50	54	228	52
Guinea	30	43	342	65
Ghana	106	13	395	23
TOTAL	1,304	30	13,749	57

Table 2: Men elder care workers in Germany from main refugee-sending countries in West Asia and Africa in 2013 (shortly before the "refugee crisis) and in 2022

Source: Federal Employment Agency

Note: The statistics of the Federal Employment Agency do not include information on legal status. To work around this information gap, nationality is commonly used to infer legal status information of individuals in German employment statistics (Schwenken 2021). The inference that most elder care workers from the above countries applied for asylum upon their arrival in Germany is a reasonable assumption, considering the restrictive visa options for citizens from these countries.

Despite these efforts to recruit refugees as elder care workers, the number of refugees employed in the elder care sector is low compared to the number of all elder care workers (see Table 2 above). Nevertheless, a steep and rapid increase of elder care workers from countries in West Asia and Africa occurred between 2013, shortly before the "refugee crisis", and 2022. Over this time period, the elder care sector gained over 10,000 care workers from these countries. 10% of migrant elder care workers in Germany are citizens of refugee-sending countries in the West Asia and Africa, and most of them are men (see Table 2 above). The high proportion of men from countries in West Asia and Africa among elder care workers reflects a broader pattern that is becoming apparent in German elder care statistics: as Germany's care homes are increasingly staffed by migrants, they are also increasingly staffed by men. Between 2013 and 2022, the share of German men who do elder care work rose from 15% to 17%. In the same period of time, the share of migrant men among all men doing elder care work rose from 6% in 2013 to 22% in 2022.

The increase of men among elder care workers may appear to be small. Nevertheless, this increase is noticeable. The German care workers I met during my fieldwork, especially those who have been in the profession already for several decades, observed that, unlike a few years ago, they work today much more often in the company of men: "Today, on some days, one sees three men running the early morning shift and then in the afternoon there are another two men and just one woman," noted Holger, a German man in his fifties who has worked as a geriatric nurse already for nearly 30 years, almost 20 of them he spent at Mary House where I conducted participant observation. The care staff of Joseph House in Malhausen also noticed a rapid increase of men within their teams, especially in the recent past. For example, Petra, a German woman in her fifties, recalled that in 2019, when she started to work on ward B of Joseph House, only two of her colleagues were men. In 2022, when I met her in Malhausen, there were already eight. Six of these eight men were migrants who came to Germany less than ten years ago from countries in the West Asia, Africa, and South-Eastern Europe.

III. METHODS

In asking "how are "refugee men" integrated into German society as care workers?", I posit that care work plays a critical role in a broader societal project of integrating racialized migrant men into German society. The German case is unique for three reasons. First, refugees' recruitment as care workers in Germany aims to alleviate not only a severe labour shortage but also to promote refugees' long-term economic and societal integration through professional occupational training. Second, most of the refugees recruited as care workers are men. And they are not any men: they are men who are racialized as "Muslim" and "Black" and, as such, publicly defamed as sexually violent and aggressive. Third, these men do publicly visible care work in an institutionalized setting, where they work in teams alongside German women predominately. Several key objectives inform my investigation. First, I wanted to understand how migrant men who apply for asylum in Germany end up doing care work. Specifically, I wanted to learn what considerations drive their decision to train as care workers; what role Germany's asylum architecture plays in their decision-making process; and how they assess their economic position in German society as care workers. Second, I wanted to find out how the social construction of "refugee men" manifests in the recruitment and training process of migrant men as care workers. Specifically, I wanted to identify how different actors involved in the recruitment and training process take gender and race into account; how migrant men's gender or race are evaluated in light of the care work they do; and how migrant men themselves experience their gender and race as salient (or not) as they immerse themselves into care work.

To answer my research question, between July of 2021 and December of 2022, I conducted a total of 99 in-depth semi-structured interviews with (1) 21 migrant men care workers; (2) 23 organizational actors involved in the recruitment and training of refugees as care workers; and (3) 22 German care workers of elder care homes.³¹ In addition, I conducted five months of participant observation in two elder care homes that yielded numerous pages of fieldnotes.³² In what follows, I begin by describing the different groups of people who comprise my sample and then explain how I went about data collection and analysis. I explain how I recruited study participants, how I conducted the interviews, and undertook participant observation. I also provide some reflections about my

³¹ Some study participants, especially migrant men care workers, were interviewed more than once.

³² The McGill University Research Ethics Board initially approved of this project in April 2021 and renewed its approval in March 2023 (see Appendix A).

positionality as a white, German woman in the process of data collection. Finally, I explain how I analysed my data.

3.1. PARTICIPANTS

To understand how "refugee men" are integrated into German society as elder care workers, I wanted to speak to the various actors and stakeholders involved in the recruitment and training of refugees as elder care workers. I identified three groups of people that—ideally—I would be able to interview and/or observe to draw a picture of the ways in which gender and race intersect and inform recruitment and training efforts, relationships among care workers, and the positioning of "refugee men" within their teams. These different groups are migrant men care workers (predominately from countries in West Asia and Africa), organizational actors, and (white) German care workers who work alongside migrant men. In this section, I describe the composition of these four groups and the insights I sought to gain from them via interviews and participant observation.

3.1.1. MIGRANT MEN CARE WORKERS

At the core of this study are men who migrated to Germany, applied for asylum, took up care work, and who are-due to the colour of their skin and/or their country of origin-racialized as Black or Muslim and thus associated with a socially constructed group, that is, "refugee men." I wanted to understand how they decided to become care workers, how the categorization of "refugee men" presents itself for them at work (if at all), and whether and how their employers, colleagues, or the people for which they care remark on their ascribed identities as Black or Muslim men. I thus sought to recruit migrant men mainly from countries in West Asia and Africa who applied for asylum upon their arrival in Germany and who are now working or training as care workers. Talking to migrant men from West Asia, I calculated, would allow me to approximate how gender and (ascribed) Muslimness affect workplace interactions among care workers. Talking to migrant men from African countries, I gauged, would allow me to capture the effects of gender and being racialized as Black. Of course, not all people inhabiting or migrating from countries in West Asia are Muslim. Yet, many Germans assume migrants from these countries to be Muslim due to the conflation of an "Arab" appearance with Muslim faith and the media representation of refugees as Muslims (Abdelmonem et al. 2016). Thus, even if study participants from West Asian countries do not identify as Muslim, I anticipated that their employers, their colleagues, or the people they care for might perceive them as such.

In total, 21 men who migrated to Germany from countries in West Asia (10) and Africa (11) participated in my study. Of the ten men from West Asian countries, nine are from Syria. In what follows, I use regional rather than country descriptors-for example, "Lamine from West Africa"except for the nine Syrians who participated in my study. I do so because other countries of origin were represented only once or twice within my study sample. Revealing them would risk giving away migrant men's identities. 19 of the 21 men applied for asylum in Germany upon their arrival. Eleven men had some form of "protected" status at the time they entered care work. The other eight men lived with a "toleration" when they decided to become a care worker. Some-like Lamine, whom we met in chapter I-had interned in an elder care home before their asylum application had been processed. Two men had not applied for asylum in Germany. One of them had come to Germany in 2010 on a student visa and now has permanent residency. The other had entered Germany on a temporary visa as a volunteer worker in a care home and held a temporary work visa as a geriatric nurse apprentice when I met him.³³ At the time of the initial contact with these 21 men, they were between 22 and 45 years old; most were in their mid-twenties. All but one were unmarried; three of them had children who resided either in Germany or in their countries of origin. The 21 migrant men were at different stages of their training as (geriatric) nurses when I first met them, and most had yet to complete the three-year training. Table 3 below specifies the employment positions of these 21 men. 16 men were employed in elder care homes and five men were employed in hospitals. As part of their training as general nurses, these five men had worked in elder care homes for at least three months. Throughout this dissertation, I refer to the 21 men I described here as "migrant men care workers" and use pseudonyms when I refer to them individually. A list of all migrant men care workers, including their pseudonyms, regions of origin, employment positions, as well as the number of interviews I did with each one of them, is provided in the list of participants in Appendix B.

3.1.2. OTHER CARE WORKERS

In order to understand the salience of Blackness and Muslimness as migrant men navigate care homes, I aspired to talk to and, ideally, observe some of the people who work alongside migrant men from countries in West Asia and Africa. I wanted to find out if, how, and where they (re)create and, thus, "other" some men as Black or Muslim. I also wanted to find out what care workers in German care

³³ The experiences of these two men will be featured only in chapters V and VI and are excluded from the analysis I provide in chapter IV, where I discuss the legal and economic integration of asylum seekers and asylum recipients who do care work.

homes make of the reputation of "refugee men" once they work alongside men from West Asia and Africa and experience these men as colleagues. Moreover, to better apprehend the effects of race, I talked to white, German men care workers and collected their experiences of navigating a womendominated occupational realm. In the two care homes where I conducted part of my fieldwork, 42 care workers allowed me to observe how they go about their work and interact with their colleagues. Seven of these 42 care workers are migrant men from countries in West Asia and Africa. They are included in the group of migrant men care workers I described above. The other 36 care workers constitute a very heterogeneous group of people both in terms of gender and their country of origin. To better apprehend the effects of gender and race, I focused my observation on 22 of them: twelve white, German women, ten white men of whom eight are German citizens and two are migrants from South-Eastern Europe. Among these 22 other care workers were geriatric nurses, some of them in supervisory roles, and geriatric nurse assistants (see Table 3 below). To protect their confidentiality, I use pseudonyms when I refer to them. The pseudonyms of these other 22 care workers are listed in the list of participants in Appendix B alongside their region/country of origin, employment position, and the number of interviews I conducted with them.

3.1.3. Organizational actors

Recruitment and training of refugees as care workers involves a number of different actors. There are care home managers like Ms. Faser and Mr. Jansen at Joseph House in Malhausen, introduced at the start of the introductory chapter. In order alleviate a staff shortage and to support asylum seekers in securing their stay in Germany, they work to recruit refugees as care workers. Then, there are care school managers and teachers, who are responsible for the theoretical training of all individuals who do an apprenticeship as general or geriatric nurse (assistant). Finally, there are the people behind the numerous local- and state-level initiatives across Germany that formed in and around 2016 to support refugees interested in care work. These initiatives bring together care home and care school managers as well as so-called "integration officers", who are employed by cities or municipalities and responsible for the consultation and assistance of refugees in all matters relating to their integration (for example, their employment, education, and housing). Many of these initiatives are state-funded and offer care-specific German language classes free of charge; basic practical training, to introduce refugees to the particularities of care work in Germany; and internship opportunities in care homes and hospitals. Throughout this dissertation, I refer to all these different actors who act on behalf of the organizations they serve as "organizational actors." In speaking with these different organizational actors, I wanted

to understand how gender, race, and religion inform the recruitment and training process and how the employment of refugees as care workers is thought to facilitate their societal integration. In total, I interviewed 22 organizational actors. All organizational actors featured in this study are German citizens, and all but one identify as white. To protect their confidentiality, I use pseudonyms when referring to them and do not reveal the names of their organizations or their specific job titles. Table 3 (see below) specifies how the group of organization actors I talked to is composed in terms of their job positions. I provide a list of individual organizational actors featured in this dissertation in the list of participants in Appendix B, which includes the pseudonyms, region/country of origin, employment position, and the number of interviews I conducted with them.

Position	Women	Men			
Migrant men care workers					
Apprentice, geriatric nurse	-	1			
Apprentice, geriatric nurse assistant	-	3			
Apprentice, general nurse	-	9			
Geriatric nurse	-	3			
Geriatric nurse assistant	-	1			
Untrained geriatric nurse assistant	-	3			
Companion to the elderly	-	1			
TOTAL # participants	-	21			
Other care workers					
Apprentice, general nurse	-	1			
Geriatric nurse assistant, untrained	-	2			
Geriatric nurse assistant, trained	4	1			
Geriatric nurse	4	4			
Geriatric nurse, supervisory role	4	2			
TOTAL # participants	12	10			
Organizational actors, participants					
Managerial staff, care home	2	3			
Managerial staff, care school	2	2			
Teacher, care school	2	1			
Recruitment initiative, staff	6	4			
TOTAL # participants	12	10			

Table 3: Employment status of study participants

3.2. DATA

I began fieldwork in June of 2021 and completed this fieldwork in December of 2023, when I achieved saturation. Saturation refers to "the point in data collection when no additional issues or insights are identified and data begin[s] to repeat so that further data collection is redundant, signifying that an adequate sample size [has been] reached" (Hennink and Kaiser 2022:2). For the first eight months of data collection, I conducted interviews only. I added the ethnographic component in the spring of 2022 while continuing to conduct interviews with organizational actors and migrant men care workers who did not work in either of the two care homes where I did ethnographic observations.

3.2.1. INTERVIEWS

In the summer of 2021, I reached out to organizational actors across Germany via email. An initial online search of the key words "refugees – elder care – apprenticeship" (*Flüchtlinge – Pflege – Ausbildung*) led to various newspaper articles that reported about individual elder care homes that had committed themselves in 2016 to provide employment opportunities and apprenticeship positions to refugees. I could also identify several local- and state-level initiatives that support refugees interested in care work to start with an apprenticeship. I compiled a list of these different initiatives and care homes and began to contact them, asking for their willingness to participate in my study. I introduced myself, in German, as a PhD candidate from McGill University who would like to learn more about the recruitment and training of refugees as care workers, the opportunities and challenges in this endeavour, and the special needs of refugees as they become care workers. I did not mention my specific interest in gender or race in these recruitment emails, as I wanted to see if and how organizational actors would bring up gender and race in the interviews themselves. The responses to my recruitment emails were overwhelmingly positive. The majority of people I contacted expressed interest in my project. 22 organizational actors were eventually interviewed by me.

At the end of each interview with organizational actors, I asked if they could connect me to individuals who have applied for asylum in Germany and are now participating in their initiatives or working in their care homes. I gave organizational actors two options. They could either share with these individuals a short description of my project, which I provided, along with my contact details. That way, those interested could reach out to me if they chose to do so. Alternatively, organizational actors could ask individuals for their permission to share their contact details with me so that I could reach out to them. Regardless, I asked organizational actors to emphasize the strictly voluntary and confidential nature of the interview process and to solicit participation only once so as not to induce pressure. I further informed organizational actors that I would not share with them whether I talked to any of the individuals to whom they connected me. I did not specifically ask organizational actors to connect me with men from countries in West Asia or Africa. As it turned out, asking to be connected to men was not necessary. Of all of the contacts I received from organizational actors, only one was a woman and only one was from a country outside of West Asia or Africa. Once connected to some migrant men care workers, I continued to use snowball sampling to recruit more migrant men care workers. Again, I did not specifically ask migrant men care workers to connect me with other migrant men from countries in West Asia or Africa. Most of the contacts I received from migrant men care workers were men from these countries. In total, I recruited 14 migrant men care workers through referrals from organizational actors and through snowball sampling with other migrant men care workers. I interviewed most of these 14 men more than once, as I wanted to get a detailed understanding of their experiences as care workers while not overloading a single interview with too many topics and questions.

Because the Covid-19 pandemic was still ongoing when I began interviewing, I conducted most interviews with migrant men care workers and organizational actors online via Microsoft Teams. I met two migrant men care workers in person, one in a café and one in a park. I visited one organizational actor at her place of work. Interviews were between 30 and 120 minutes long and held in German. The German language proficiency of migrant men was good or very good. Remaining language barriers could be overcome by switching to English or French for parts of the interview. All migrant men care workers and all but two organizational actors allowed me to record our interview. I transcribed the recorded interviews with the help of AI-software. In addition, I wrote short memos after each interview in which I took note of the demeanour of the interviewee, moments in the interview that had surprised me or that were difficult, or things that had been said before or after the interview recording that I considered relevant for subsequent analysis.

I approached the interviews with a semi-structured interview design (Rubin and Rubin 2012). I designed interview guides for each group of interviewees (migrant men and organizational actors) prior to my fieldwork. The initial interview guides are provided in Appendix C. These interview guides then went through various iterations throughout my time in the field. The more I learned from organizational actors about their experiences of recruiting refugees, the more I could fine-tune my questions and develop new ones. The more I learned from migrant men about their motivations to become care workers and their experiences within this profession, given that they are non-white migrant men, the better I could focus my interviews on the key themes that were emerging. For

example, at the very beginning of my fieldwork, I asked organizational actors and migrant men care workers questions about the organization of religious life in care homes. I dropped this line of inquiry early in the fieldwork, because other lines of inquiry seemed more promising. There were other questions that I asked consistently throughout the interview process. For example, I asked all organizational actors about the challenges in the process of recruiting and/or training refugees and if and how they have adapted—if at all—the training to the specific needs of refugees. At this point, "cultural" differences relating to the treatment of (naked) bodies of the opposite sex, as well as problems with migrant men's acceptance of female authority figures (see discussion in chapter V), were frequently brought up by organizational actors.

At the beginning of each interview, I asked all of the migrant men if they could describe to me how they decided to become an elder care worker, what other employment or educational options they considered, and how they view their decision today, having worked in this profession for a few years. I also asked all migrant men about whether there are specific aspects of care work that are particularly difficult for them, how they get along with their colleagues, and if they have experienced situations in which their religion or country of origin (Herkunft) was pointed out or talked about by one of their colleagues. Once I had begun to conduct participant observations in two care homes, new topics of interest emerged that I then probed in subsequent interviews. For example, in the spring of 2022, I began asking migrant men care workers how they describe their position within their teams relative to women and other men and what qualities, in their opinion, they bring to work, given that they are men. Similarly, I began to ask organizational actors how they have observed migrant men to be positioned within their teams as men and what qualities, they think, these men bring to work compared to women. In my interviews with the other 22 care workers I met in the two care homes, I asked about their motivations to do care work; how they have experienced the internationalization of Germany's care force over the last ten years that brought with it an increase of migrant men who do care work; and how, in their view, a care worker's gender, religion, or country of origin may affect their suitability to do care work.

3.2.2. PARTICIPANT OBSERVATION

I spent five months in two elder care homes, Mary House and Joseph House, in the German state of Baden-Wuerttemberg, observing how migrant men care workers are positioned within their teams; how and when gender, race, or religion emerge as topics among care staff and the people they care for; and how elderly people respond to the (intimate) care provided by non-white men care workers. Joseph House is located in Malhausen, a town of 13,000 inhabitants in the midst of the picturesque Black Forest region. I conducted observations at Joseph House from April to June 2022. Mary House is located just outside of Freiburg, a city of approximately 250,000 inhabitants. I spent three months at Mary House, from September to December of 2022. The names of the two care homes and of the town Malhausen are pseudonyms. Both care homes participated in 2016 in a regional initiative of several care homes that jointly promoted the recruitment of refugees as care workers. I gained access to Mary House and Joseph House following interviews with their managers. At Joseph House, I conducted my observations on two different care wards, ward B and C. At Mary House, I spent most of my time on ward D. These wards were selected by the care home managers because the care staff of these wards included individuals who had applied for asylum in Germany. Before I began observing, I had the opportunity to introduce myself and my project in person, in emails and in videos, to the care staff and the elderly residents of ward B and C of Joseph House and ward D of Mary House. I explained my interest in learning how people from different countries do care work together and function as a team. I also explained that I am particularly interested to learn how people who are new to Germany and applied for asylum experience care work and a German elder care home. A short description of my project and a photo of me was posted centrally on the information boards of each care ward where I conducted my observations during the time I was there. I promised confidentiality and asked for everyone's consent to be present and take notes as a researcher. I collected consent in writing from the care staff of wards B and C of Joseph House and ward D of Mary House. I excluded individuals who did not consent to be part of my study from my observations and note-taking, though I interacted with them on a regular basis. At both Joseph House and Mary House, my observations were focused on seven men who had migrated to Germany between 2015 and 2017 from Syria, West, and North Africa and on the 22 other care workers I described above.

I visited Joseph House and Mary House approximately five times per week, on each day observing the shifts for two to eight hours. I jotted down notes whenever possible and wrote detailed field notes at the end of each observation day. I sat with care staff in the ward's office, shadowed their work, and accompanied them on eigarette breaks. I quickly found ways of supporting the care staff by taking over tasks that do not require training. For example, I routinely walked the elderly to their seat in the dining room whenever breakfast, lunch, or dinner were served. I sat with them during meals to help those who could no longer eat by themselves, brought coffee and cake to their rooms in the afternoon when they had visitors, or cleaned up the dining rooms after meals. Whenever I accompanied a care worker to the room of an elderly resident, I helped tidy the rooms or quickly ran to get incontinence pads, towels, trash bags, or anything else that was missing in any given moment. Sometimes, I also helped the care workers as they were cleaning up stool, urine, or vomit. Many of the care workers thus commented on and joked about the benefits of having me around in any given shift. While it often felt to me and to those around me that I was part of the team, I was keen to remind everyone of my position as a researcher; my constant note taking served as a reminder. Care staff discussed, laughed, and lamented with me about the happenings of a given shift and spoke with me candidly about their work and private lives. Some care workers—migrant men, German men, and German women alike—even expressed that they enjoyed having me around as a confidential sounding board, as they reflected on their experiences of discrimination, the quality of their work, or their status within their teams. Because I was around almost every day, they assumed that I had an understanding of their experiences and appreciated that I, as a researcher, was not there to judge or intervene.

Whenever I entered the rooms of the elderly residents as I was shadowing one of the care workers, usually one of the migrant men, I asked for their permission, saying, "Is it okay that I'm here, too? I just want to watch [name of the care worker]." My presence was always welcome and often prompted elderly residents to comment on the care worker I was shadowing ("Lamine is always so funny," someone might remark). Some elderly residents then insisted that I write in my notebook the positive feedback they had just provided about a care worker so that it could be featured in my book. There were also days when I sat with the elderly residents in their rooms to chat. I was the extra person in a shift and a bit more flexible in my use of time than the care workers, who were often rushing from one room to the other and did not have time to chat, admire family photos, or watch TV. I used my alone time with elderly residents, to the extent possible, to gather their views on the fact that so many of the care workers they meet on a daily basis did not grow up in Germany and are still learning the German language. Whenever I had these conversations with elderly residents, I asked them if I could write down what they had just said to include it in my book: "Yes, yes, write it down," most of them said.

3.2.3. **POSITIONALITY**

Standpoint theorists have long established that even the best research is socially situated in a complex web of identity-based power dynamics (Harding 1991, Smith 1987). Thus, as McCorkel and Myers (2003) contend, "what passes as objective, neutral, and universal knowledge is not" (p. 201). Departing from this position, it has also long been established that a researcher's multiple identities—for example, their gender, race, class, citizenship, or age—affect every stage of the research process,

including (1) how researchers develop a research interest; (2) what questions they ask and how they ask; (3) how they go about data collection; (4) how they hear their interviewees; (5) how their interviewees respond to them and behave in their presence; and (6) how they subsequently make sense of their data (Flores 2016, McCorkel and Myers 2003, Sallee and Harris 2011, Small and Calarco 2022, Timmermans and Tavory 2022). While there is general agreement among social scientists that these identity and power dynamics are at play, how exactly they must be weighed in assessing the quality of the data collected is much less clear. To account for them, qualitative sociologists and ethnographers work "reflexively" (Ruby 1982). They take their multiple identities into account and treat their very presence in any given situation in the field as an additional data point that merits consideration. Reflexive research is a difficult endeavour, however. Researchers often do not know how the people they meet in the field make sense of their presence and what aspects of who they are or are thought to be are salient in any given interaction (Robertson 2002). Researchers must therefore strike a difficult balance. On the one hand, they must put themselves into the data. They must factor in all they could possibly represent to their interlocutors as they analyse their material, make interpretive leaps, and construct narratives. On the other hand, they must be careful not to overemphasize their positionality. As Robertson (2002) reminds us, "not only can positionality become a form of self-stereotyping, it can also effectively stereotype others" (p. 789). Neither the researcher nor their interlocutors can be reduced to "one or several 'ready to wear' identities" (p. 789). Therefore, researchers must be cautious not to lock themselves or their interlocutors into any given identity category. After all, operating from the assumption that human beings are mere representatives of their gender, race, class, or age group, unable to overcome or see past manifest differences, defeats the very purpose of qualitative research. Thus, researchers must simultaneously recognize when their identities are manifestly salient during fieldwork, make informed guesses about the instances when their identities might have affected the behaviour of their interlocutors, and assume that, despite the many (visible and manifest) differences between themselves and their interlocutors, they can still find common ground and generate trust. Of course, this task is much easier said than done. Here, I want to offer some reflections on how I encountered some of the identity categories I occupy—those manifest and those ascribed to me by others-in the field.

As a white, German woman academic who was, at the time of fieldwork, in her early thirties, I assumed that my gender and race would affect my relationship to all my study participants, especially to migrant men care workers. I represented just the type of women—relatively young, white, German—whose physical safety had in recent years been portrayed in public discourse as threatened by the very presence of "refugee men." I thus anticipated that the migrant men I sought to recruit for my study might be reluctant to be interviewed by me. At beginning of each interview, I therefore introduced myself and my project, initiated small talk to generate conversational flow, and invited interviewees to ask me anything they want, to get an idea of who I am and to decide how they would want to engage with me. At this point, one man asked me my opinion of the far-right AfD party, another man asked me which party I vote for, and yet another asked if I, given that I have lived in the United States and Canada, have gone to Black Lives Matter (BLM) protests. I answered these questions honestly. I said that I strongly reject the AfD party and everything it stands for, I listed the parties that I have voted for in the past, and said that I have been to BLM protests in the United States and in Canada. Of course, answering these questions introduces bias. However, not revealing information about myself—information that clearly mattered to some migrant men prior to answering any of my questions about their lives and experiences—would undoubtedly have introduced bias too. Thus, to generate trust and common ground, I was prepared to share information about myself that I talk openly about in other contexts too.

I was surprised that some migrant men identified me as a fellow "outsider", having lived outside of Germany for many years and just returned for the purpose of research. For example, one migrant man affirmed his enjoyment in talking to me because he did not have the impression that he was talking to a German. Germans, he explained, would not understand why it is so difficult to find one's place in German society and how racist German people can be. Most of the migrant men I interviewed and/or observed appeared keen to share with me how the stigma attached to them as "refugee men" creates tension and at times isolates them at work. Some even stated that they were glad to talk about their experiences with me so that I can create a record of the racism they have experienced as care workers. In a way, they were reclaiming control over their situations by allowing me to write about their experiences. With chapter V, I provide the record that some migrant men had hoped would come out of this study.

I interviewed some migrant men who stated that they have never experienced any form of racism at work. Even though these men were forthcoming in other parts of the interview, their answers were short, and they appeared more tense when I specifically asked them whether and how their gender, race, or religion is pointed out by their employers or colleagues. I did not press further in these instances. As a white, German woman, I was not necessarily without threat. I also realized in some of these instances that the (perceived) power dynamics at play may not have been conducive for a conversation about racism at work. Some of these men had been referred to me by their employers

whom I had already interviewed. Even though I had explained to all my study participants that I would protect their confidentiality, the fact that I had already been in contact with their employers may have impeded their ability to trust me. I noticed a similar power dynamic regarding a different topic in my interviews with another migrant man. A project officer of a local recruitment initiative, whom I had interviewed prior, referred this migrant man to me. This migrant man kept emphasizing in his interview that doing care work is his choice—he wants to do this work and has always been interested in it. While this statement might well be true, I also felt that my role as a researcher had not been entirely clear to him. I explained to him that the recruitment initiative in which he was participating did not employ me. I also explained that I would not report back to the project officer who had connected me to him. Yet, I had the impression that he thought I was interviewing him to evaluate his motivation to do care work and that my evaluation would thus be consequential for him. As his legal status was quite precarious when I met him (he was "tolerated"), he may have felt that he could not afford to lose his internship or the benevolence of the staff of the recruitment initiative. Maybe he was therefore so keen to make me understand how much he likes care work. Because the (perceived) power dynamics between us were too unevenly distributed for him to talk freely, I decided to keep his interview short and abstain from asking sensitive questions that pertain to aspects of his identity or experiences of racism. His interview does therefore not feature prominently in the analysis I provide in the following chapters.

As I show in chapter V, many of the white, German care workers and organizational actors I met did not hold back when making generalized statements about men from West Asia and Africa. It seemed that they operated from the assumption that I, as a white person who grew up in Germany, am a member of German society and thus able to understand how some "refugee men" do not fit into a German workplace dominated by women. Although I did ask clarifying questions when such views were expressed, I did not challenge the racist attitudes expressed in one-on-one conversations with (white) German care workers and organizational actors. In doing so, I allowed these actors to interpret my silence as a sense of understanding for their concerns about men from West Asia and Africa. My silence thus created white spaces, where racist ideas could flow freely. The same is true also for gender essentializing and, at times, outright sexist attitudes that men and women care workers (Germans and migrants alike) have expressed in my presence and in response to the questions I have asked. As I show in chapter VI, most of the care workers I met believe that there are certain qualities that are desired among care workers. They believe that men "naturally" possess these qualities, while women do not. Neither the women nor the men care workers appeared concerned about possibly

offending me with negative talk about women. Because I never challenged their views but rather engaged with them, searching for specific examples, I may have participated in the perpetuation of essentializing gender beliefs.

The examples I provided here are not exhaustive and do not do justice to the various ways in which my manifest and ascribed identities shaped the relationships I forged in the field and, thus, affected the scope and quality of the data I collected. There are inevitably many interpersonal dynamics that I have missed because they were less visible if not wholly invisible to me. All I can do with a degree of certainty is to apply a rigorous analytic method which allows me to identify salient themes within the things that were said and done in my presence.

3.3. ANALYSIS

I approached data analysis with what Timmermans and Tavory (2012) call "abductive analysis." Abductive analysis promotes the idea that researchers are not only socially situated but also knowledgeable about the fields they study. As Timmermans and Tavory (2012) explain, abductive analysis "rests for a large part on the scope and sophistication of the theoretical background a researcher brings to research. Unanticipated and surprising observations are strategic in the sense that they depend on a theoretically sensitized observer who recognizes their potential relevance" (p. 173). Abductive analysis thus encourages researchers to constantly put the insights they gain in the field into dialogue with what they already know about the social world from other empirical and theoretically grounded work. I did so as well. As I explained in the introductory chapter, when I learned about the recruitment and training of "refugee men" as care workers in Germany, I first explored what we already know about men who do care work, processes of "othering", and care work migration. Only by taking this prior empirical and theoretical work into account could I recognize the uniqueness of the German case and, ultimately, put together the puzzle of how gender, race, legal status, and care work align in Germany. Throughout the data collection process, I kept revisiting this literature to make sense of my data.

I used the MAXQDA qualitative data analysis software for data analysis. Throughout my time in the field, as I was producing textual data in the form of interview transcripts, fieldnotes, and memos, I developed descriptive codes (Richards 2021). Some of these codes were informed by my prior theoretic knowledge—for example, *choosing care work*, *nudity*, and *sexual threat*. However, most descriptive codes emerged in the process of data collection—for example, *recruitment initiative*, *increase in men*, or *women versus men*. At the end of my fieldwork, having read through all of the collected data, I faced an abundance of descriptive codes that now had to be refined and consolidated into categories and clusters for further analysis. In this process, I merged some codes, hierarchically ordered others, and developed some sub-codes to account for the variance between text passages of the same descriptive code. This was an iterative process. I looked at most text passages several times and compared them with other text passages, each time further refining the coding system. For example, I consolidated the descriptive codes sexual threat, crime, physical safety, oppressive husbands, and bad manners into an analytic code called *dangerous men*. I brought the descriptive codes *feminized tasks* and *acceptance* of female authority under the analytic code gender equity at work. To give two more examples, the codes men are calmer, men are faster, men are stronger, and women fight became sub-codes of the analytic code women versus men. The codes financial independence, career prospects, legal status, the best option, wanting to help, and wanting to learn became sub-codes of the analytic code choosing care work. Once I was satisfied with the coding system, MAXQDA allowed me to easily check the salience of individual codes within and across the three groups of study participants. To better capture the variance within these three groups, I also classified all interview transcripts in the document system of MAXQDA into seven groups of study participants: West Asian men, African Muslim men, African Christian men, other migrant men, German men care workers, German women care workers, and organizational actors. That way, I could compare if, for example, men who are racialized as Black report similar experiences of gendered racism as men who are racialized as Muslim. As a final step of data analysis, I discussed the patterns I found with seven of the 21 migrant men care workers who participated in my study.

In the next three chapters, I present my empirical findings and their theoretical import. In chapter IV, I discuss what care work means for the legal and economic integration of the migrant men care workers I met. In chapters V and VI, I relate how their public image as hyper-sexual, "dangerous" others shows up for them at work, and how they—despite their stigmatization—access the privilege bestowed upon them simply because they are men who do "women's work."

4.1. CHAPTER INTRODUCTION

When Bekele arrived in Malhausen on a cold evening in April 2016, he was only fifteen years old. He had left his home in East Africa two years earlier. Nothing had kept him there—no family, no future. He left with the hope of somehow making it to England. His journey had been long, much longer than expected. He had been stranded in Sudan, then in Egypt, and, finally, in Libya, before he could board a boat that would take him to Italy.³⁴ On that April evening, he found himself stuck in a small town in the Black Forest, a mountainous region in the far south of Germany that borders France and Switzerland. He had met whilst traveling north from Italy. Near Malhausen, the two teenagers had been caught on a regional train without a ticket. Penniless, Bekele and his friend were kicked off at the next stop, Malhausen, seemingly in the middle of nowhere.

Sitting on the bench with Bekele over six years later on a brisk October evening, the kindergarten on our left, the cemetery on our right, and the church behind us, we could see the Malhausen train station. "So, your journey ended right over there," I remarked, gesturing down the hill, toward the two-platform train station nestled between a forest and the hill on which Malhausen was built. "Yeah, right there," Bekele confirmed, with a bemused smile. "So, then what happened?" I encouraged him to continue. "A woman got off the train with us," Bekele continued: "She had noticed the situation we were in." "What are you going to do now? What's your plan?" she asked the two teenagers in English. "Of course, we didn't have a plan," Bekele recalled, appearing mildly amused. The woman offered to take him and his friend to the police station; they could not sleep on the street, she insisted. "We were small and skinny and didn't even have beards yet. It was obvious that we were minors," Bekele commented, explaining both the woman's insistence and their obedience in following her to her car. At the police station, Bekele and his friend tried to convince everyone that they were eighteen years old. As adults, they hoped, they might be allowed to continue their journey to England. But the police officers couldn't be convinced—sitting in front of them were two fifteen-year-olds, maybe sixteen, but not a day older. Bekele and his friend finally gave in: they were tired, and what was their plan from here anyway? At least they had made it to Germany-not bad in their estimation.

³⁴ To grasp why it took Bekele so long to get from the Horn of Africa to Europe, Milena Belloni's (2020) ethnographic work proves illuminating, as she accompanied migrants across several countries from the Horn of Africa to Italy.

Child Protective Services (CPS) took over Bekele's legal guardianship on the same evening. In CPS custody, he could file his application for asylum. As a minor, Bekele had to attend school immediately. Bekele wanted to go to school-he hadn't been in years. Eagerly, he began to take language classes until his German was good enough to join grade 10 of secondary school, in the summer of 2017. As a secondary school student, Bekele had to spend one day per week as an intern in an organization. His legal guardian from CPS strongly encouraged him to do his internship in an elder care home. As Bekele explained, "She said to me that with care work I have the opportunity of staying. She said, 'Care work is good, give this job a try.' She arranged an internship at the elder care home here." Bekele recalled this conversation whilst pointing with his head to the hill behind us, where Joseph House overlooks the valley. One year after this internship, in the summer of 2018, he graduated with a lower secondary school diploma. Bekele toyed with the idea of continuing school-perhaps he could make the German Abitur and study business. However, his legal guardian and his social worker advised him against staying in school. His application for asylum had been rejected, and he was only allowed to stay in Germany because he was a minor without valid identity documents. With his eighteenth birthday, Bekele knew, he became more deportable. He therefore had to secure a permission to stay in Germany that was not tied to his need for humanitarian protection or to his adolescence. Becoming an apprentice in an understaffed profession was his best shot. Because Bekele liked elder care work and the staff of the elder care home in Malhausen liked Bekele, he was offered an apprenticeship position as a geriatric nurse, which started with the one-year assistant training.

Prior to coming to Germany and applying for asylum, Bekele had not thought of becoming a care worker. He opted into this profession at a time when he could not be sure if he was allowed to stay in Germany long-term. After he had failed to prove he deserved a life in Germany on humanitarian grounds, Bekele shifted tactics and began to prove his economic worth. Elder care work was a good option for him to do exactly that. In opting to become a care worker, Bekele became one of the millions of migrants from countries in the Global South who fill the gaps in the porous care sectors of countries in the Global North. Most of the migrant care workers, whose situations scholars have studied, work under exploitative conditions. Places where migrants perform care work have been revealed as places where migrants experience legal status precarity, financial hardship, and professional immobility (Bakan and Stasiulis 2012, Duffy 2007, England and Henry 2013, Lutz and Palenga-Möllenbeck 2011, Parreñas 2001). Rather than fostering integration, care work seems to promote migrants' isolation.

This chapter presents an "outlier case" (Burawoy 1998). For Bekele, as well as for most of the other migrant men I interviewed and/or observed during my fieldwork, care work was not only a relatively easily accessible but also an auspicious opportunity to stabilize their lives in Germany. As care workers, they could upgrade their legal status and prove their worth not simply as workers but also as skilled professionals. They could attain professional credentials that are recognizable and valued in German society and that open various career opportunities, as well as a path to a middle-class life. In Chauvin's (2012) words, they collected "emblems of good citizenship" in Germany's "moral economy of deservingness" (p. 241), in which asylum seekers must prove their economic potential rather than their humanitarian vulnerability. There is much that researchers and policymakers can learn from the German case. In this chapter, I therefore ask, *what does care work mean for asylum seekers' legal and economic integration in Germany?*

I approach this question through the prism of citizenship and two of its dimensions, "legal status" and "participation." These two dimensions provide an ideal framework for assessing migrant care workers' legal and economic integration. I argue that care work supports both forms of integration for asylum seekers. In this chapter I first present the concepts and empirical work that anchored my fieldwork and analysis. I provide a description of the dimensions of citizenship, which have their roots in Marshall's (1950) theory of citizenship, and then focus on the citizenship dimensions of legal status and participation. I also anchor care work in conceptualizations of citizenship and discuss what we know, to date, about "low-" and "unskilled" migrants who do care work and their legal and economic integration. I then reveal the empirical material of this chapter. I first show how the German asylum regime worked to nudge asylum seekers into care work. Those who were "tolerated" and thus "deportable" picked up care work quickly after their arrival in Germany. Those "protected"-those with official refugee status-decided to become care workers after a period of assessing their other professional options. I show how most of the migrant men I interviewed and/or observed, those "tolerated" and "protected", have gained leverage and various career opportunities as skilled medical professionals with a German apprenticeship in the country's labour market. In the concluding section, I discuss why care work in Germany promotes the legal and economic integration of asylum seekers. Care work is a field of employment in which exceptionally low entry requirements are matched with many exceptional opportunities to advance. As care work apprentices, migrant men began to collect professional credentials that increased their prospects of gaining residency in Germany and advanced their social and economic position in German society. By opting into care work, migrant men became skilled and sought-after professionals.

4.2. CITIZENSHIP AND CARE

The concept of citizenship offers an ideal framework to analyze the legal and economic integration of asylum seekers in Germany who end up doing care work because legal status and economic participation are dimensions of citizenship (Bloemraad et al. 2008). Marshall's (1950) idea of citizenship is the genealogic root of both migration *and* gender scholars who have advanced our understanding of what full societal membership means, who has it, and how it can be acquired. Care work has featured prominently in the works of both gender and migration scholars on citizenship. Gender scholars have positioned care work normatively as an act of citizenship and empirically as a practice that promotes women's societal exclusion: the care many women provide for free in the private, domestic realm is removed from the public sphere where citizenship rights are practiced and materialized (Kessler-Harris 2003, Pateman 1989). Increasingly, care work is a type of labour that is done by migrant women. Even though they provide a pivotal service to their host societies, they enjoy only a minimal set of rights and privileges. This dynamic has invited migration scholars to the debate on citizenship and care work (Lutz and Palenga-Mollenbeck 2012, Parreñas 2009, Tronto 2011).

4.2.1. THE DIMENSIONS OF CITIZENSHIP

Much of today's theorizing on citizenship begins with Marshall's (1950) classic "Citizenship and Social Class" (Bloemraad et al. 2008, Kivisto 2018). According to Marshall, citizenship is "a status bestowed on those who are full members of a community" (Marshall 1992 [1950]:18). Those who enjoy citizenship status-citizens-possess an equal set of rights and duties that non-citizens do not have. Marshall outlines three sets of rights that citizens enjoy: civil, political, and social rights. Civil rights include the rights to free speech, to freedom of thought and religion, to own property, to seek justice in courts and also "to follow an occupation of one's choice" (p. 10). Political rights pertain to the ability to participate in the political process of a society through voting, running for office, debate, advocacy, and protest. Social rights, in turn, provide access to the welfare state that promotes the social and economic well-being of citizens through health care, education, and social security. In a capitalist economy, Marshall argues, social rights serve as a class equalizer. To enjoy and protect these rights, citizens agree to fulfil a set of duties. First and foremost, Marshall explains, citizens have an obligation to work, to pay taxes and make welfare contributions, to attend school, and to serve in the military. "Other duties are vague," he writes, "and are included in the general obligation to live the life of a good citizen"-that is, to give "service as one can to promote the welfare of the community" (p. 45). By invoking the notion of a "good citizen", Marshall adds a moral component to citizenship:
citizens are expected to act and behave in ways that promote the well-being of the community of citizens.

Marshall's idea of citizenship is a fertile starting point to understand societal membership, but it is incomplete. His core argument about the evolution of citizenship—that capitalism first led to an extension of civil rights, then of political rights, and finally of social rights-rests solely on the experiences of white, British, middle-class, working men. Therefore, gender scholars of citizenship criticize Marshall's gender-blindness; his sketch of the evolution of citizenship simply does not hold water when factoring in the experiences of women (Lister 2003, Pateman 1989, Yuval-Davis 1997). Women gained social rights not as participants in the labour market but as wives and mothers who provide unpaid reproductive and caring labour in the private, domestic sphere. Due to restrictive public and private laws that limited women's participation in public life until deep into the 20th century, women gained social rights long before political and civil rights (Gerhard 2010). Race and migration scholars also find Marshall's theory of citizenship insufficient, posing an array of questions that query, for instance, the *de jure* versus *de facto* citizenship of racialized groups and migrants (Bloemraad et al. 2008). Where do racialized minorities fit in, whose exercise of rights is curtailed by structural racism? What about migrants who fulfil citizens' duties but do not have formal citizenship status? Together, gender, race, and migration scholars show that these various subject positions challenge and complicate the content of citizenship, its dimensions, and its contours. Today, over seventy years after Marshall's publication of "Citizenship and Social Class", citizenship is still widely understood as a "form of membership in a political and geographic community" (Bloemraad et al. 2008:154); it is a legal status that comes with a set of rights and duties. There is more to citizenship, however.

Migration scholars have made explicit what Marshall merely suggested, without expanding his argument further: in terms of rights and duties, citizenship is not only something one has, but also something one does and identifies with at a group level. Through participation in political, economic, social, and cultural practices that promote the functioning and well-being of society, individuals enact citizenship (Bauböck 2005, Bloemraad et al. 2008). Calling upon a unifying group identity—that of the citizenry or the nation—inevitably must exclude some "for a 'we' to exist" (Bloemraad et al. 2008:156). Individuals express who does and who does not belong to an "imagined community" (Anderson 1983) in social, cultural, and racial terms (Benhabib 2018, Bosniak 2001, Brubaker 1992, Joppke 1999).Thus, citizenship can be disaggregated into four dimensions: legal status, rights, participation, and identity/belonging (Bloemraad et al. 2008).

Migration scholars also break with the dichotomy between citizens and non-citizens that Marshall still took as an "unproblematic given" (Kivisto 2018:417). Within and across the four dimensions of citizenship, various modes and degrees of membership exist that are more or less citizenship-like. These different dimensions "reinforc[e] or undermin[e] the boundaries and content of citizenship" (Bloemraad et al. 2008:156). Citizenship's meaning is thus not static but constantly in flux. Disaggregating citizenship into these four dimensions allows us to see how individuals who do not have formal citizenship status make membership claims because they see themselves as belonging (socially, culturally, or racially) to the community or because they participate in its most valued practices. To assess the legal and economic integration of asylum seekers who end up doing care work in Germany, I now turn to the legal status and participatory dimensions of citizenship.

4.2.2. LEGALITY AND WORK

Citizenship is a legal status that "describes the legal relation between an individual and a state" (Anderson 2012:1). States' enforcement of citizenship gives rise to a hierarchy of different legal statuses and degrees of legality (Meissner 2018). In Germany and elsewhere, citizenship is the legal status that entails the most extensive set of rights and duties. Deportability, the threat of imprisonment or deportation (De Genova 2002), is on the other end of this spectrum and bestowed with a minimum of rights and freedoms. In Germany, rejected asylum seekers with a toleration fall into this category.

Legal status categories are continuous and open; individuals can transition in and out of them, up and down the legal status hierarchy (Chauvin and Garcés-Mascareñas 2012). Recent scholarship on citizenship shows a trend among European states in which movement up the legal status hierarchy—that is, becoming more legal—is increasingly linked to the participatory dimension of citizenship: migrants must practice good citizenship to earn legality and upgrade their legal status. Marshall (1950) already describes good citizens as those who work, pay taxes, make welfare contributions, and otherwise act in the interest of the community. These practices are still the markers of good citizenship today (Anderson 2012, 2015). While citizens *should* practice these civic virtues and are stigmatized if they do not (Bloemraad et al. 2019, Gans 1994), migrants—especially those deemed "illegal" or "deportable"—*must* practice these virtues to earn their right to stay in their respective host countries (Anderson 2012, Chauvin and Garcés-Mascareñas 2012, Chauvin and Garcés-Mascareñas 2014, Paul 2015). The onus is placed on them to instill confidence in their host societies that they fit in. They must demonstrate their potential to assimilate and contribute to the societal good (Bonjour and Duyvendak 2018, Goodman 2019, Mouritsen et al. 2019). "Participation in the labor market or

business sector, payment of taxes, participation in local schools, raising families, or other activities that make people an integral part of their local communities and institutions" are forms of participatory citizenship (Bloemraad et al. 2008:162). These societal contributions have served as proof for migrants' integration. Migrants who verifiably practice good citizenship can thus claim informal membership status in the community of values and thereby increase their eligibility for formal legal status upgrades, including citizenship (Bloemraad et al. 2008, Carens 1987, Ehrkamp and Leitner 2003). Hence, to become less deportable and more legal, "irregular migrants [must accumulate] official and semiofficial proofs of presence, certificates of reliable conduct and other formal emblems of good citizenship, whether in the name of civic honor, in the hope of lesser deportability, or in view of future legalization" (Chauvin and Garcés-Mascareñas 2012:243).

The asylum regimes of countries across Europe are exemplary of this dynamic, which Chauvin and colleagues refer to as a moral economy of deservingness (Chauvin and Garcés-Mascareñas 2012). Here, asylum seekers must earn legality and legal status upgrades through one of two oppositional deservingness frames. They must either prove that they would have preferred not to migrate but were forced to do so due to war, indiscriminate state violence, or persecution. In this frame, their deservingness of living and working in Europe depends on their humanitarian need of protection. If such claims for humanitarian protection are deemed illegitimate, (rejected) asylum seekers must switch deservingness frames. They must establish proof that they are not needy but needed due to their good character and economic potential (Artero and Ambrosini 2022, Bonizzoni 2018, Fontanari 2022b, Marchetti 2020, Ravn et al. 2020). The German Integration Law and the various employment-based tolerations that exist in Germany, discussed in chapter II, exemplify this moral economy of deservingness (Chauvin and Garcés-Mascareñas 2012:241). The legal integration of asylum seekers who do care work in Germany must be seen in this context. While there are other deeds of good citizenship that are not work-related but, in some contexts, have still been deemed deserving of more legality,³⁵ migration scholars find that work, tax, and welfare payments are the most direct routes towards more legality (Chauvin et al. 2013a, b). Economic participation is thus a facilitator of legal integration.

However, having a job does not mean that a migrant is economically integrated into society. Migrant labour that is "unfree" (Calvão 2016) due to coercive and exploitative circumstances, is unpaid or underpaid, or does not allow for professional mobility between jobs and employers is a sign of exclusion rather than incorporation. In a review of research on refugees' workforce integration, Lee

³⁵ Artero and Ambrosini (2022), for example, show how volunteer activities advance migrants' claims to more citizenship.

et al. (2020) stipulate that workforce integration is "a process in which refugees engage in economic activities (employment or self-employment) which are commensurate with individuals' professional goals and previous qualifications and experience, and provide adequate economic security and prospects for career advancement" (p. 195). Thus, the economic integration of refugees must be assessed based on refugees' previous skills and experiences, the security of their employment, and their prospects for professional development. I add to these pillars of economic integration Marshall's (1950) idea of "the right to follow an occupation of one's choice" (Marshall 1992 [1950]:10). Within a moral economy of deservingness, legal status precarity may force occupational choices onto migrants. In view of all other options, understanding *how* and *why* migrants take up a specific kind of work sheds light on the conditions for economic integration. Therefore, in the subsequent analysis, I assess the economic integration of asylum seekers who do care work in Germany based on their ability to choose their occupation freely, their financial security, the recognition of their skills, and their professional mobility. As the next section will show, the legal and economic integration of migrant care workers studied elsewhere has been hampered at best.

4.2.3. MIGRANTS WHO DO CARE WORK

In Marshall's (1950) theory of citizenship, social citizenship is derived through paid work. Care work has historically been unpaid and confined to the private, domestic realm. Caring for the sick and elderly and for children was and still is, globally, primarily done within families by mothers, wives, and daughters. The confinement of care work to the private sphere as part of family life and its categorical exclusion from the public sphere, where citizenship status is gained and materializes, has put care work on the radar of feminist scholars. These scholars criticize Marshall's (1950) gender-blind conceptualization of citizenship, in which women, as providers of care, are not full citizens (Lister 2003, Pateman 1989). The unpaid domestic labour they do for the well-being of their families and communities interferes with their ability to participate in paid labour; they are therefore excluded from full access to social rights. Women's enjoyment of civil and political rights is also constrained, as care work is time consuming and binds women to the home (Gerhard 2010, Knijn and Kremer 1997, Lister 2003). For these reasons, feminist scholars demand that all those who provide care must be fully incorporated into any definition of citizenship. These scholars argue that caring and care work are the backbone of any society. Without people who bear, raise, and nurture children, who attend to the sick and elderly, who heal bodies, help those in need, or teach the next generation, societies cannot

reproduce. Care is thus an act of citizenship (Herd and Meyer 2002, Kessler-Harris 2003, Tronto 2008).

Much of the literature that establishes care work normatively as an act of citizenship is concerned with the unpaid domestic care work done by mothers, wives, and daughters (Herd and Meyer 2002, Pateman 1989). These scholars work with an uncommercialized understanding of care that is performed as a family obligation out of duty and altruism. For example, Herd and Mayer (2002) use Putnam's (2000) understanding of civic engagement as a voluntary, altruistic activity promoting societal cohesion to argue that care is the right and obligation of *all* citizens, of women *and* men. However, understanding care as a voluntary, altruistic civic activity undermines the realities of care work in a neo-liberal global economy. Migrants increasingly perform care work in domestic and institutional care settings in exchange for pay and in hopes of legal status security. Most of these migrants are women who work as "unskilled" or "low-skilled" domestic care workers (Hochschild 2015), as backdoor cleaning and kitchen aids in care homes (Duffy 2007), or as trained nurses (England and Henry 2013). To incorporate migrant care workers into conceptualizations of citizenship, Tronto (2008) pushes for an understanding of care work that is built on its effects (reproduction of society) and not on the motivation behind it—that is, altruism versus pay. Tronto's argument is merely prescriptive, however. Research on migrants who do paid care work has shown that their citizenship status in host countries is "partial" at best (Parreñas 2009).

Sites where migrants perform care work have routinely been exposed as places of legal and economic precarity. This precarity is the case particularly for migrants deemed "deportable" and "unskilled" who work in private, domestic locations without valid residence and/or work permits. Researchers have produced numerous accounts documenting the ongoing legal status precarity, exploitation, isolation, and professional immobility of migrant domestic care workers (Bakan and Stasiulis 2012, Chang 2017, Gallo and Scrinzi 2016, Goldring and Landolt 2011, Huang et al. 2012, Parreñas 2001, Yeoh and Huang 2014). Some countries have singled out domestic care workers as deserving of retrospective legalization, the United States and Italy being prominent examples. In both cases, however, migrants depend on the willingness of their employers to apply for their legalization. This deference to their employers has presented a major barrier for many migrants whose employers saw greater benefits for themselves in maintaining the legal precarity of their domestic help (Cvajner 2020, Hondagneu-Sotelo 2001).

Some countries have invented specific immigration pathways to directly channel migrants into domestic care work (Bakan and Stasiulis 2012, Lutz and Palenga-Möllenbeck 2010, Yeoh and Huang

2014). The legal status and economic rights such programs bestow upon migrants are sufficient for migrants to do what is expected of them: care work. However, migrants' long-term societal integration and their economic mobility are often neither a priority in these programs, nor are they necessarily envisioned. Canada's Live-in Care Giver Program (LCP) is a prominent example of such a program. The LCP provides that individuals with the equivalent of a Canadian high school degree, six months of training, or twelve months of employment as a care worker may enter Canada if they find employment as a care worker for children, the sick, people with disabilities, or elderly within a Canadian family. After two years of living with and working for that family, migrants are eligible to apply for permanent residency and find other employment.³⁶ Even if LCP participants gain permanent residency, many still feel confined to care work due to a lack of professional networks and accessible pathways to upskill (Bakan and Stasiulis 2012, Tungohan et al. 2015). Rather than facilitating legal and economic integration, according to Bakan and Stasiulis (2012), the LCP is a case of "unfree labor" (p. 202). Versions of the Canadian LCP exist across Asia, Europe, and the Americas (Bakan and Stasiulis 2012, Lutz and Palenga-Möllenbeck 2010, Parreñas 2001, Yeoh and Huang 2014). Possibilities for migrant domestic care workers to upskill and leave poorly paid and exploitative work environments remain extremely limited. "Unskilled" and "low-skilled" migrant care workers are often stuck when it comes to their legal and economic integration.

Not all migrant care workers are deemed "unskilled" and provide care in the domestic sphere. Across post-industrial societies, there has been a steady increase in hospitals and elder care homes of migrants with professional nursing degrees from their countries of origin. For example, nurses from the Philippines today staff hospitals and care homes across the globe in the United States, the United Kingdom, and Singapore (England and Henry 2013, Yeates 2012, Yeates and Pillinger 2019). In most cases, migrant professional nurses enter destination countries with valid work visas and regulated employment contracts. Overall, they enjoy more extensive economic and social rights and privileges compared to "unskilled" migrant domestic workers. But even still, migrant professional nurses have been regularly found to experience marginalization. Their legal status is usually contingent on their employment contracts with hospitals or care homes. Though these migrant professional nurses have nursing degrees, the bureaucracies of their host states or their employers devalue these degrees,

³⁶ While prospects of permanent residency are formally provided for in the LCP, the realization of permanent residency for migrant live-in care workers in Canada is difficult in practice for financial and administrative reasons. Moreover, the requirement that migrants live with and work for one family for two years puts migrants into a dependent relationship that facilitates their exploitation and abuse by employers (Bakan and Stasiulis 2012, Tungohan et al. 2015).

tending to consider foreign nursing credentials as lacking compared to their own countries'. As a result, trained migrant nurses must undergo additional (or repeated) training in their host states or start in a position below the level of qualification they have acquired elsewhere (Amrith 2010, England and Henry 2013, Huang et al. 2012, Widding Isaksen 2010). Migrant professional nurses are typically deemed good enough to do the lower status work in hospitals and care homes—cleaning bedpans or washing bodies—but *not* good enough to exercise their medical expertise and progress in the occupational hierarchy.

The migrant men I observed and interviewed are neither "unskilled" domestic care workers nor professional nurses; they sit squarely between these two different types of migrant care workers. They share a commonality with most migrant domestic care workers in that they were considered "unskilled" when they picked up care work out of necessity and in hopes of legal status gains. The nursing degree they began to work towards in Germany pushes them into the category of migrant professional nurses. Unlike migrant professional nurses, however, they did not arrive in their host country with a nursing degree, let alone any experience in care work or the intention to become a care worker. In what is to follow, I show what care work means for the migrant men I studied in terms of their legal and economic integration.

4.3. WORKERS

For the migrant men care workers I interviewed and/or observed, their decision to enter care work cannot be separated from their immediate and long-term legal status prospects in Germany. While all of them applied for humanitarian protection, their chances of receiving it differed depending on their countries of origin. Receiving humanitarian protection in Germany as well as prior educational credentials determined *how* and *when*, but not necessarily *why*, migrant men became care workers. *How* the men we meet in this chapter entered care work depended largely on their prior education and its recognition in the German educational system. Before I begin to explain migrant men's entry into care work, a brief explanation about the German secondary school system and the anchoring of care work within it is necessary.

The German secondary school system is split into three differently ranked types of schools that provide different career opportunities for graduates. In simplified terms, the different types of schools can be explained as follows. The highest secondary school in Germany is the Gymnasium, where students acquire the "Abitur" after successful completion of the federally administered Abitur exams. The German Abitur is equivalent to a high school degree in the United States system and qualifies students to attend university. The advanced secondary school degree (Realschule) finishes after grade 10 and qualifies students for any of the 324 apprenticeships. There are some apprenticeships that require better grades than others. There are also some in which employers prefer applicants with Abitur, that is often the case for the apprenticeship as a nurse. Officially, however, an advanced secondary school degree suffices to train as a nurse. The third type of secondary school is called lower secondary school (Hauptschule). Like the advanced secondary school, the lower secondary school finishes after grade 10. The curriculum in such schools is taught slower, and the learning attainments differ from those in the advanced secondary schools. Essentially, lower secondary schools prepare students for an apprenticeship in craft professions. A certificate from such a school also qualifies for a one-year assistant apprenticeship, of which there are few in the German apprenticeship system. For example, an apprenticeship as a geriatric nurse assistant is open to individuals with a lower secondary school certificate. The German school and apprenticeship systems are interconnected, as Figure 1, "The German school system", shows in a simplified manner. A completed apprenticeship after graduating from lower secondary school is the equivalent of an advanced secondary school certificate. A completed apprenticeship after graduating from advanced secondary school is the equivalent of the German Abitur and thus qualifies for university studies.





The entry requirements for a career in elder care are low in Germany. Many elder care homes today employ untrained geriatric nurse assistants, who may or may not have a school degree. Untrained geriatric nurse assistants are at the bottom of the hierarchy in elder care homes. To move up the ranks, an apprenticeship is mandatory. A lower secondary school diploma suffices for an apprenticeship as a geriatric nurse assistant. The geriatric nurse assistant training takes one year (in some German states, one-and-a-half years) and is far less theoretical, compared to the three-year training as a geriatric nurse training. Many of the men I interviewed and/or observed entered care work as untrained geriatric nurse assistants or as apprentices of the one-year training.

4.3.1. "PROTECTED" MEN

Of the eleven men I interviewed and/or observed with "protected" status, nine had migrated to Germany from Syria, one from East Africa, and one from North Africa. When they decided to enter care work, they had been in Germany for three to six years already. In this time, they had completed the state-funded German language training that recognized refugees receive up to the B-1 level of German language proficiency. Although nine of the "protected" men had arrived in Germany with some secondary school certificate or even the equivalent of the German Abitur, all of them were effectively "unskilled" on the German labour market. Najim and Ali from Syria and Tafari from East Africa were still minors when they applied for asylum and returned to school in Germany. Hakim had been a butcher in Syria; he had years of experience that did not find recognition in Germany. Wasseem had worked as a graphic designer, but his certificate from a Syrian vocational college was worthless in Germany too. Ibrar and Omar had studied law, Adham had studied education, and Hammad was enrolled in archeology. All four of them left Syria before they could complete their degrees. Hussein had been a PhD student and lecturer in political philosophy. He holds university degrees, but in his case, these do not open up many job opportunities outside of academia. Stable academic jobs are notoriously hard to get in Germany-for everyone-and were not what Hussein could count on finding. He was effectively "unskilled", much like Rachid from North Africa, who held a bachelor's degree in design that—much to Rachid's disbelief—the German state does not recognize.

Hammad, Hussein, and Ibrar would have liked to return to university in Germany. However, university studies are an ambitious endeavor for refugees. Universities commonly require a C-1 German language proficiency certificate that, for most people, requires many years of language training. Studying German up to C-1 level is not only an investment of time but also of money. The

German state offers free language classes and financial assistance to recognized refugees only up to the B-1 level of proficiency. Therefore, obtaining a C-1 certificate is a financial cost that many refugees cannot afford. Hammad still tried; he left no stone unturned to attend free German language classes beyond the B-1 level. When he finally took the C-1 exam, he failed. It was terrible, he says: "I was down, I was so depressed that I didn't make it." By then, three years in Germany had gone by already and Hammad felt that he was not getting anywhere. He was still an "unskilled" worker on the German labour market. Eventually, Hammad ran out of patience with himself and the system and decided to find an apprenticeship. "When I do an apprenticeship, I can do more, then I [can] make some money, learn a profession and simultaneously learn the German language," Hammad explained to me when I first met him. Training as a nurse was Hammad's first and only idea. His wife, a paramedic, had suggested the idea to him. She knew that Hammad was interested in medicine; so why not nursing?

Hakim, Najim, Adham, and Ali had developed an interest in medical work already in Syria. Hakim had decided to become an elder care worker already in 2011, when his father lived in a hospice for the elderly in Aleppo. He admired the people whose job it was to make his father's final days bearable for himself and for his family. His plans to change his career were interrupted by the war; he could follow up on his interest only ten years later in Germany. He arrived in Germany in 2017 and acquired the B-1 language certificate in 2021, just a few months before I first met him. He still struggled with the German language, he said. But according to the German Law on Integration, the B-1 level suffices to find some work. Hakim was therefore matched with a case worker at the unemployment agency to start his job search as soon as he had acquired the B-1 certificate. He inquired about his options of doing elder care work in Germany and was happy to learn about the geriatric nurse assistant apprenticeship, which is more practical and less theory-heavy than the three-year nurse training. Perfect for him, he thought, while he was still learning German. Najim was also relieved to learn about the geriatric nurse assistant training. He had decided to become a nurse already in Syria after his best friend had died in his arms on their way home from school (there had suddenly been a hail of bombs). Once he had graduated from secondary school in Germany, he wanted to get started in nursing. But like Hakim, Najim thought, as well, that his German language skills were not good enough for the three-year nurse training, which is difficult even for Germans. The geriatric nurse assistant training was thus a good option for him.

Adham and Ali had also already developed an interest in a medical profession in Syria. Adham's brother was a nurse who had loved his work; he loved his work so much that he had tried to convince Adham to become a nurse rather than studying education. Adham was initially not interested, but then his brother was killed during the war; he left Syria soon after. His decision to become a nurse had by then already been made: he would honor his brother and follow his example. Finding an apprenticeship position was relatively easy for him. He arrived with the equivalent of the German Abitur and aced the German language classes. He learned German so fast that the unemployment agency agreed to support his language acquisition past the B-1 level. The unfolding of the war in Syria sparked a teenage Ali's interest in a medical profession—death and injuries were everywhere to be seen. Medical school would have been great, he told me. But to study medicine in Germany, one needs Abitur, and Ali only had a 10th grade certificate. Getting the German Abitur would have prolonged his financial dependence on the German state, and that was not an option for Ali. "Going to school again, like having a regular school day, I don't want this anymore. I want to have money. I don't want to live with state assistance," Ali explained to me. His case worker at the unemployment office therefore suggested to Ali to do an apprenticeship as a nurse, which also counts as Abitur. On top of that, he would earn some money—not a lot—but more than most other apprentices in Germany. The idea quickly grew on Ali, who found an apprenticeship position within weeks.

While Hakim, Ivan, Adham, and Ali had developed an interest in a medical profession already in Syria, this interest emerged for other "protected" men only once they had familiarized themselves with the economic landscape in Germany and considered their prospects as "unskilled" migrants within it. For example, Tafari from East Africa applied for commercial apprenticeships in banks and industrial companies after acquiring a German lower secondary school diploma, but he had no luck. It is difficult in Germany to find a commercial apprenticeship with a lower secondary school diploma, even for individuals who speak the German language fluently and need not to overcome other employment barriers specific to migrants. Disappointed that he could not get a commercial apprenticeship position, Tafari began to work in restaurants. When then the Covid-19 pandemic broke out four years later, he became unemployed. Care work soon emerged on his radar. If he was a care worker, he thought, he would never be unemployed:

> "I searched the internet a lot, how is care work? What are the positive things about it? [...] You cannot get unemployed, and the salary, and I can also communicate with people. And then I thought, I have no problem with people, I wanted to work with people."

Ibrar had worked in many different jobs when he finally decided to train as a nurse five years after his arrival in Germany. He had volunteered at a foot bank, worked in a restaurant kitchen, delivered parcels, catered Syrian food, and worked as a companion for people with disabilities. He also had two short-term project positions at a local cultural organization. But none of these jobs had led anywhere, Ibrar reckoned when I talked with him about his entrance into care work. In 2020, 26-year-old Ibrar sought to do something with a purpose. He wanted an education and to progress professionally. Studying medicine would have been his first choice, but the grade point average of his Syrian Abitur equivalent was not high enough. He would have had to wait many years to get into medical school.³⁷ Waiting was not an appealing option for Ibrar. As a student, he also calculated, he would most likely lack a stable income. Considering his citizenship aspirations in Germany, a stable income was what he desired the most:

"And the apprenticeship as nurse now gives me financial stability, with that —of course, the income is currently not great, but I still have secure employment. I have a stable income that I have safe; I cannot be fired. I have a safe argument when I apply for citizenship or permanent residency. [...] To get citizenship, I need something safe, a safe financial integration; I must be integrated in Germany because, for state agencies, integration means—it is about having safe employment and good prospects so that they don't have to deal with you any longer. For that the apprenticeship is perfect because it's an understaffed profession in Germany; it's a highly recognized apprenticeship."

Ibrar thought that as a nurse, formal citizenship was within reach. Because care work is understaffed, he would always have employment as a nurse. What better proof of economic integration is there? As a trained nurse, he explained to me, he would also be eligible to shorten his waiting period for medical school. While this aspect was an incentive for him in 2020, he had given up on studying medicine when I last spoke to him in the summer of 2023, one week after his final nursing exams. I sensed that he was disappointed that he was not attending medical school. Talking in hindsight, he also expressed his frustration that he 'wasted' so many years in Germany with random jobs only to become another migrant who does care work.

Citizenship prospects were an important consideration as well for other men with "protected" status. Their residence permits are renewed every three years only if they continue to be eligible for humanitarian protection. Residence permits may be revoked if the circumstances in their home countries improve. To stay in Germany indefinitely, irrespective of political events elsewhere,

³⁷ In Germany, medical schools require a particularly high Abitur grade point average (GPA). Graduates with a lower GPA can attend medical school, but they must be willing to wait. The lower the GPA, the longer the wait.

recognized refugees must eventually prove themselves as workers too. Omar understood this situation as well. He knew that he must become a financially self-sufficient, skilled worker to attain citizenship in Germany. When he entered the labour market after acquiring the B-1 German language certificate, the Covid-19 pandemic had just broken out. At that time, the shortage of care workers in Germany and the deservingness of migrant care workers were, globally, widely discussed topics. Some German politicians, Omar remembered, even suggested that migrant care workers deserve citizenship due to the essential services they provide to German society in the midst of a global pandemic:

"You always hear, there are new laws that say that people who do care work [*Pflegeberuf*], we have to give them more money, give them more also as foreigners—a residence permit not for three years but forever. That means, we give these people citizenship. I always hear this from ministers."

The understaffing in Germany's care sector signaled opportunity for Omar, who sought to transition from refugee to citizen status as soon as possible. Just as in the case of Tafari, Omar's interest in nursing was sparked during the Covid-19 pandemic. He thought that his deservingness of citizenship would be elevated once he learned a profession desperately needed amid a global pandemic. By the end of my fieldwork, three migrant men with "protected" status had already acquired citizenship or permanent residency. Their stable employment as trained nurses, they are certain, was crucial to transition from "protected" into citizen(-like) status.

4.3.2. "TOLERATED" MEN

In Germany, "tolerated" men must prove their deservingness of becoming more legal and less deportable. As explained in chapter II, Germany's immigration policies are racialized and discriminate against individuals from countries in the Global South with majority non-white populations. For citizens of these countries, it is hard to enter Germany "legally", if not practically impossible. Entering without a visa and applying for asylum is one of the few options they have. The eight men I met who initially had "tolerated" status had done exactly that. Like Bekele, they had left behind their homes and families in West Asia or Africa, migrated to Germany without a visa, and applied for asylum once there. For various reasons, they had decided that potentially jeopardizing their lives to start from scratch somewhere far away was worth the risk.

Bekele decided to leave his home and family when he was only thirteen years old. Boka from East Africa and Nadeem from West Africa were not much older when they left their homes. They were also still minors when they arrived in Germany, with poor prospects of getting asylum.³⁸ As soon as they had their lower secondary school certificates in their pockets, their social workers encouraged them to find work or, better yet, an apprenticeship in an understaffed profession such as elder care work. Boka and Nadeem opted into a one-year preparatory program that a local elder care organization specifically offers to refugees who are interested in care work. Even though they do not earn much and need the unemployment agency to subsidize their pay, participants are officially employed and make social security and tax contributions. These financial contributions are particularly important, as Ms Lauge, the manager of the preparatory program, explained to me:

"They [participants] are employed as contributors to the national insurance system; that is very important for their residence permit because often in these questions of residence permits, it is always considered how long a person has already been paying into the pension scheme, or how long they are already a valuable part of our society because they pay taxes."

The program allows participants to establish themselves as workers. Their employment contracts can be understood as proofs of good citizenship that rejected asylum seekers need as they navigate Germany's *moral economy of deservingness*. Throughout their time of training as geriatric nurse assistants, Boka and Nadeem's tolerations were repeatedly extended. By the time they finished their apprenticeships, they had been "tolerated" in Germany for more than four years, were still under 22 years of age, and had been continuously going to school or learning a profession. All these efforts combined qualified them for a temporary residence permit; they were what the German state calls "young adults with good integration prospects."³⁹ As such, they finally no longer deserved deportability.

Mamodou, Femi, and John, all from West Africa, were already in their thirties when they arrived in Germany. Mamodou was a credentialed painter, then taxi driver, and finally a care worker for children with disabilities. John was a police officer, and Femi had attended medical school. In Germany, their prospects of getting asylum were poor. They therefore had to find work quickly. They hardly spoke German, and the German state had ranked their prior educational credentials at the

³⁸ In 2015, less than 5% of asylum applications from citizens of Boka and Nadeem's countries of origin were successful. See: BAMF (2016), Antrags-, Entscheidungs-, und Bestandsstatistik, 01.01.2015 – 31.12.2015.

³⁹ German Residence Act, §25a. §This paragraph was changed in 2023. Now, young adults under the age of 28 who have been "tolerated" in Germany for at least three years and completed school and/or an apprenticeship in Germany qualify for a termination of their "tolerated" status.

bottom of Germany's educational system. Femi and Mamodou held the equivalent of a lower secondary degree, John not even that. For Femi, elder care work was the best of all the bad options. He was—and still is—frustrated that Germany deemed his prior medical education worthless. But his "tolerated" status did not allow him to dwell on his de-skilling for long: he had to find work and upskill from scratch, sooner rather than later. The social worker in his asylum shelter had suggested elder care work to him. The one-year geriatric nurse apprenticeship was a good option, Femi believed. It is short, paid, and at least somewhat medical work. It was extremely easy for him to find an apprenticeship as a geriatric nurse assistant. "That's the easiest job to get. You can come today and start tomorrow," Femi quipped when he summarized his entrance into elder care work for me. A refugee friend who worked in an elder care home nudged John into the profession. A local initiative that helps refugees interested in care work to gain practical experience and job-specific German language skills supported John in following his friend's path. John found an internship where he did so well that he was offered an unlimited contract as an untrained geriatric nurse after only eight weeks. This contract was a big gain for John, for he was now a contributing taxpayer.

Lateef learned in Facebook groups with other refugees about the geriatric nurse assistant apprenticeship that is short, paid, and, compared to other professions, relatively easy to get into. He consulted with Helga and Wolfgang—"his German parents", as Lateef called them—about the option of becoming a care worker. When I met the three of them on Zoom, Helga and Wolfgang recalled their initial reactions to Lateef's plan:

Helga: "That care workers are needed in Germany and that this could be an additional opportunity for you, Lateef, to stay in Germany, that this could be a great opportunity, we thought that."

Wolfgang: "[...] And then we also talked with him about care work, what it is and what it is about... We tried to convey that it makes the most sense. His greatest chance would be to learn a profession that is understaffed, that is needed. Something that one has for a long time."

When I inquired about whether this profession would increase Lateef's chances of staying in Germany, Wolfgang responded:

> "The advantage would be the possibility of gaining the permission to stay. At the time, his application for asylum was still pending, even if his application gets rejected... that he is still needed and that he can therefore stay longer. [...] We had heard in the news, papers, radio, and TV; of course, we had become aware how difficult it would be, that his asylum procedure will end

positively... and when you are then here for so and so long and got used to everything... then it is better, when the time of asylum was used, or, here, the time of the toleration... and that I have discussed with him [Lateef]."

Helga and Wolfgang understood that Lateef had to prove his worth to German society; he had to demonstrate that the country is better off with him than without him. Helga and Wolfgang therefore supported Lateef's idea and helped him find an internship in a nearby long-term-care facility. He did well as an intern, and the long-term care facility offered him an apprenticeship position as a geriatric nurse assistant. Unfortunately, learning in German was so difficult for Lateef that he failed the final exam. Nevertheless, the management of the elder care home offered him a full-time contract as an untrained geriatric nurse assistant, as Lateef had already become an integral part of the home. The care home's management also understood that Lateef must not be unemployed due to his own wrongdoing (i.e., failing the exam) to maintain his "tolerated" status in Germany. To stay, he had to be financially stable and live independently of the German welfare state. A full-time position as an untrained geriatric nurse provided this opportunity for him.

In October 2022, Bekele and I sat for a long time together chatting on a bench behind the church of Malhausen. Only when it was too cold to sit outside any longer did we start to walk together toward our respective homes. The mood was light. Bekele had just passed his geriatric nurse examination and signed a permanent contract with the elder care home in Malhausen. For the first time since he left his country of origin eight years ago, he could sleep well. For the first time, he explained, he could let go of the fear of deportation. The pressure of doing well in school, a requirement of his apprenticeship toleration, was finally lifted. Bekele was the only one of the "tolerated" migrant men with whom I spoke about the performance pressures of being an apprentice with precarious legal status. Fontanari (2022) describes how refugees in Germany with an apprenticeship toleration are constantly afraid of failing an exam, of getting into a difficult situation at work, or of being fired. Simultaneously, they must learn German, settle in a foreign country, and support their families abroad. I must assume that some of the other "tolerated" men I met felt this pressure too. The day Bekele had gotten the results from his school, he had immediately applied for a two-year work and residence permit that he was now eligible for and that, eventually, will lead to permanent residency. He was still waiting for the permission to be ready for pick-up at the foreigners' office, but he was not worried. He fulfilled all of the requirements: he had stable employment as a geriatric nurse, lived independently of the German state, spoke German almost fluently, and rented his own apartment—a beautiful place, he told me, in the house that his friend and co-worker had just finished building with her husband. Bekele seemed so light on his feet; he smiled throughout our conversation.

We were still sitting on the bench when I asked Bekele how he feels; I suggested that he must feel proud. "Of course, I am proud of myself," he responded. "I managed to do a lot over the last years and it was very hard." Indeed, he obtained a secondary school diploma, completed the geriatric nurse assistant training, passed the exams, finished the geriatric nurse training, and passed those exams as well. He did all of this work in a language he was still learning and under the constant threat of being deemed undeserving of a life in Germany. "Now that I did all that, I think I can do anything," Bekele declared. "What's next?" I asked. "Malhausen forever?" He laughed: "Maybe." He wants to gather some work experience and enjoy not being stressed all of the time. Eventually, he explained, he will continue his education and study care management or care economics at the university. He can do that now; as he contended, "I have so many options." In the next section, I explain in greater detail the many options that Bekele indeed has now that he is a fully trained geriatric nurse.

4.4. **PROFESSIONALS**

To advance in Germany's labour market, educational credentials are a necessity. People working in Germany, citizens and non-citizens alike, are expected to either attended university or to complete an apprenticeship. There are over three-hundred protected professions in Germany, which span across the occupational fields of craft, trade, commerce, public, social, and health services.⁴⁰ To participate in any of these professions, the completion of an apprenticeship is mandatory. Apprenticeships completed outside of Germany are recognized only if they are deemed the equivalent of the respective German apprenticeship.⁴¹ Individuals who have not completed an apprenticeship or a university degree can only work in "unskilled" assistant jobs like mail delivery, waitressing, or cleaning work. While this framework is true for German citizens as well, language barriers and employers' hesitancy

⁴⁰ Federal Institute for Vocational Education and Training (2022), "Verzeichnis der anerkannten Ausbildungsberufe 2022", online: https://www.bibb.de/dienst/publikationen/de/17944> (last retrieved: 29 August 2024).

⁴¹ The Central Service Center for the Recognition of Foreign Degrees that belongs to the Federal Ministry for Education and Research decides on a case-by-case basis if degrees received elsewhere are recognized in Germany. Many migrants who have learned or worked in a profession abroad find that their prior experience or vocational credentials are not recognized in Germany. About 50% of migrants' request to have their foreign vocational training recognized in Germany are decided positively. Several years of professional experience are not recognized in the German labor market, unless this experience is attached to an apprenticeship completed abroad that is recognized in Germany. See: Federal Institute for Vocational Education and Training (2022), "Datenreport 2021", online: https://www.bibb.de/datenreport/de/2021/140804.php (last retrieved: 29 August 2024).

to hire migrants aggravates the professional immobility of migrants without an apprenticeship or university degree.

Wasseem had cycled through different "unskilled" types of labour during his first five years in Germany. He had worked in restaurants, in warehouses, and as a package deliverer. While he was working in these jobs, some of his Syrian friends in Germany started apprenticeships as nurses. Initially, he had no interest in the nursing profession. "It was my last choice, this job," he chuckled when we talked about his career choices years later in 2022. But then he observed how his migrant friends were thriving as nurses and began to wonder if nursing was perhaps a good idea after all. Here is Wasseem explaining to me why he eventually changed his mind and began training as a nurse:

"Care work [*Pflege*] is better than the jobs I worked in before. Without an apprenticeship and without a diploma, one works as a helper. And I worked in logistics, hospitality, and these jobs were, compared to care work, pretty strenuous [physically] and not well paid. One doesn't earn as well compared to care work. [...] Also not, the perspective also from society, how society looks at these jobs, like kitchen aid or somewhere as a warehouse worker where you get the minimum wage, society does not value these jobs. And I knew I actually needed an apprenticeship."

Wasseem's explanation of why he ultimately began training as a nurse encapsulates what many other of the migrant men I interviewed and/or observed also expressed. An apprenticeship as a nurse or geriatric nurse assistant is a good option to upskill and move out of dead-end jobs that do not require any qualification. Quite a few of the other "protected" men had also worked in dead-end jobs as "unskilled" workers. Tafari, Ali, Hammad, and Ibrar had worked in restaurants. For Ibrar, restaurant work was only one of several "unskilled" types of labour he had done. All of these men had experienced their position in Germany's labour market without an apprenticeship, and they were stuck. To progress economically, it would not be enough to just work, they realized. As is expected of German citizens, they had to immerse themselves into Germany's system of credentials, and training as a (geriatric) nurse was a lucrative option.

As Wasseem's comments above indicate, care work in Germany is not as poorly paid as its reputation suggests. In 2023, the nurse apprenticeship came in fifth in a ranking of the best-paid apprenticeships in Germany. Only public administration employees, police officers, ship mechanics, and air traffic controllers earned more during their training. Nurse apprentices earn approximately €900 net per month in the first year and €1,200 in the third year of their training. Geriatric nurse

assistants in training earn approximately €600 net per month.⁴² The apprenticeship stipends of nurse (assistant) apprentices do not suffice to maintain a household in Germany. This is why the German state subsidizes apprentices with the so-called Berufsausbildungsbeihilfe (BAB). Individuals can receive up to €780 per month in addition to their apprenticeship stipends.⁴³ Non-citizens can also apply for BAB: individuals with "protected" status are immediately eligible to receive BAB. Individuals with "tolerated" status are blocked from BAB for three months after their asylum application is rejected but become eligible afterwards. Trained geriatric nurse assistants have a monthly net income of approximately €1,700; untrained geriatric nurse assistants earn slightly less. General and geriatric nurses earn, depending on their years of experience, between €2,200 and €3,000 net per month, while nurses with a specialization in, for example, intensive or respiratory care, or with managerial responsibilities, earn more.44 Many of the migrant men I interviewed and observed realized that their entrance into care work was not only the best available option but also a very good one to live a professional, middle-class life in Germany.⁴⁵ For example, a friend, also a refugee already working as a geriatric nurse assistant, nudged Nadeem into elder care work. The friend has his own apartment, a driver's license, and a car, Nadeem calculated. For Nadeem, the financial comfort he could acquire as a care worker was a big incentive when he decided to become one himself.

For many of the men with "protected" and "tolerated" status, being a (geriatric) nurse is a choice that reflects their interests. While many of the men with "protected" status had specifically chosen a medical profession, most of the men with "tolerated" status had chosen care work primarily due to the urgency with which they had to demonstrate their economic worth. Most express content with how things turned out. They have learned something useful, they say; they acquired knowledge about bodily health and well-being, drugs, and preventative treatment plans, and they can help in

⁴² As a comparison, an apprenticeship in carpentry or car mechanics takes three years, during which apprentices earn \notin 600 in the first year of training and up to \notin 700 in the third year. For the ranking of the earnings of apprentices in Germany, consult www.ausbildung.de.

⁴³ The amount of BAB an individual receives depends on their individual circumstances, i.e., where, how, and with whom they live and how high their apprenticeship stipend is. For more information in the BAB, see the website of the German Unemployment Agency: https://www.arbeitsagentur.de/bildung/ausbildung/berufsausbildungsbeihilfe-bab (last retrieved: 19 August 2024).

⁴⁴ I calculated the earning of (geriatric) nurses and geriatric nurse assistants with the income calculator for German public service employees, under which most health care staff in Germany fall. The calculator is available online: <https://oeffentlicher-dienst.info/c/t/rechner/tv-l/kr?id=tv-l-kr-2023> (last retrieved 29 August 2024).

⁴⁵ Based on the OECD definition of middle class, a single household with a net annual income between €1,450 and €3,800 is part of the German middle class. Trained nurses, geriatric or general, as well geriatric nurse assistants fall within this range. Florian Dorn, David Gstrein, Florian Neumeier, Andreas Peichl (2023), "Die Mittelschicht in Deutschland: Zugehörigkeit, Entwicklung und Steuerlast", ifo Institut, München, online: https://www.ifo.de/en/publications/2023/article-journal/mittelschicht-deutschland (last retrieved: 29 August 2024).

emergencies. For example, Nadeem is a trained geriatric nurse assistant who, in his own words, wants to be an "up-and-coming entrepreneur in solar energy or in real estate" in a few years. "So elder care is not for you?" I asked him with a chuckle, reflecting back his good spirits. "Not forever," he responded. However, he has learned many useful things as an elder care worker: "I know stuff now." He shared with me an anecdote from a recent trip to his country of origin in West Africa. While there, he visited a friend in a hospital and the treatment his friend received from the nurses appalled him. "That's not how you work with patients," Nadeem intervened. "If that's how you did your job in Germany, you would lose it. You have to respect people, be polite, understand that they are here because they need help." Nadeem introduced himself to the nurses as a health care worker from Germany and, in doing so, he contended, changed his friend's hospital stay for the better.

The German educational credentials that migrant men have acquired on their way to becoming a nurses cement their position and mobility in Germany's labour market. Many of the men I met, those with "tolerated" and those with "protected" status, realized already before finishing their apprenticeships that care work offers various attractive career opportunities to them. Trained nurses can pursue several different careers (see Figure 2 below). They can attend university and study care management, care economics, social policy, or, if they are patient, even medicine. There are various ranks and positions of leadership in any care institution that nurses can assume as well: there is the manager of the care ward (Wohnbereichsleiter/ Stationsleiter), the manager of all the care workers of an organization (*Pflegedienstleiter*), and the manager of them all (*Heimleiter*). Nurses can also acquire various specializations. Most of them offer financial incentives or are otherwise rewarding. For example, they allow for regular work hours and weekends off, as they are more removed from the day-to-day running of a shift. Because of these different career opportunities for nurses in Germany, the migrant men I interviewed and/or observed did not feel stuck. For example, when I last spoke with Wasseem, in the summer of 2023, he had just passed his nurse exams and signed a permanent contract at the hospital where he did the practical part of his training. He found his place in Germany as a nurse, he said, and was toying with the idea of specializing in intensive care. Or remember Tafari, who had initially wanted to learn a commercial profession in Germany. When I talked to Tafari, in the summer of 2022, he was about to complete the three-year nurse apprenticeship. I asked him for his thoughts about his professional choice now that he was almost done with the training. Here is what he said:

> "It is my dream now. What shall I do? I had many ideas at the beginning. What am I interested in? I asked everywhere, also Germans whom I know. [...] In my head there were many ideas, which job shall I choose—but in the

end, I think this [care work] is my profession. Yeah, it also never ends, advanced training, I can also become a manager of care services. I have only just started."

Tafari chose care work also due to the financial stability it offers. However, care work held more in stock for him than a stable income. He told me how much he likes the communication aspect of his job and the amount of medical knowledge he has acquired. An apprenticeship as a nurse also opens many doors; it is the entry point.

Ibrar also knows that, as a nurse, he is particularly well positioned to pursue a specialized career within the care sector. Recall that Ibrar wanted to study medicine in Germany but, in view of his citizenship aspirations, decided to do an apprenticeship as a nurse instead—a choice of reason rather than passion. And yet, two years into his training as a nurse, Ibrar was, overall, optimistic about his career. He has many options now to elevate his position:

"I think there are only few professions in Germany that have as many opportunities to continue one's education and development and to change tracks as care work offers. [...] I will not continue to work as a regular nurse [...] my apprenticeship is only step one. For example, I'm currently working in the respiratory care unit and that would be a career path for me. I could get a license as a specialist for respiratory illness and machines and become a specialist for unresponsive wakefulness syndrome; there is really a lot of opportunity in the realm of respiratory illness and the money is good. [...] I would leave the status of a regular care worker and become a specialist, a therapist."

Ibrar imagines a specialization in respiratory illness. Such a specialization is financially attractive and, supposedly, more prestigious than being one of the "regular" care workers. Also, migrant men with "tolerated" status are looking at the various career routes open to them as nurses as well. For example, Boka wants to join Doctors Without Borders. He wants to travel, meet people, and offer emergency care in conflict and crisis zones. John would like to manage a care home, perhaps he will even start one himself. Mamodou can imagine assuming a leadership position in the care home in Malhausen; the management has already signaled to him that they would like him to move up the ranks.

Figure 2: Career options of care workers



As trained nurses, migrant men are not mere workers. They are sought after medical professionals with various career opportunities to choose from. This is true for "protected" and also for "tolerated" migrant men. They are working taxpayers, credentialed professionals with a German apprenticeship, and equipped with the skills and knowledge Germany urgently needs. Many of the men I interviewed spoke confidently about their position as nurses and geriatric nurse assistants in Germany's labour market. "I will never be unemployed" is a phrase that quite a few of them used. "I am now someone, I know that I have something to offer to German society that it really needs," is how Bekele describes his position in German society as a geriatric nurse. He has gained economic leverage and foresees professional mobility. In terms of their economic integration, the migrant men I interviewed and/or observed are thus not blocked from economic upward mobility.

4.5. CHAPTER CONCLUSIONS

This chapter may read like a success story of German integration policies. Look at Bekele: he arrived as a fifteen-year-old minor without a cent in his pocket, a high school diploma, or any knowledge of the German language. Six years later, he is a geriatric nurse, earns approximately €2,400 net per month, rents an apartment, looks forward to many career opportunities, and has very good prospects of living in Germany permanently. It almost sounds too good to be true. There is another side to that story, however, to which Bekele hints when recounting his story. Throughout the years in which he transformed himself from an "unskilled" minor to a geriatric nurse, Bekele lived in constant fear of deportation. Whilst acknowledging these hardships and supporting Fontanari's (2022b) well-founded critique of the German apprenticeship toleration and its attendant pressures, I conclude this chapter with a focus on what worked well for the migrant men I interviewed and/or observed as they sought to legally and economically integrate into German society as care workers.

In this chapter, I showed that the migrant men care workers I met could stabilize their legal status through care work. Migrant men whose applications for asylum were rejected and who lived in Germany with a toleration opted into care work quicker than men with protected status whose applications for asylum were accepted. For "tolerated" men like Bekele, the German asylum regime constrained their options of proving their economic worth. That they prove their value as soon as possible is the expectation, however. Having a job is the bare minimum expected of "good citizens" in Germany. In this dilemma, elder care work came to their rescue. Better than most other occupational fields, elder care offers the conditions for "tolerated" individuals to demonstrate their worth and deservingness in three key ways. First, elder care work is one of very few professions in

Germany that offers an assistant apprenticeship. The educational and language requirements for the assistant apprenticeship are overall lower than for other apprenticeships. Even with only minimal German language skills, "tolerated" men could at least get an internship—a door opener to becoming a geriatric nurse assistant. Second, because elder care work is desperately understaffed, the geriatric nurse assistant apprenticeship satisfies the demands of an apprenticeship toleration. In professions that are not understaffed, a three-year apprenticeship is required. With this stipulation, Germany's toleration architecture responds to the desperate need of workers in Germany's care industry. Third, even for Lateef and John, who did not complete the geriatric nurse assistant apprenticeship, elder care work offered stability. They could relatively easily get employment contracts as untrained geriatric nurse assistants and, as such, could earn enough money to prove their financial self-sufficiency and secure an employment toleration. "Tolerated" men could thus demonstrate their economic worth and become more deserving of a life in Germany as care workers. By participating in Germany's labour market and acquiring educational credentials, "tolerated" men did what Chauvin (2012) describes as the accumulation of "certificates of reliable conduct and other formal emblems of good citizenship [...] in view of future legalization" (p. 241). Across Europe, rejected asylum seekers are put in a position where they must prove their deservingness of staying (Bonizzoni 2018, Marchetti and Scrinzi 2014, Ravn et al. 2020). In Germany's moral economy, care work, and especially elder care work, is well positioned to provide such proof.

"Protected" men did not have to find employment or an apprenticeship as quickly as "tolerated" men. Their deservingness of a life in Germany rested, at least initially, on their need for humanitarian protection. However, if the conditions in their countries of origin were to improve, their refugee status would not be renewed. To stay in Germany indefinitely, they, too, had to demonstrate their financial self-sufficiency and their successful participation in Germany's labour market. For Hussein, Ibrar, Wasseem, Omar, and Ali, the prospects of permanent residency or even citizenship were important considerations when they opted into apprenticeships as care workers. Care work is a profession with a future, one that offers stability and signals their willingness to do work desperately needed in Germany. For Ibrar, Wasseem, and Tafari, care work was also a good option to upskill. They no longer wanted to participate in Germany's labour market as "unskilled" workers. An apprenticeship as a nurse was relatively easily accessible and, at the same time, a promising employment opportunity that signaled a status upgrade in Germany.

Most of the men I met express contentment with the leverage and opportunity they have gained by the single move of becoming a care worker. Because they have completed the same apprenticeship that German care workers must go through as well, the men we met in this chapter are at least formally on par with German citizens. In this regard, my findings deviate from other research that has thus far captured the experiences of racialized, "unskilled" migrants, who end up doing "dirty" care work. Legal status constraints and the spaces in which migrants perform caring labour have been consistently linked to migrants' financial exploitation, isolation, marginalization, and professional immobility; "unskilled" migrants who enter care work remain "unskilled", they seem stuck at the bottom of the occupational hierarchy (Chang 2017, Duffy 2007, Gallo and Scrinzi 2016, Hagan 1998, Scrinzi 2016). This was not the case for the migrant men I interviewed and/or observed. While they started off as "unskilled" migrants with limited employment options, they transformed themselves into skilled medical workers who are gainfully employed, deeply immersed into Germany's system of credentials, and professionally mobile. Because they have gained credentials that are standardized and considered the norm in Germany, their professional skills are recognized and valued. Indeed, as Schwenken (2021) writes, "completing vocational training in Germany implies having a good reputation in society" (p. 148). The migrant men I interviewed and/or observed do not experience the downgrading of their nursing degrees that many other migrant nurses experience when they take their skills across borders (Amrith 2010, England and Henry 2013). Migrant men care workers, especially those completing the three-year (geriatric) nurse apprenticeship, are acquiring a respectable economic status in German society.

As care workers, the men I interviewed made economic and legal status gains. On a scale that has "deportable" migrants with barely any economic rights and leverage at one end of the spectrum and citizens at the other, migrant men care workers can make steps towards more citizenship. But there is more to citizenship than legal status and economic participation as scholars of race and migration have repeatedly demonstrated. England (2013) and Isaksen (2010) remind us that workplace discrimination and everyday racism undercuts the citizenship-like status and professional mobility of fully trained migrant nurses in many countries of the Global North. Indeed, even though they are citizens, racial minorities are in many national contexts symbolically excluded from the "us" that (white) majorities evoke to signal the membership in an imagined nation. There is an invisible boundary between those who are thought to belong and thought not to belong to society based on the idea of race and its euphemism, "culture" (Beaman 2017, Bloemraad et al. 2008). Thus, while the migrant men care workers I met may acquire legal status gains as well as economic citizenship, their societal belonging is an entirely different question. As I will show in the next chapter, the migrant men I interviewed and/or observed indeed encounter an invisible boundary as care workers that challenges

their ability and prospects of belonging to German society. They must defend themselves against a discourse that casts them as "dangerous" others.

5.1. CHAPTER INTRODUCTION

"Girls' schools, what are they actually good for? Why do they still exist?" Silvia asked me out of the blue while organizing the drug shelf in the office of ward D of Mary House. Silvia is a geriatric nurse in her mid-fifties who grew up in the Democratic Republic of Germany. Up until Germany's reunification, she worked in a factory. The communist government had assigned her to this type of work though it did not reflect her interests. She would have loved to learn a medical or more people-centered profession. The collapse of the Democratic Republic of Germany was thus an opportunity for Silvia to start again in a different occupational realm. In 1992, she decided enthusiastically to train as a geriatric nurse. In 2022, I sat with her regularly in the ward's office after lunch, when most of the elderly nap in their rooms and most of the other care staff sits with cigarettes on the patio. Silvia never wanted me to formally interview her and preferred to chat casually in moments like these, when we were alone.

"I don't know actually; I don't think it has anything to do with gender equity," I responded to her question about girls' schools-I didn't have anything better to say. "Well, with Islam not either," Silvia declared. "Now women are joining care work who are not allowed to provide care to men; their husbands at home prohibit it." I was confused: I could not follow Silvia's train of thought from girls' schools to Muslim women in care work, to restrictive Muslim husbands. Clearly, she wanted to talk with me about Muslim men rather than the merits of girls' schools; girls' schools were a mere segue for her. I asked her if she has worked with Muslim men already. "No idea. Nobody asks about it [i.e., religion]. But would they not pray eight times per day? My husband now has a colleague who sometimes comes with a little carpet to work to pray. Why not? Let them pray, it's not a problem, as long as they don't start doing some rituals or disrespect women," she responded to my question. "Have you experienced such men already at work?" I asked her after a brief pause. "We had some guys here who refused to listen to women," Silvia answered. "What kind of men were they?" I probed further. "Well, foreigners," Silvia responded matter-of-factly, as though this fact had been clear all along, as though foreign men exist as a specific type of men who categorically disrespect women. "We had this colleague from somewhere in Africa, Ajani, he was like this as well; many of the other women here thought so as well," Silvia continued. "Yeah?" I probed carefully. "I've noticed it once when I

criticized him," Silvia said and then began to tell me of an incident that, for her, exemplified Ajani's disrespect of women.

Once, Silvia came to work at 6:30 a.m., at the end of Ajani's night shift, and found an elderly woman in her bed whose incontinence pads, blanket, and mattress were smeared with stool. Silvia was furious. The night shifts are calm, she maintains, with enough time to change incontinence pads or help residents to the toilet. It had not been the first time, she further explained to me, that the elderly resident had been neglected after one of Ajani's night shifts. Silvia called him out on it: "I do not want to see that again. It was the biggest mess that does not just happen from one minute to another; it takes hours to make such a mess," Silvia remembered reprimanding Ajani. According to Silvia, Ajani then got very angry. "He looked so aggressive. His eyes stood out. He felt treated unfairly." "And you think he reacted the way he did because you are a woman?" I asked her to bring our conversation back to where it started, to "foreign" men's alleged disrespect of women. "No, I don't think so. But he could get so aggressive, other female colleagues have noticed it too. He reared up and looked so scary—it's really scary. But okay, different mentalities, I get it. Where he is from, things aren't easy."

My conversation with Silvia evinces some of the ways in which care staff and care recipients talk about and talk to West Asian and African men care workers. Silvia speaks of Muslim men as oppressive husbands and conflates Muslim men with "foreign" (*ausländisch*) men, who seem to be one and the same thing for her. As a concrete example of a "foreign", "Muslim" man who disrespects women, she mentions Ajani, an African man, who is not a Muslim but—because he is Black and African— "foreign" and thus, disrespectful to women. She describes his physical appearance after she reprimanded him as scary and attributes his aggressive response to the mentalities in his country of origin. Silvia assumes that people where Ajani is from are like that—disrespectful to women, scary, and aggressive—thereby suggesting that there is something innately different about Ajani's character, something beyond his own control, and this difference makes it difficult for him to adapt to a German workplace. For Silvia, "foreign", Muslim, and African men fall into a single category of men associated with danger, violence, and misogyny.

Silvia's comments did not surprise me. I had heard similar versions from other white, German care workers and organizational actors in the weeks and months before. In one way or another, they all mirrored the German public discourse that constructs "refugee men" as violent, sexually aggressive, misogynist "others" (Boulila and Carri 2017, Dietze 2016, Weber 2016a). While there is a great deal of empirical evidence identifying the existence of this discursively erected boundary (Yurdakul and Korteweg 2021), how exactly this *symbolic boundary* (Lamont and Molnár 2002) shapes social

interactions, and with what effects, is less clear. I therefore ask, what are the effects of the symbolic boundary of "dangerous refugee men" on social interactions among care workers?

In this chapter, I explore how discursively drawn symbolic boundaries against "refugee men" shape workplace interactions for migrant men care workers from countries in the West Asia and Africa in several critical ways. They structure behavioral expectations towards newly recruited men from countries in West Asia and Africa and are used as an interpretative frame in ambiguous social situations. They prompt migrant men as well as Germans to modify their behavior, generate fear among care workers, and silence racialized migrant men. I first explain the concept of boundaries and the symbolic boundary of "dangerous refugee men". I then show how this symbolic boundary manifests itself in the recruitment and training of migrant men as care workers. I discuss how German organizational actors expect tension with migrant men regarding the intimate care of women as well as their acceptance of female authority figures. I show how "refugee men", as an imagined group, and African men's bodies specifically are confronted with different (racist) fears, which I link to different episodes of Germany's collective memory making. I then show how the symbolic boundary of "dangerous refugee men" is used as an interpretive frame in ambiguous social situations. Finally, I discuss some of the strategies that migrant men as well as Germans deploy to avoid gender-specific tensions at work. In the concluding discussion, I draw attention to the continuity and stickiness of boundary content and its silencing effects on migrant men care workers.

5.2. DANGEROUS BOUNDARIES

In the last decade, possibly no other issue has polarized European societies as much as the issue of international migration. Political parties in Europe win and lose elections over their vision for immigration control and immigrant integration. The questions of how many migrants to admit, how to control their movement across borders, how to define their rights in receiving countries, and how to "integrate" them are today pressing political issues (Abou-Chadi et al. 2022, Bohman and Hjerm 2016, Dennison and Geddes 2019). Wrestling with these questions prompts immigrant receiving societies to reflect on who they are and who they are not and, in doing so, on the conditions for group membership. The negotiation of group membership and group belonging is a boundary process (Lamont and Molnár 2002, Lamont et al. 2015, Wimmer 2013). Groups demarcate invisible boundaries that separate and distinguish themselves from others. "Exogenous shifts" like mass migration prompt a renegotiation of such boundaries (Wimmer 2008:1005). The 2015 "refugee crisis" must be understood as such an exogeneous shift that, in Germany and other European countries,

prompted public efforts of demarcating a boundary between "us" (those who consider themselves rightful members of European national states) and "them" (refugees).

5.2.1. THE CONCEPT OF BOUNDARIES

The concept of boundaries goes back to the work of social anthropologist Frederik Barth. Barth contends that ethnic groups are the result of social relations with other groups, in which group membership and exclusion are signaled through interactive patterns. Thus, the boundary itself, and not the "cultural stuff" it encloses, is the group-defining element (Barth 1969).⁴⁶ Boundary theorists who followed Barth have further sought to distinguish between symbolic and social boundaries. Symbolic boundaries are the conceptual differences people make "to categorize objects, people, practices, and even time and space" (Lamont and Molnár 2002:168). They structure the dynamics of social relations and "separate people into groups[,] generate feelings of similarity and group membership [and] are an essential medium through which people acquire status and monopolize resources" (Lamont and Molnár 2002:168). When symbolic boundaries are widely agreed upon, they give rise to objectified forms of social difference that manifest themselves in the unequal distribution of resources and opportunities. These objective and material forms of social difference are termed social boundaries. In effect, symbolic boundaries are no different from what is more commonly referred to as discrimination. Thus, symbolic boundaries must be understood as exclusionary forces that shape membership definitions between national majorities and immigrant minorities and can have material effects on immigrants (Lamont and Molnár 2002, Yurdakul and Korteweg 2021). Language, race, ethnicity, religion, and nationality are salient boundary markers commonly used to draw lines of distinction between "us" and "them" (Alba 2005, Wimmer 2008). As I will explain in greater detail below, gender is also a boundary marker that intersects with race, religion, and (imaginations of) culture to differentiate between normative expressions of masculinity and femininity and their deviant, "othered" counterparts (Korteweg and Triadafilopoulos 2013).

To understand the position of immigrants in their destination countries, boundary theorists have developed concepts to describe movement between the two sides of a boundary and the nature of the boundary itself. Bauböck (1994) introduces the terminology of boundary *crossing* and boundary *blurring* to describe how immigrants (must) engage with the boundary that excludes them from societal

⁴⁶ See Andreas Wimmer (2008) on the evolvement of the concept of boundaries in sociology.

membership. Boundary *crossing* is a one-sided process in which immigrants acquire some of the imagined attributes of the majority while abandoning the imagined attributes of their societies of origin. Boundary *blurring* refers to the transformation of the dichotomy of group membership into a gradual and combinatory membership in both the receiving society and the immigrant community (Bauböck 1994). Zolberg & Woon (1999) extend Bauböck's concept of boundary *crossing* and *blurring* by adding boundary *shifting*. Shifting is the relocation of the line that differentiates between members and non-members; the societal mainstream incorporates attributes deemed specific to immigrants (Bauböck 1994, Zolberg and Woon 1999). Which form of movement—*crossing, blurring*, or *shifting*—is available to immigrants depends also on the nature of the boundary itself. Following Richard Alba, boundaries can be *bright* or *blurry* (Alba 2005). *Bright* boundaries leave no ambiguity for both the majority and the immigrant minority, who know exactly on which side of the boundary they reside. They are exclusionary in nature and require immigrants to cross the boundary to acquire membership. Analogous to the concept of boundary *blurring* developed by Bauböck, *blurry* boundaries are, in turn, indicative of inclusionary practices in the immigrant receiving country.

5.2.2. "DANGEROUS REFUGEE MEN"

If one was to believe the political and media discourse against non-white, Muslim migrants and their supposedly archaic gender norms, one could think that gender equality has long been achieved in Germany. This discourse construes migrants' supposed "backwardness" as an insurmountable difference between "Europeans" and non-white migrants from Muslim-majority countries in West Asia and Africa (Dietze 2019). As I explained in chapter II, imaginations about Blackness, Orientalism, Islam, culture, and gender relations conjoin in Germany's public discourse to separate a supposedly progressive, civilized white majority population from non-white migrants, who are considered backward and uncivilized. Combined gender, race, and religion (or "culture") demarcate a symbolic boundary between "Europeans", who think of themselves as embracing gender equality, and migrants from Muslim-majority countries in West Asia and Africa, who supposedly accept and promote the patriarchy through various misogynist practices (Akkerman and Hagelund 2007, Anthias et al. 2005, Farris 2017, Korteweg and Yurdakul 2009, Korteweg and Triadafilopoulos 2013). These are stereotypes, not facts. Discourse plays an essential role in the formation and stickiness of such stereotypes, thereby shaping what can be said out loud and shamelessly thought at a specific point in time. Discourse does not reflect the truth but-dangerously-what is thought of as the truth (Foucault 2003 [1972], Jäger 1997). Gender equality, it must be said, thereby remains more idealized than realized

in much of Europe. In Germany, for example, women still earn less than similarly qualified men. Women in Germany are also employed at lower rates than men while doing the lion's share of unpaid care work (BMFSFJ 2017, Boll and Lagemann 2019). For many women in Germany, their economic well-being depends on their husbands; divorce and widowhood are still linked to women's poverty (Dern and Wersig 2020, Mogge-Grotjahn 2020). Therefore, gender equality must be understood as a value that "Germans" and other white majorities in European countries invoke whenever they draw a line between themselves and those they perceive as outsiders. Gender equality is therefore a distinct boundary marker in and of itself.

Korteweg and colleagues have produced a rich literature on gender equity as a symbolic boundary in Western Europe and Canada. They draw on intersectional theory to understand how immigrant men and women are differently situated and constructed in their destination countries (Korteweg and Yurdakul 2009, Korteweg and Yurdakul 2014, Korteweg and Triadafilopoulos 2013). For Korteweg & Triadafilopoulos (2009), boundary and intersectional theories inform each other: the study of boundaries helps identify the boundary inducing or reducing qualities of culture, while intersectional theory uncovers how the individual subjects of boundaries are constituted (Korteweg and Triadafilopoulos 2013). Korteweg and Yurdakul (2009) show, for example, by studying the newspaper coverage about honor killing in the Netherlands and Germany, "that ethnicity, national origin, religion and gender intersect in giving meaning to the group identities of immigrants" (p.234). They found that newspaper reporting reinforced *bright* boundaries between immigrant communities and majority societies in the Netherlands and Germany. Honor killing is presented "as a form of violence against women rooted in Islam, ethnicity or national origin" (p. 234). Religion, ethnicity, and national origin are portrayed "as homogenous, unitary, and/or a-historical forces that by definition lead to gender inequality" (p. 234). Muslim women discursively emerge as victims, Muslim men as violent patriarchs. Studying the Dutch parliamentary debate about the advancement of the social and economic participation of ethnic minority women, Korteweg & Triadafilopoulos (2013) make a similar argument. They show how ethnicity, national origin, religion, and gender intersect to produce the "Muslim woman" as a distinct minority category and the prime target of integration policies.

In the 1990s, scholars began documenting Europe's invention of the hyper-masculine, hypersexual, aggressive Muslim man (Bhavnani 1993, Brion 2009, Lutz et al. 1995, Weber 2013, Yılmaz 2015). I described the discursive emergence of the "Muslim man" in Germany already in chapter II. The hundreds of thousands of young, single men from Muslim-majority countries in West Asia and Africa, who walked and sailed towards Europe in 2015 and 2016, arrived in a German society already primed to be suspicious of them. The New Year's Eve events in Cologne in 2015, when a group of non-white men sexually molested German women at the central train station, only confirmed what many people in Germany had feared all along: German women would not be safe in the presence of so many "Muslim" and "Black" men. Menacing refugees supposedly threatened to overrun the entire undertaking of a gender equitable Germany (Boulila and Carri 2017, Dietze 2016, Köttig and Sigl 2020, Spindler 2024, Weber 2016b, Wigger 2019, Yurdakul and Korteweg 2021). In the words of Yurdakul et al (2021), a *symbolic boundary* against "Muslim refugee men defined by 'dangerous Muslim masculinities' that need to be regulated and controlled" (p. 40) was drawn.

Surprisingly few studies exist to date that document how those perceived as "refugee men" encounter the symbolic boundary that categorizes them as the "dangerous", misogynist others in Europe and beyond. However, Lamont and her co-authors do provide a framework to understand the interactional dimensions of symbolic boundaries (Lamont et al. 2016). Accordingly, symbolic boundaries lead to discrimination and stigmatization as two distinct forms of ethnoracial exclusion (Lamont et al. 2016). Discrimination, Lamont et al. (2016) explain, thereby refers to incidents when individuals are "deprived or prevented from getting access to opportunities and resources [...]. It also includes instances of racial profiling, being excluded from public places, and the like" (p.6). Stigmatization, in turn, is an *assault on worth* and includes incidents when an individual's "dignity, honor, relative status, or sense of self" (p. 6) is challenged. Such assaults on worth occur more frequently than discrimination and find expression in insults, jokes, double-standards, stereotypes, or gestures of fear and mistrust. Wyss (2022) interviewed male refugees from various African, West and South Asian countries in refugee camps in Switzerland, Italy, Germany, and Austria. She found that Muslim men are hypervisible in these camps and subjected to camp guards' and bureaucrats' harsh treatment and criminalization, respectively. The men she met experienced both discrimination and assaults on worth as they awaited decisions on their asylum cases. Palillo (2021) also studied men asylum seeker's masculinities in Sicilian refugee camps, where he interviewed men from various countries in sub-Saharan Africa. As these men encounter white women who volunteer in the camps or live nearby them, they must "distance themselves from the spectre of a dangerous black masculinity" (p. 341). At the same time, their sexualities and intimate lives are subjects of surveillance. Herz (2019) followed a group of male refugees in their late teens from various countries (mostly from Afghanistan and Somalia) over a two-year period in Sweden. Following the events in Cologne, he showed how these young men experience assaults on worth, whereby the Swedish women and men they encounter in

refugee camps or at school express stereotypes about Muslim men to provoke a conversation about Islam and cultural differences.

The work of Wyss (2022), Palillo (2021), and Herz (2019) provide excellent insights, but they do not tell us much about the manifestation of the *symbolic boundary* in spaces that are not dedicated to refugee surveillance. Also, they do not help uncover the potentially wide range of boundary encounters among groups of men discursively lumped together as "refugee men" but whose bodies might be subjected to different racist, colonial imaginations. In what is to follow, I show how the *symbolic* boundary of "dangerous refugee men" manifests itself at the interactional level as migrant men from countries in West Asia and Africa are recruited and trained as care workers in Germany.

5.3. EXPECTATIONS

The *symbolic boundary* of "dangerous refugee men" informs what German organizational actors expect as cultural barriers in the recruitment and training of refugees as care workers. Because "refugee men" are supposedly prone to sexualizing and disrespecting women, some organizational actors wonder if migrant men are suitable for care work. Organizational actors express concern about migrant men's potential rejection of female authority figures and of the provision of intimate care to women.

5.3.1. INTIMATE CARE

During my fieldwork, I repeatedly heard from organizational actors that sex and gender do not matter in the German context of care; no difference shall be made between male and female bodies. The desexualization of bodies is part of care workers' professionalism, of their commitment to care, and their ability to treat all patients equally. (White) Germans are assumed to be capable of adhering to these principles because they are believed to have been socialized in a culture where women's and men's bodies are treated equally. Migrants who are interested in care work must practice these principles too. However, their capability to do so is an issue that the Germans who seek to recruit migrants are concerned about. Ms. Faser, the manager of Joseph House, put it like this:

"Can I—I say it a bit clumsy now—imagine as a young man from Africa, perhaps even with a Muslim background, to be a care worker and to shower an old woman, to care for her body? [...] Is that even possible, culturally, religiously? Can they even imagine doing that?"

The statement of Ms. Faser is a typical example of my exchanges with organizational actors when I asked them about the challenges they anticipated when recruiting refugees as care workers. Many of

them wondered if "refugee men" are even allowed to touch naked women's bodies. Does Islam or their cultural background perhaps prohibit the provision of opposite sex intimate care? Due to such concerns, organizational actors are keen to inform migrants about the gender neutrality that governs the conduct of care in Germany. They do so in job search consultations, in job interviews, and at recruitment events. In educational programs that target refugees who are interested in care work, participants are asked to practice intimate care with rescue dummies. Staff members of such programs hope that these dry runs allow program participants to overcome whatever barriers they may have relating to nudity. At the end of the day, all care workers in Germany must be ready to attend to naked bodies—there is no way around it. "They have to overcome this barrier. [...] Yeah, they have to get past this. It sounds hard, but they have to get past this," explained Ms. Berg, who teaches care-specific German language classes in one of these initiatives.

Indeed, the intimate care of women was initially one of the most difficult things for many of the migrant men I encountered. "It was so weird, so, so weird," remembered Nadeem from West Africa when he told me about the first time he had to provide intimate care for a woman. "Weird" (*komisch*) was a word that many of the men chose to describe their first experiences with intimate care. Some of these men expressed appreciation for their instructors in care schools, care homes, and recruitment initiatives, who gave them the time and space to approach intimate care step-by-step. Other men described their first experiences with intimate care as terrible. For example, Omar was thrown, figuratively, into cold water on day two of his apprenticeship in a hospital. The nurse in charge had sent him into a bathroom, where a woman was sitting naked on a chair ready for Omar to wash her. Omar had never seen a naked woman and would have appreciated more guidance and preparation; he did not even know where and how to get started. He was so ashamed, he told me.

Many of the migrant men explained to me that in their countries of origin families mostly provide care work. Sons and grandsons do the intimate care for elderly men, while daughters and granddaughters attend to elderly women. "When our parents need care, women wash women and men wash men. But here you can wash everyone. [...] Washing a man, all good, but washing women, I always had the feeling I can't keep doing this," explained Mamodou from West Africa when he recalled for me his first days as an intimate care provider. Many of the Muslim men I spoke to were eager for me to understand that the teachings of Islam are not in conflict with the intimate care their work entails. Islam does not prohibit but encourages helping others, including women when they are naked. Here is Omar from Syria explaining this rationale to me: "But I tell you, my religion is not against it because it's work; it is needed. I may not see women naked, or men, but at work it's fine." Even though I never specifically asked any of the men about Islam's teachings in relation to intimate care, several of them explained this reasoning to me anyways. After all, I realized, I am a white, German woman who started a conversation with them about aspects of their identity and the work they do. Based on their experience, some of these men must have assumed that I, too, was wondering how they, as Muslim men, can do care work.

Many of the migrant men I interviewed and/or observed explained to me that their (initial) reluctance in providing intimate care to women stems from their fear of overstepping women's boundaries. Yes, it is "weird" for them to touch a woman in her most intimate parts, they say, but that is not the problem as they got used to this act quickly. What remains, they wanted me to understand, are the concerns about the discomfort that a woman might feel, who may not even be able to express herself. "I'm a stranger to them, and now I see them naked after such a short time. Maybe they are uncomfortable. No, not maybe, definitely! I wouldn't feel comfortable," said Ali from Syria when I talked with him about his initial reluctance to provide intimate care to women.

When migrants, both women and men, are unwilling to attend to people of the opposite sex, it is not necessarily interpreted as a means of expressing respect of women's boundaries. Some organizational actors interpret their reluctance as cultural backwardness. For example, Ms. Meier, a German woman who manages the care staff in an elder care home, told me of an African man who had quit his apprenticeship as a geriatric nurse. "Intimacy and nudity were big issues for him. Still, unfortunately, even though they [refugees] live here now," she lamented in her conversation with me. Implicit in Ms. Meier's statement is that she believes that refugees must eventually adapt to the German gender order that de-sexualizes bodies. Ms. Meier read the man's continuous discomfort with nudity as an unfortunate indicator of his inability to de-sexualize the body. Ms. Meier's switch from talking about a single man with whom she had this experience to a group of people, "even though *they* live here now," suggests that, for her, the man stood for an entire group of people who are unable to adapt.

5.3.2. WOMEN SUPERIORS

The German organizational actors and care workers I interviewed expect different patterns of behavior from West Asian and African men than from German or other migrant men. Concerns about these men's ability to follow women's orders emerged as the most salient issue in my conversations with organizational actors and care workers, both women and men. There seems to be an overall assumption among the Germans I spoke to that men from West Asia, Africa, and also from South-
Eastern Europe,⁴⁷ might find it unusual, if not disturbing, to obey their women superiors' orders. For example, Mr. Otte is a white German man in his late fifties who works for one of the largest German social welfare organizations as a regional manager of refugee integration programs. I talked with him about a project he oversees that gives refugees a low-threshold entry opportunity to start an apprenticeship in the elder care sector. In this capacity, he has had many conversations with male asylum seekers interested in care work. Without being able to identify a concrete example, Mr. Otte explained to me that he always noticed in these conversations that "there [were] very clearly these gender roles that these men are somewhat stuck in." Mr. Otte continued: "There are mostly women in managerial positions in care work, and also that men are a minority is, for this group of people ["refugee men"], indeed disturbing." "In the refugee clientele," he had already explained to me a few days earlier, "there is a completely different role of men than we [Germans] here desire it to be." "How is it different from here in Germany?" I asked Mr. Otte to elaborate and added that most German men also do not want to do care work. "The male society (Männergesellschaft) there is indeed, in the Arab region or in Eastern Europe, much more salient than here [in Germany]," he declared in response, implying that German men, unlike men from these other regions, accept female authority figures. For Mr. Otte, the lacking support for women authority figures is thus something specific to the "refugee clientele" from "Arab" countries and Eastern Europe.

Many of the Germans with whom I spoke mentioned various countries and regions south of Germany as cultural breeding grounds for misogynist practices. Ms. Meier, for example, a German woman in her mid-forties and the manager of care services of an elder care home, spoke of "African men" who, based on her observations, may take issue with women's leadership. Mr. Quartz and Mr. Rabe, both in managerial positions at an elder care home, spoke of Islam as the root cause of migrant men's potential reluctance to follow their women superiors' orders. "Of course, there is this area of tension between Muslims and female authorities. We had it here too," Mr. Quartz explained to me while Mr. Rabe sat next to him nodding his head. However, other German organizational actors and care workers contended that Islam is *not* the source of some men's disrespect for women superiors. "We have a few Muslims here who are not like that. No, no, it's got nothing to do with religion," said Anja, a geriatric nurse in her fifties, when I specifically asked her about religion. Because she has

⁴⁷ Men from (South-) Eastern Europe were sporadically mentioned as difficult when it comes to their ability to follow the orders of female supervisors and colleagues. I did not follow-up on this line of inquisition during my fieldwork and can therefore only flag this point of possible tension for future research. On the racialization of Eastern and South-Eastern Europeans in Western Europe, see. Kalmar (2023) and Law and Zakharov (2019).

experienced Muslim men who are "not like that," who respect her as a female authority figure, Anja concluded that Islam cannot be the source of some migrant men's disrespect for women. Anja and other Germans told to me that men's disrespect of women is a matter of their culture and socialization. For example, Ms. Hufe, a quality manager in an elder care home that was involved in a regional refugee recruitment project, explained to me:

"this issue [of female authority figures] is less about religion; it's more about their socialization. [...] Putting it boldly, or speaking in stereotypes, for example, one thinks that the Turkish society, although they are not all the same, I'm aware—they are not all Muslims. But it [disrespect of female authority figures] is something that is lived there, from a very young age on."

As Ms. Hufe put it—in her words, "boldly"—Islam does not explain men's disrespect of women because Turkish society is overall prone to disrespect women's leadership and not all Turks are Muslims.

It appears that virtually any country in (South-) Eastern Europe, West Asia, and Africa correlates with men's proneness to disrespect women. Some organizational actors associate migrant men's alleged disrespect of women with Islam, others with cultural mentalities. Of course, not all men from these regions behave this way, the Germans I spoke to were keen to let me know. Some, like Mr. Quartz and Mr. Rabe, emphasized that their experiences with refugees were overwhelmingly positive. If anything, their staff's diversity has enriched both life and work in the elder care home. Yet, most of the Germans I talked to claimed that incidents have already occurred in which men from South-Eastern Europe, West Asia, and Africa had shown disrespect of women. Most of the organizational actors I met therefore seek to preempt tensions in this regard, explicitly informing migrant men applying for apprenticeship positions about the women supervisors they will inevitably encounter as care workers. Some also specifically ask men from these countries if they can imagine following women's orders. I do not want to deny that instances have indeed occurred when a man from a country in West Asia or Africa disrespected a women supervisor. Yet, as I will show below, the *symbolic boundary* of "dangerous refugee men" does not only shape expectations but also serves as an interpretive frame in ambiguous situations.

5.4. (MIS)INTERPRETATIONS

Whenever the issue of "refugee men's" supposed disrespect of women superiors emerged in my conversations with German care workers and organizational actors, I probed for examples of specific situations where a migrant man's disrespect of women was observed. If a specific example could be produced, which sometimes it could not, I noticed that German care workers and organizational actors interpreted situations of tension or disagreement with men from countries in West Asia and Africa as a rejection of women, even when other explanations were also possible. A conversation I had with Rut, a geriatric nurse in her early sixties, exemplifies this dynamic. I talked with her about the fact that so many migrant men have recently started to enter care work. Overall, she claimed, she is happy about this trend. But then she mentioned a former colleague, a man from East Africa, whom she did not like-he did not do his work properly, came to work late, and did not help his colleagues. I asked her how she made sense of his behavior: "I don't know," she said, "maybe it's in his country like that, that women are not respected and talked down to." I asked if he had ever said or done anything in that direction. "No," said Rut. "What makes you think that?" I asked carefully. "His attitude at work," she determined. Rut loosely interpreted the poor work performance of a former colleague as a sign of his disrespect of women. Because he does not respect women, he does not work well with them. My conversation with Rut shows how the symbolic boundary of "dangerous refugee men" serves as an interpretive frame that is readily available to explain a wide range of undesired behavior.

My conversation with Ms. Kaiser is a particularly salient example of how the *symbolic boundary* of "dangerous refugee men" functions as an interpretive frame. She is the manager of a larger care home, in her late 50s, and the kind of person who, metaphorically speaking, takes the bull by the horns. In response to the shortage of care workers, she spearheaded the implementation of a regional language and internship program for refugees interested in elder care work. Many of the program's participants are men. Overall, she said, the increase in men pleases her. There have not been many issues— "nothing like what happened in Cologne," she said. Just once, she remembered, was there an incident: A man in his thirties—Ms. Kaiser could not remember where he was from: somewhere in West Asia, she assumed—had danced "immorally" (*unsittlich getanzt*) at a staff celebration with another care student, a divorced, single mother of two children. The woman complained about the dancing a few days later when she visited Ms. Kaiser in her office. She had felt uncomfortable; her boundaries had been crossed, the woman said. Here is Ms. Kaiser interpreting for me what had happened between the West Asian man and the divorced woman:

"Indeed, one must remember that the cultural milieu [Kulturkreis] there says something very different, and that the upbringing, how they are used to it there, tells them that a divorced woman with two children is free game. These are things that we must straighten out. We don't do this here—not to colleagues, not to teachers, and also not to fellow students."

For Ms. Kaiser, the incident was a clear case where cultural differences in the gender order between "here" and "there," between Germany and the man's country of origin, led to tension. She assumes she knows how men in West Asia are raised to treat divorced women and single mothers. This assumption served as an interpretive frame when she evaluated and responded to the incident. The man danced immorally with the women care student *because* she is divorced and has two children; according to Ms. Kaiser, that is why he thought of the women care work student as "free game." I asked Ms. Kaiser if the man himself had said anything that revealed how he thought about the woman with whom he danced. "No," she said. But she did explain to him: "Things in Germany are different. I certainly understand that you might be used to something different, but here in Germany we have different rules, and you are lucky that the woman did not report you to the police." When I asked: "How did he respond to that?" she continued:

"He was embarrassed; he was so embarrassed. Because these are also things that he would usually not discuss with a woman, that would be discussed among men. But in this case, I decided intentionally that I would have this conversation with him. I mean, I am the manager of the home and the care class. I have male colleagues who could have had this conversation with him, among the same sex one talks differently perhaps. But I did it because I thought it is my position and I can also defend it and I can tell you, my dear friend, point blank where the boundaries are. That was my motivation."

When reprimanding the man, Ms. Kaiser contrasted the treatment of women in the man's country of origin with the treatment of women in Germany. In mentioning the possibility of involving the police, she meant to warn the man and criminalized his behavior. The man might have felt particularly embarrassed because he was reprimanded by a woman, Ms. Kaiser further assumes; that is, he might rather have talked about the incident with another man. But it was important for her to be the one to put this man in his place. Ms. Kaiser wanted to signal that, in Germany, women have the power to discipline men who misbehave. Ms. Kaiser made several assumptions when she dealt with the incident that mirror the discourse about "dangerous refugee men". The boundary she drew between the man's culture and the German gender order could not have been any clearer.

It is not only German care staff that utilize the frame of "dangerous refugee men" to make sense of ambiguous situations. Some of the migrant men I interviewed and/or observed draw on this framework as well to understand the treatment they receive from colleagues. This practice is not surprising. Lamont et al. (2016) as well as Doering (2024) show that individuals who are discursively "othered" use what Doering calls discrimination narratives to make sense of ambiguous social encounters. Discrimination narratives are "rhetorical structures that communicate collective beliefs about discrimination's patterns and features within a given social environment" (p. 4). As group membershere, for example, Black men or Syrian men-"share and discuss experiences about negative treatment," these narratives emerge. Here is Omar from Syria, for example, who told me of a situation he interpreted as an incident when a Syrian man was stigmatized as "dangerous". Once, his shift supervisor, a German woman, asked him to monitor a patient who was on a different side of the aisle that Omar was responsible for that day. The shift supervisor explained to Omar that she did not want to send Omar's women colleagues into the room of the patient, a young Syrian man in his twenties, who needed help using the toilet after a surgery on his broken leg. Omar was confused that he was asked to care for the Syrian man because, usually, patients are distributed among care staff not based on gender but on the intensity of care required or the location of their room on the ward. "That was the first thing we learned in care school: there is no difference between men and women. And we also have patients, young German men, who are not foreigners, and there we do not make such exceptions," Omar explained to me. He was under the impression that his shift supervisor treated the Syrian patient differently than other male patients. For reasons she did not specify, she sought to shelter women nurses from close physical contact with a young Syrian man. For Omar, her motivation was clear: in her view, Syrian men are "dangerous".

5.5. ADJUSTMENTS

The *symbolic boundary* of "dangerous refugee men" affects how migrant men behave at work and how they talk about their private lives. Many of the migrant men I interviewed and/or observed told me of curious questions they receive from their colleagues about their private disposition towards women and Islam. What they (do not) eat and how they think of the veil, polygamy, homosexuality, or religious fundamentalism serve as clues for their colleagues, who try to figure out if the man in question is Muslim and, if so, conservative. Such conversations usually occur when care staff mingle in the ward's office or during breaks. Hussein from Syria explained to me:

"When you go to [break], we talk with each other. You know, and they are so curious to ask me something about my culture—about women, for example, about how we deal with women; something like this because, you know, they have prejudice about our culture."

Hussein knows that how he thinks about women, behaves around them, and performs as a husband are clues for his colleagues. At work, he told me, he tries to educate his colleagues by demonstrating that Syrian men can indeed be very "liberal." He completes his tasks patiently, he says, is generous and kind to the elderly he cares for and is always ready to help his colleagues when they must lift heavier patients. He also told me that he talks with his colleagues about his wife's insistence to wear a veil and how he encourages her to stop wearing it now that they live in Germany.

The dating and domestic lives of the migrant men I interviewed and/or observed are of particular interest to many of their German colleagues, I learned. Whom they date and if their partner wears a veil are common conversation topics. Ibrar from Syria observed that "having a German girlfriend changes everything." His colleagues interpret a German girlfriend as his embrace of a "Western, liberal lifestyle," he says. Hammad has also been questioned about his endorsement of gender equity on several occasions. He, too, had to explain to his colleagues why his wife wears a veil. Once, he recalled, he drove with his colleagues through a residential neighborhood when an "Arab looking couple" (quote Hammad) walked down the street. The veiled woman was carrying a bag of groceries. His colleague used this scene as an opportunity to ask him if he too let his wife do all the household work. "No, I do everything, I cook...," he defended himself, listing all the household chores he does. "I try to say the truth, but sometimes I have to exaggerate." "So, you always cook, instead of sometimes," I commented with a laugh. "Yes, yes, exactly," he laughed, "because the other person has this image of me, I'm so old-fashioned, I'm basically stupid, [...] I'm not open." Hammad learned to embellish aspects of his personal life. He does so to avoid a stir at work and to protect his image as a good, liberal Muslim man who fits into a German workplace and German society at large. With these embellishments of his personal life, Hammad behaves in ways typical among people who are discursively "othered." Individuals who regularly experience discrimination or stigmatization adjust their behavior to avoid further assaults on their worth (Doering 2024, Lamont et al. 2016).

Some of the Syrian men I talked to say that they are more careful around women colleagues and address them particularly politely. Ali thinks this politeness is necessary: "In every team I have joined, I had to hear, 'where you are from, women are not allowed to do anything." Ali told me that now, after some difficult situations at work, he is overly polite to women, pro-actively trying to avoid suspicion about his ability to work with them. As I observed Ali go through his shifts in Joseph House, I witnessed his efforts to signal to his colleagues that he respects women. "Susanneeee," he once addressed one of the nurses by phone with a mixture of deference and boyishness in his voice. "The infusion of Mrs. Blum is empty. Shall I change it?" I could not hear Susanne, but she must have given Ali her permission. He ended the call, saying affirmatively: "Ok then, I will do this now. All right, boss, thank you." He told me that he really wants to emphasize his respect for women. But he also lamented in one of our conversations that some women now complain that he is too polite; they question if he takes them seriously. He admitted his confusion; he does not know how to get things right.

Not only the migrant men I interviewed and/or observed adjust their behavior due to their public image as "dangerous refugee men." Indeed, some of the German organizational actors I spoke to adjust their behavior as well. Recall Ms. Kaiser, whose intent to signal her authority to a migrant man informed her response to a complaint about indecent dancing. Ms. Berg, a German language instructor at a regional recruitment initiative, also seeks to signal her authority pro-actively to the men she meets in her classroom. She is in her mid-thirties, not much older than many of the students in her class. In Germany, therefore, it would be considered appropriate for her and her students to address each other by their first names. But Ms. Berg does not want to offer her students her first name, she explained to me, and insists on being addressed formally as "Ms. Berg." As she shared, "I don't want it [i.e., this informality] because then I have more of a distance between myself and the students and that's the point." I pressed her further, asking, "And would that be different if there weren't so many men in your class?" She countered:

"It's different with women; they have more respect, I think. The men, it comes from their culture: they are used to women listening to them. A woman does not have a say; she is supposed to do what men want. And then also flirtatious smiling [*angrinsen*]... And that is why I said, I don't want it. I said I only want to use "Sie" [the formal way of addressing each other in German]. [...] I want to have this distance; I do not want to be their friend. Of course, I can build very good relations with them and be nice, that's not what I mean. I just want that they see me as a teacher, as a woman who is a teacher."

Ms. Berg assumes that the migrant men in her German language class are culturally inclined to disrespect her authority as a teacher. She therefore decided to signal to them her superiority, insisting on being addressed as "Ms. Berg" rather than by her first name. There have been times, she told me, when she has been disrespected by some of the men in her class. In some of these situations, she

sought support from one of her men colleagues. Asking men colleagues for help, I discovered, seems to be a common strategy among the German women I met when there is tension with men from West Asia, Africa, or (South-) Eastern Europe. The ascribed cultural background of "refugee men" thus informs how organizational actors respond in moments of tension. Sometimes, when (German) men must come to the rescue of German women, they even perpetuate gender inequalities rather than challenge them.

5.6. FEARS

Some of the German care home managers and care staff I interviewed expect German care staff and care recipients to be afraid of "refugee men". African men's bodies in elder care homes remind German care staff, the elderly, and their families of the public discourse about Black troops in occupied Germany between and after the two World Wars, which I discussed in chapter II. Supposedly, Black troops had committed mass rapes of German women (Fehrenbach 1998, Kuber 2019). Elderly German women therefore reject African men's care. Some German women care workers are, at least initially, afraid of "refugee men" and reluctant to work with them. Other Germans stoke these fears—a reasonable response, in their view, in light of the media coverage of "refugee men's" violent attacks on German women.

5.6.1. BLACK TROOPS

In Germany, elder care workers are expected to provide intimate care to patients of both sexes. Whenever hospital patients or the residents of elder care homes express a preference for their intimate care to be provided by a care worker of the same sex, this preference is respected if staffing permits. I learned that it is particularly common among elderly women, especially when they have only recently moved into an elder care home, to categorically reject *all* men as their intimate care providers. These women do not want to be naked and exposed around men; for example, they do not want men to change their incontinence pads, to clean their vaginal area, or to apply an anal cream. However, some elderly women do not reject men altogether; they reject African men specifically. Nadeem, a man in his mid-twenties from West Africa, has had that experience. He is a geriatric nurse assistant in an elder care home with whom I talked about the discourse against "refugee men" in Germany. "Yeah, okay, I'm Muslim, I'm African, some people think I rape elderly residents or women," he commented. I asked him if there was a specific situation at work when he encountered this stereotype. Here is what he said:

"Once I wanted to go to a woman and provide care. I knocked on her door and said, "Hello, good morning. Did you sleep okay? [...] Today, I am responsible for you. Whatever you need today, just let me know. I would now also like to wash you." And then she said 'No,' immediately. And then I went to a colleague and asked him to go to her. She said 'No' to me, but not to my colleague, even though he is a man too. She allowed him. Then I noticed."

The woman rejected Nadeem as a provider of intimate care; he was not allowed to undress and wash her—a wish that Nadeem respected, of course. However, a different man care worker, somebody who is not African, was not rejected by her. Therefore, Nadeem infers that the woman rejected him as an intimate care provider because he is Black. She is not the only woman with whom he has made that experience. Most of the men I talked to from African countries who work in elder care homes have already been in similar situations. When it comes to their intimate care, some elderly German women uphold a boundary that African men may not cross. To understand such strong aversion, we must recall the public defamation of Black men in occupied Germany after World War II. Back then, Black troops of the French, British, and US militaries were (falsely) accused of mass rapes of German women (Fehrenbach 1998, Kuber 2019).⁴⁸ Unsubstantiated as these claims were, at least in part, it appears that German society's collective memory imprinted a narrative of sexually violent Black troops (Yildiz 2023). This narrative remains easily accessible to care workers, the elderly, and their families; it is used to explain and excuse elderly women's rejection of African men in elder care homes.

Once, I talked with Ms. Meier, a German woman in her mid-forties who manages the care staff of a larger elder care home, about the rejection of Black men care workers by some elderly women. She remembered a few incidents when an elderly woman refused "dark-skinned" men as her care providers. In making sense of these incidents, she leaned into the myth about Black troops who supposedly raped German women during the years of occupation. Once, she told me, the relatives of an elderly woman asked Ms. Meier to no longer let any "migrant staff" (*migrantische Mitarbeiter*) into that woman's room. Ms. Meier explained to me both the situation and her understanding for the family's request, saying, "that the request was because they knew that she had, during war times, been abused. And when they saw a new migrant care worker, they said, 'we don't want that." The elderly woman's family did not provide any details about the woman's abuse during World War II; they did not know what exactly had happened to her, Ms. Meier explained to me. In any case, they thought it

⁴⁸ German women have been raped by Allied Troops after World War II. Some of the men who raped German women were African and African American. Many others were not—they were white. However, victims and the press underreported white men's rape (Kuber 2019).

wise to shelter the woman from migrant men care workers—but not from men altogether. Ms. Meier was satisfied with the request of the family; it made sense to her. She explained to me that she wants to protect "dark-skinned" care workers from the elderly's racism. At the same time, she expects "darkskinned" care workers to accept elderly women's rejection, for it is a mere remnant of Germany's past that should not be questioned. As she elaborated, "There were individual residents here also who screamed when a dark-skinned person entered their rooms at night." When I asked her to clarify whether the person was a man or woman, she contended:

"With men and with women. But when the person had a masculine voice, it was much worse for them to be accepted. I told them [the care workers] 100 times, 'Please do not try to understand because we cannot ask these people anymore what has happened. Why? We are a different generation now. But we have to accept that this is a problem.' It has nothing to do with, we support our care staff, also those with dark skin. [...] But I also have to protect the residents and their delusions and trauma or whatever they have—we don't know."

Here, Ms. Meier alludes to the possibility that something bad has happened in the lives of the elderly, something that induced trauma and, somehow, involved "dark-skinned" people. "Dark-skinned" care workers, she reckons, may therefore trigger elderly women's traumatic memories. These women do not reject the care worker personally, but they associate the care worker's appearance with danger. Thus, the myth of Black troops raping German women is still alive; it generates and enforces empathy for elderly women, avoids a conversation about racism, and effectively inhibits the voice and behavior of African men.

Also, in my conversation with Volker, a German man in his late forties, the ready availability of the image of the "dangerous" Black man in today's Germany was further apparent. I sat with Volker in the ward's office during one of his night shifts. We were talking about the internationalization of the care force in Germany and how, over the last ten years, so many migrant men came to do elder care work. Some elderly women are, at least initially, afraid of these men, Volker explained to me. His own grandmother is one of them, and he understands her reaction to Black men:

> "I experienced this with my grandmother when she moved into an elder care home. She also didn't know that suddenly there is a Black man. And she didn't want to get used to that; she was afraid. And then I thought, it is really hard for these old people, who were a very different generation. I felt really sorry for her. She really had to get used to it, and then there were immediately two black men. She was shocked, you know? Maybe some of them then also had

this rough voice, you know, 'Hello' [with a deep voice]. Oh man, you really get scared as an elderly woman."

Volker felt for his grandmother, who had to come to terms with the presence of not just one but two Black men in her elder care home. It was a shock for her, he said. When he told me about this incident, Volker did not feel the need to explain why he thinks a certain way about African men. He spoke with the confidence of someone who does not think there is anything controversial about his opinion. I noticed this confidence as well in my conversation with Ms. Meier and with other German care workers with whom I talked about this topic. And indeed, I was familiar with the references they made, with Ms. Meier's talk about German women's sexual trauma from the years of occupation and even with Volker's imitation of Black men's voices. I draw attention to this framing here because it reveals how some of my study participants nonchalantly treated forms of racism as facts. It also reveals how easily racism travels in the white spaces that I was part of in German elder care homes.

Several managers and staff members of elder care homes raised the issue of elderly people's explicit rejection of African men, especially highlighting elderly women's rejection of their presence. However, it appears that only a minority of elderly residents explicitly exhibit racist attitudes and behavior against non-white care staff-at least this is what care workers and care home managers were keen to highlight in my conversations with them. My own observations in two elder care homes support these claims. Nevertheless, responding to elderly resident's racism against non-white care workers is something that most of the people I talked to, especially care home managers, had to do already. In some cases, I learned, care home managers classify racist behavior by the elderly as racism and decide to terminate the care contract between the elderly client and the care home. In most cases, however, especially but not necessarily when the elderly person suffers from dementia, their racist behavior is trivialized; their upbringing in Hitler's Germany serves both as an explanation and as an excuse. "That's just how people from this generation are," is my summary of the prevailing notion about racist elderly residents that I encountered during my fieldwork. In this regard, my findings mirror those of Ritter, who studied racism in ambulant care services in East Germany (Ritter 2024). "It is not our responsibility to re-educate the elderly," declared Mr. Goffart, the manager of an elder care home, with whom I talked about instances of racism involving elderly residents. Gisela, a German woman in her late fifties and a geriatric nurse assistant, even wondered if "it is maybe still too early, with this generation of residents, the last Nazis, to have so many international care workers."

Following the logic of Ms. Meier, Volker, Mr. Goffart, and Gisela, racist attitudes and behavior of the elderly against non-white care workers, particularly against Black men, is a problem that will eventually die out and does not require further action. Like so many Germans, they think that racism in Germany began to die out after 1945 (Chin et al. 2009).⁴⁹ This assumption is far from true, however. By allowing the myth of Black occupying troops who raped German women to stand unchallenged, Germans who were born long after World War II actively perpetuate this specific form of racism. While the old tale of Black occupying troops still has currency in Germany today, new facets of this myth have been crafted discursively in Germany continuously over the last 80 years. In its most recent form, not Black men specifically but "refugee men" are branded as "dangerous." The narrative of the "dangerous refugee man" allows German women in hospitals and elder care homes to express their fear of working with "refugee men".

5.6.2. VIOLENT REFUGEES

The media discourse and the political debate that followed the New Year's Eve events in Cologne in 2015 filled the category of "refugee men" with sexually aggressive, hyper-potent, violent, and criminal behavior that women must fear. This discourse did not leave much room for a nuanced conversation and public education; even leftist newspapers and political parties solidified, in one way or another, the boundary drawn against those "dangerous" and fundamentally different "refugee men" (Dietze 2019, Yurdakul and Korteweg 2021). Given the omnipresence of the topic of "refugee men" throughout 2016 in German politics and media, it is perhaps not surprising that some German women worried about their safety when men from countries in West Asia and Africa joined them as colleagues in hospitals and elder care homes. That was the case, for example, when Ms. Neuer informed the staff of her care home about a regional initiative that the home's management had decided to participate in. The initiative involved five elder care homes that jointly sought to recruit refugees for an apprenticeship in elder care work. As the care home's manager of community initiatives, Ms. Neuer was responsible for the implementation of the regional recruitment initiative in 2016. When she announced the project to the staff, they responded with mixed reactions. Some were excited to participate in the local endeavor of integrating refugees. Some women geriatric nurses, Ms. Neuer also remembered, were, however, afraid of working alongside migrant men, fearing for their physical safety:

"And then there were here some incidents, there were single incidents in [the city] where a young woman had been raped. Some of the women here wondered, 'What if he pulls a knife? What are we going to do then?' [...] These were some fantasies of what could happen, yeah."

⁴⁹ See chapter III for a discussion of racism in the post-war Germany.

In 2016, an asylum seeker allegedly committed the incident of rape, to which Ms. Neuer referred, in the mid-size city of 250,000 people where the elder care home is located. The media coverage of the incident was a local offshoot of the Germany-wide media campaign that portrayed "refugee men" negatively as sexually aggressive. The care staff of the elder care home where Ms. Neuer was responsible for the integration of refugees had apparently not been immune to this discourse; some staff members categorically considered "refugee men" as potentially violent. Ms. Neuer emphasized, in my conversation with her, that only a handful of the home's staff expressed such a strong rejection of migrant men. Yet these strong reactions of some women forced Ms. Neuer to consider carefully in what teams she would place these men for their practical training.

Nadine, a geriatric nurse in her mid-thirties who manages a ward in an elder care home, was one of the few Germans who told me, upfront, that she was initially concerned about "refugee men" joining her team. She found it difficult to ignore the pervasive negative media discourse about "refugee men" in 2016:

Nadine: "It was everywhere on TV; you saw only that. I was afraid in the evenings, when I walked home, of dark-skinned men, when they stood there in groups [...] and walked through the streets. You felt a bit uncomfortable then. And then you heard, okay, now we get them at work."

Maike: "Was your initial fear shared by other women at work?"

Nadine: "The staff was overall quite open, I think. At least when it comes to skin color, I'd say. Language is a different topic. [...] But when it comes to skin color, I think people were also afraid to address these concerns because it is difficult in Germany to say. People already ring the alarm bells when you just think about it."

Nadine did not mention her concerns to anyone at the time, let alone to her managers. Some of her colleagues, she speculated, might have been concerned as well but, like her, hesitant to talk about it for fear of being called racist. While later in our conversation she claimed to have changed her view of Islam and the alleged threat that "dark-skinned" men supposedly pose to German women, she also said that "it's normal to think that way, to be afraid, if this is all you hear in the news."

The migrant men I interviewed and/or observed are aware of their public image as supposedly "dangerous", sexually aggressive men. Some men encounter this stereotype in casual conversations with colleagues, who ask for explanations of why Muslim men rape women or endorse terrorism.

Some of the Syrian men I met have even been personally addressed as a potential threat by their colleagues. For instance, when I asked Adham if he encounters the image of "refugee men" while at work, he quickly recalled several incidents of gender-specific racism that he had to endure during his apprenticeship. For example, a physician, a German woman in her thirties, once expressed fear of being alone with Adham during a night shift. "If you want to do me a favor," Adham remembered the woman saying to him, "please do not come to work tomorrow. I cannot do my work properly when you are here. I'm worried; I'm afraid of you." Another nurse, a German woman in her twenties, outright told Adham that she does not want to see men like him on the street; she claimed to be afraid of somebody hitting on her or wanting to rape her.

Adham vividly remembered a conflict he had with one of his practical instructors, a German woman in her fifties with whom he was paired for several months. Practical instructors play an important role in the training of nurses. While apprentices receive instructions from all the nurses with whom they work, practical instructors are responsible for ensuring the curriculum is followed. They are in contact with the care school, provide one-on-one training and feedback, track progress, and, importantly, grade apprentices. In some hospitals and elder care homes, depending on their size and areas of specialization, each ward has one or even more practical instructors. In the hospital where Adham did his apprenticeship, each ward has two practical instructors. Once, Adham told me, he did an exercise with one of them. After the exercise, he was present when the practical instructor told another nurse, "I will let Adham pass, regardless, because I don't want to go outside and be stabbed with a knife. I am forced to say that Adham will pass his exam." Adham was shocked to hear her say that. "Why?" he asked. "I'm not a criminal." The practical instructor disengaged and left the room. "Let her be-she's overexaggerating; she's just self-important," Adham remembered the other nurse saying to appease him. The day, Adham told me, was the first of many that he cried at home after work. Several months later, when Adham was already in his second year of the apprenticeship, he was paired with the same practical instructor again. Her tone towards him was harsh throughout, he explained to me. Once, after he had checked on a patient, Adham suggested to the practical instructor, "I give him some [name of the medication], alright? His blood pressure is 190." "Who allowed you to decide on medication?" she hissed in response. "No, I just thought, that's what I've learned on other wards," Adham tried to explain. "No, you're not allowed to do anything here. Just leave, go sit in the ward's office, and sleep," Adham remembered her commanding when he told me about the incident. Adham had enough; with a raised voice he responded harshly, "Don't talk to me like that—I have had enough!" The situation escalated. The practical instructor turned around, walked down the ward, and

started to cry, whilst telling some colleagues standing on the aisle that Adham had tried to hit her. A physician, a German man, accompanied her into the ward's office, where she sat down and continued to cry. Adham followed them into the office, saying, "For weeks you have been pushing me down. You have yelled at me, and I never said anything—I just took it. Now that I talk back, you start crying and tell everyone I'm a bad person?" "Where did he try to hit you? Did he touch you?", the physician asked the practical instructor, ignoring Adham. "We must call the police," he even suggested. "No, no, leave me alone," the practical instructor said to the physician. "He didn't try to hit me. I just said that because I'm so annoyed." Adham was still upset when he recounted the incident to me one year later. "What happened next?" I asked. He called his care school class teacher, Adham explained, and informed him of the incident. "Take the day off," his teacher instructed. "Calm down. Tomorrow is another day." Adham, however, maintained that the behavior of the practical instructor was unacceptable and that he would not work with her ever again. The teacher subsequently arranged for Adham to be transferred to a different hospital ward. Unfortunately, Adham told me, there were no consequences for the practical instructor who had falsely claimed that Adham had physically attacked her. To his knowledge, the incident was never mentioned again. Colleagues who had heard the instructor's claims had not been informed that she had lied. Adham saw his reputation tarnished.

Ali from Syria has also already been accused of exhibiting violent behavior at work. He recalled one instance for me that was particularly consequential for him. Once, on a shift during his first attempt to complete the apprenticeship as a general nurse, he repeatedly sought to get the attention of the supervising nurse. The nurse was a German woman, who was sitting in the ward's office together with a physician, when Ali had to deliver a message to her that he thought was urgent. Ali tried several times to get between the conversation of the nurse and the physician. That prompted the nurse to yell at Ali: "Leave! And close the door behind you!" she beckoned. Her harshness surprised Ali who yelled back, "I close the door when I want to close it!" He stormed out of the office and slammed the door shut behind him. The nurse complained about the incident with Ali's class teacher at his care school and the hospital's human resources department. A few days later, Ali was called into a meeting attended by the nurse who yelled at him, one of his care school instructors, and a person from human resources. In that meeting, the nurse voiced many more complaints about Ali, in addition to his door-slamming. She alleged that Ali was aggressive, that she was afraid of him, and that he did not respect her as a woman. Ali tried to explain his side of the event: he wanted everyone in the room to understand that the message he had tried to convey to the nurse had been urgent, that the nurse had been cold to him throughout the time they had worked together and that he found her tone towards him inappropriate. He stressed repeatedly that he had no problem with women authority figures, respected women, and would never use physical force against women, at work or elsewhere. His efforts were in vain, and his apprenticeship contract with that hospital was terminated. It frustrates Ali that his missteps—his slamming of the door, for example—are interpreted as a violent predisposition that men like him possess, while the harshness that some women show towards him at work remains unaddressed. As soon as there is trouble, "I'm the southern man [*Südmann*]; I'm the Arab," he says. Such interpretations, I found, are not uncommon.

5.7. CHAPTER CONCLUSIONS

In this chapter, I showed that the boundary of "dangerous refugee men" shapes social interactions in a workplace-care work-where gender is salient. Specifically, I found that this boundary structures behavioral expectations towards newly recruited men from countries in West Asia and Africa. In ambiguous social situations, this boundary acts as an interpretive frame, prompting migrant men as well as Germans to adjust their behavior via-à-vis each other and further stoking fear among care workers. In Alba's (2005) words, men from countries in West Asia and Africa thus encounter a bright boundary as they become care workers in Germany. The boundary is bright because most people I met during my field work know on which side of the boundary they stand: they either associate with "us Germans" or "those refugee men." Migrant men care workers in Germany thus experience ethnoracial exclusion (Lamont et al. 2016). Most instances I document are examples of stigmatization; they are what Lamont and colleagues (2016) call assaults on worth. They come in the form organizational actors' voiced concerns about migrant men's suitability for care work due to their ascribed cultural or religious backgrounds. German women's expressions of fear of Black men specifically and of "refugee men" in general are also assaults on worth. Sometimes these fears are met with empathy and stand unchallenged. This sympathy constitutes an additional assault on migrant men's worth that effectively silences them. Adham, whose shift supervisor had lied about an alleged physical attack, saw his reputation seriously damaged. Loose attributions of aggressive or misogynist behavior in ambiguous social situations are also assaults on worth that men from countries in West Asia and Africa encounter as care workers in Germany. No wonder that some of them, as do other individuals who experience stigmatization and discrimination (Doering 2024, Lamont et al. 2016), adjust their behavior to prevent further harm.

In this chapter, I have also begun to trouble the category of "refugee men" that migration and race scholars in Europe study. "Refugee men" exist as a legal status group of men—that is, those who

seek asylum in Europe—and as a discursive construction. However, boundary encounters within this phenotypically, nationally, and religiously diverse group of men may not be the same. Their bodies, based on phenotypes that link to countries of origin, evoke different stigmatizing images amongst members of the majority. These different images pattern assaults on worth and thus require different interventions. Scholars of critical race studies have long argued that Blackness forms a unique experience that should not be analytically enmeshed with other racialized migrant identities in Europe (Proglio et al. 2021, Saucier and Woods 2014). Indeed, research has shown that European media varies its representations of phenotypical difference when displaying refugees; the darker the skin, the more undeserving the (masculine) body (Maneri 2021). I show that in German elder care homes, Blackness is assaulted differently than Muslimness. African men regularly experience rejection from elderly women, who fear Black men specifically. Whenever this happens, German care workers invoke the sexual trauma that elderly German women supposedly endured during and after World War II. These narratives have never been publicly corrected. They remain in currency 80 years after Germany's occupation and are readily available to explain and excuse racism against African men in German elder care homes. A factual engagement with sexual violence in post-war occupied Germany is thus urgently needed to combat racism against African men in Germany.

Given this specific experience of racism against African men, based entirely on an outworn, defamatory public discourse, we must expect the most recent narrative of "dangerous refugee men" to linger, unless there is a collective effort to correct this misrepresentation. In the meantime, the *symbolic boundary* of "dangerous refugee men" is likely to remain a source of conflict and tension that complicates the relationships between men from countries in West Asia and Africa and the Germans they meet at work. The danger lies not with migrant men themselves but rather with the *symbolic boundary* that functions to construct these men as "dangerous." This boundary is "dangerous", as it engenders material and emotional harm to migrant men and yields rifts among care workers that are difficult to overcome. At times, migrant men find themselves in situations where their actions and intentions are (mis)interpreted as misogynist, threatening, or backward. Consequently, they walk a tightrope and must constantly navigate the stigma attached to them as menacing men.

Prior to my fieldwork, in anticipation of these marginalizing effects of the *symbolic boundary* of "dangerous refugee men" on migrant men care workers, I assumed that migrant men would choose to downplay their masculinities to diffuse allegations about the danger they may present to their women colleagues. As it turned out, I could not have been more wrong. As I will show in the next

chapter, migrant men's emphasis on their manhood is, of all things, a formidable asset in terms of forming positive and even privileged workplace identities.

6.1. CHAPTER INTRODUCTION

In May of 2022, I sat on a café patio in Malhausen with Don, a man in his late twenties who came to Germany in 2014 from South-Eastern Europe, and Mike, a German man in his early twenties. Before the morning shift had ended at Joseph House, the elder care home where Don and Mike work, we had decided that we would hang out at the café up the street in the afternoon. The hours prior, from 6:30 a.m. onwards, I had accompanied Mike as he had hurried from one elderly resident to the other and intermittently smoked cigarettes with Don on the care home's second-floor balcony. Actually, Don should have stayed at home that day: the day before, he had received a doctor's note because his back pain had gotten so bad that he could no longer stand fully upright. But when he walked into Joseph House that morning, dressed in office attire, under a cloud of after-shave smell, he justified his presence saying, "I'd rather be useful here than at home." He would only do office work, he reassured his colleagues, who were both happy and concerned to see him.

As Don, Mike, and I leaned back in our chairs with sunglasses on and coffees in our hands, Mike told us that one of the geriatric nurses, Christel, a German woman in her fifties, had lamented about the shortage of men in her team that morning. "Why's that?" I asked. "Well, in the other team there are more younger people and more men," explained Mike. "There's you," he continued, pointing with his chin to Don, "and Ali and Mamodou, who are funny. And Mamodou is one of the geriatric nurses; he makes sure the mood in the team is okay." "Hm," I responded, "and it matters that they are men?" "Oh, for sure," said Mike. "Everybody wants men." "Not just to help, but also to have fun," added Don.

Don's showing up at work in office attire, Christel's lamenting about the lack of men in her team, and Don and Mike's explanation of Christel's call for more men exemplify *gender beliefs* that shape societal expectations of women and men (Ridgeway and Correll 2004). When Don came to work despite his doctor's note, he demonstrated the physical perseverance that men are expected to embody; not even his aching back could keep him away from work. Christel's call for more men rested on the assumption that men, innately, have qualities that are useful in the context of care and lacking when teams are comprised only of women. On my asking, Don and Mike could quickly list three qualities that men care workers supposedly bring to the table: positive morale, humour, and physical strength. When I typed my fieldnotes a few hours later, I highlighted that a racially diverse group of

men can embody these qualities. Don from South-Eastern Europe and Mike from Germany grouped themselves with Ali from Syria and Mamodou from West Africa. Don had mentioned Ali and Mamodou as examples of men wanted in care work because of the qualities they supposedly possess *as men*; they are "suitable" men.

Research on men who work in women-dominated occupational realms like care work to date suggests that in these jobs, racialized minority men, unlike white majority men, are blocked from accessing men's privilege (Dill and Hodges 2020, Maume 1999, Wingfield 2009). While Williams (1992) shows that women workers in women-dominated occupational realms warmly welcome men as their colleagues and facilitate men's advancement into higher status positions, Wingfield (2009) finds that racialized men do not benefit from this so-called glass escalator effect when they do "women's work;" they encounter a glass barrier. The various facets of gendered racism that I discussed in the previous chapter resonate with Wingfield's findings to a significant degree. However, my observations in Joseph House and Mary House reveal that despite the gendered racism that migrant men experience as care workers, they still benefit from men's collective advantage as men in key ways. In their uptake of essential "masculine" practices, these migrant men are valorized as men, at times more than their German counterparts. They thus reap the *patriarchal dividend*, a term coined by Connell (1995) to refer to the advantages that men have simply because they are men. Their encounters with the symbolic boundary of "dangerous refugee men" occurs parallel to their construction as "suitable" men. While Wingfield (2013) shows how Black men professionals in white- and men-dominated professions face barriers due to their racial status and access gendered privileges, I discovered that this dual dynamic of racialized men's marginalization and valorization extends to women-dominated occupational realms.

In this chapter, I address the following question: *how do migrant men receive the patriarchal dividend as care workers?* I argue that essentializing ideas of how men and women supposedly behave allow the migrant men care workers I observed to reap the *patriarchal dividend*. Migrant men thus experience both racialized marginalization *and* gendered valorization. This chapter is organized as follows. I first present the theoretic concepts that guide my analysis. I also discuss empirical work on the intersections of gender and race when men do "women's work." I then show that the care workers I observed, women and men alike, are delighted about the increase of (migrant) men within their teams, due to men's supposed rational, calming demeanor and the strength they display. I present how women and men care workers talk about these normative "masculine" qualities and how they valorize migrant men care workers for these practices in comparison to and in contrast with their opinions of white German men. I then illustrate how the valorization of migrant men extends beyond their circle of colleagues. Elderly people in care homes, particularly elderly women, enjoy the presence of migrant men. In the concluding section, I argue that racial disadvantages do not necessarily outweigh gendered privileges. Even though the migrant men I interviewed and/or observed evidently encounter (gendered) racism as care workers, as I show in chapter V, they also experience an appreciation and elevation of their manhood that positions them above German women.

6.2. RACIALIZED MEN WHO DO WOMEN'S WORK

Akin to much of the existing scholarship on men in women-dominated occupational realms, I start with Kanter's (1977) seminal work on *tokenism*. Kanter studied women who work in men-dominated corporations. Due to their numeric underrepresentation, Kanter describes women in these jobs as tokens who experience various forms of differential treatment that work to their disadvantage. Token status, Kanter shows, comes with heightened visibility and, in effect, heightened scrutiny that put women under performance pressure. Women also find it hard to assimilate into the work culture and meet tacit behavioral expectations that govern the workplace. Workplaces reinforce rather than blur gendered boundaries and lead to the social and professional isolation of token women further hamper women's movement up the organizational hierarchy. They are treated as wives or secretaries and held to be naturally unsuited for corporate work. Consequently, women have less opportunity than their men colleagues to demonstrate their job proficiency. Kanter concludes that token status alone leads to these dynamics, regardless of gender, race, and other identity categories.

Gender scholars of the workplace who followed Kanter establish that token status works differently for men who do "women's work." Stereotypes about men and masculinity produce welcoming work environments, positive assumptions about men's competences, and accelerated career prospects for token men (Floge and Merrill 1986, Heikes 1991, Williams 1992, Williams 1995). Most prominent among these studies on token men in women-dominated occupational realms is Williams's (1995) work on men librarians, social workers, elementary school teachers, and nurses in the United States. The men and women that Williams (1995) interviewed associate masculinity with "competence and mastery" (p. 106) and thus celebrate token men for their specifically "masculine" qualities. The men Williams met are particularly well-suited for their type of work on the basis of their gender's supposed physical strength, rational decision-making, and technical competence. Williams demonstrates that token men also form bonds with other men colleagues and their (men) supervisors, thereby reaffirming their superior position relative to women. Due to gendered stereotypes and the

overall positive relationships token men have with their women and men colleagues, they swiftly move up the organizational hierarchy into more prestigious or managerial positions as if they are riding a *glass escalator*. This *glass escalator* concept that Williams coined to describe the experiences of men tokens stands in stark contrast to the *glass ceiling* (Purcell et al. 2010) which impedes women's upward advancement when they work in men-dominated occupational realms.

Williams's notion of the glass escalator and Connell's conceptualization of hegemonic masculinity support each other well. Based on the empirically substantiated fact that men dominate over women globally, Connell (1987) theorizes that there is generally a specific practice of masculinity that is most rewarded and culturally exalted in any given context, be that at the local, regional, or global level (Connell and Messerschmidt 2005). This form of masculinity dominates via "cultural consent, discursive centrality, institutionalization, and the marginalization or delegitimation of alternatives;" it is therefore hegemonic (Connell and Messerschmidt 2005:846). Other practices of masculinity also exist in these spaces, but these are deviations from the behavior that is, categorically, expected and desired of men. Race and sexuality, as well as other axes of oppression (for example, class or ability), inform the hierarchical ordering of masculinities. Men who are not straight, middle-class, or ablebodied are culturally constructed as representatives of subordinate masculinities that are associated with feminized qualities. Other men are, in turn, marginalized due to their supposed violent, criminal, and hyper-sexual behavior. The marginalization of some masculinities occurs on the axes of race, class, and migrant status. White men embody the norm, Black, non-white, and Muslim men represent deviations (Connell 1987, 1995). "Refugee men" in Europe undoubtedly fall into this category. According to Wojnicka (2019), they represent "the most typical form of marginalised masculinity" (p. 287). Despite their subordination and marginalization, Connell (1995) argues that men who do not embody the hegemonic ideal still reap the patriarchal dividend. This dividend, Connell explains, is the advantage that men, in general, "gain from the overall subordination of women" (p. 97). Apart from wealth and income, "authority, respect, service, safety, housing, access to institutional power, emotional support, and control over one's own life" are other advantages of being a man in an unequal gender order (Connell 2009:142)

Wingfield (2009) questions if this *glass escalator* effect also applies to racialized men; her interviews with Black men nurses reveal that it does not. The Black men nurses she spoke to find unwelcoming, hostile work environments with colleagues who avoid contact with them and do not promote their professional advancement. Colleagues as well as patients also doubt Black men's suitability to do care work, indicating that Black men lack competence and may be too aggressive. Hence, the experiences

of Black men nurses contrast sharply with those of the white men Williams had in mind when she conceptualized the *glass escalator* effect. Wingfield thus argues forcefully that the *glass escalator* is "not uniformly available to all men who do 'women's work" (p. 5). Wingfield's (2009) critique prompted Williams to subsequently concede that her conceptualization of the *glass escalator* neglects the effects of race and other identity markers on men's reception in women-dominated occupational realms (Williams 2013).

Other research further complicates the glass escalator effect. Using longitudinal survey data from the United States, Maume (1999) shows that the higher the number of women in a nonmanagerial profession in the United States was in the 1980s, the more likely it was that white men received a promotion. At the same time, Black men were only slightly more likely to receive a promotion than women. Maume thus shows that, relative to women, not all men are equally advantaged. These findings have recently been replicated in the United Kingdom (Woodhams et al. 2015) and in Sweden (Dill and Hodges 2020). In both countries, researchers find that non-white minority men in womendominated occupational realms are confined at lower-level employment ranks, receive lower wages, and experience more employment precarity than their white male counterparts. This research, following Wingfield (2009), confirms that the glass escalator effect excludes non-white men. Racialized men's blocking from accessing men's privileges at work in racially diverse workplaces seems to be limited to low-wage, women-dominated occupational realms, however. In No More Invisible Man, Wingfield (2013) develops the concept of *partial tokenization* to describe how Black men lawyers, doctors, engineers, and bankers face barriers due to their racial status but also benefit from the patriarchal dividend as men. Thus, Wingfield shows that racialized men's marginalization does not necessarily negate their access to men's privileges but can occur parallel to it.

More recent work by Orupabo and Nadim (2020) on the influx of migrant men in Norway's professional cleaning industry, a (formerly) women-dominated occupational realm, shows that the availability of migrant men has effectively changed the gender coding of professional cleaning. Interviews with employers in the cleaning industry reveal that, in general, men are considered more capable than women to meet the effectivity demands of this physically strenuous type of work. The professionalization of cleaning has also devalued feminine associated competences of cleaning, thereby opening the doors for "qualified" men. Orupabo and Nadim (2020) thus show that men are in general more advantaged in professional cleaning than women. Employers also consider cleaning an immigrant job that Norwegians do not want to do. Employers therefore prefer to hire migrants because they are supposedly more agreeable and reliable than Norwegians. Within a system that forces

"unskilled" migrants with precarious legal status into cleaning work, gender, race, and migrant status intersect and work to position "immigrant men on top of the hierarchy of suitability" (Orupabo and Nadim 2020:347). Despite the preferential treatment of migrant men cleaners in Norway, Orupabo et al. conclude that one cannot speak of a *glass escalator* effect in the realm of professional cleaning. In such a dead-end job, they explain, there is no escalator. How their findings translate into a womendominated occupational field that provides opportunities to advance is therefore left open.

Taken together, what does all this research suggest about migrant men care worker's access to the *patriarchal dividend* in Germany? On the one hand, Orupabo et. al.'s (2020) work suggests that migrant men care workers in Germany might indeed be able to reap the *patriarchal dividend*, perhaps even more so than their white, male German counterparts. Indeed, care work in Germany shares many of the characteristics of professional cleaning in Sweden—it requires physical strength, has become professionalized in Germany, and is increasingly staffed by migrant men (see chapter III). However, care work in Germany is not a dead-end job (see chapter IV). Elder care workers in Germany can climb a career ladder with "clearly demarcated rungs" (Williams 2013:620). Thus, care work resembles a "traditional work organization," which is, according to Williams (2013), a prerequisite of the *glass escalator*. At the same time, the works of Wingfield (2009), Maume (1999), and Dill (2020) suggest that migrant men care workers in Germany do not have access to the *patriarchal dividend*. Indeed, my findings on gendered racism that I discussed in the previous chapter closely mirror Wingfield's (2009) findings. The status of migrant men care workers as racialized others does not escape notice, resulting in hostility from colleagues and patients who challenge their suitability for the job.

In my observations of the interactions between migrant men care workers with their women and men colleagues and the elderly they care for, I discover that migrant men's existence as racialized "others" co-exists with the veneration of their status as "men". I thus argue that racial discrimination alone does not categorically negate non-white men's ability to reap the *patriarchal dividend* when they do "women's work."

6.3. MEN WANTED

When I asked the German care workers and managers at Joseph House and Mary House what they think of the increased presence of migrant men in their teams, their responses were, without exception, positive. The German care workers I met, women and men alike, explicitly welcome the increase of men in their teams. This welcoming attitude can be linked to the ascribed gendered qualities of men and women as care workers, which are constructed in contrast to each other. Women, the care workers

explained, get emotionally much more involved in their work; they are easily stressed and fight a lot with each other. Men, in turn, these care workers contended, are supposedly rational and do not lose their focus. They are calm, avoid gossip, and maintain a smooth, relaxing work atmosphere. Women are deemed physically weaker and thus in need of assistance with physical tasks, such as lifting; in contrast, men are held to be physically strong. Due to their beliefs about the differences between men and women—Ridgeway and Correll (2004) call them *gender beliefs*—the care workers I observed and interviewed, women and men alike, welcome migrant men in their teams. They concur on the differences between women and men, though many of these beliefs are quite essentializing.

No matter where they are from, the migrant men I observed claim and are valorized for these typically masculine and desired qualities as well. Essentializing *gender beliefs* provide a foothold to assume respectable workplace identities. In displaying the behavior that is expected of men, migrant men emphasize their manhood and downplay their assumed racial differences. In the following sections, I show how the care workers I observed at Mary House and Joseph House understand and practice these normative "masculine" qualities. I also show how migrant men care workers are valorized, in comparison to and in contrast with white German men. In short, I show *how* migrant men draw the *patriarchal dividend*.

6.3.1. RATIONAL VERSUS EMOTIONAL

After lunch, I sat on one of the two plastic chairs in the office of ward D of Mary House. In front of me sat Holger, a German man in his fifties who managed that day's shift. Holger has worked at Mary House already for over twenty years. With his back turned towards me, he typed something on the ward's computer. While I was maintaining the silence and scribbling some notes, Markus, a second-year nurse apprentice and a German man in his early thirties, walked into the office and sat down next to me. "Did you notice how hectic it got during lunch today?" Markus asked me. I could sense his excitement. "It was a bit hectic, yeah," I admitted. Markus laughed: "You see, women!" From the way he looked at me, I could tell he sought my confirmation about an earlier incident, when the only woman on that shift had appeared stressed during the lunch prep, calling on Markus, Holger, and me to take the plates she had prepared to the elderly, who were quietly sitting in the dining room. I, too, had noticed how anxious she had been, how much she had yelled—but I did not want to say all that to Markus. Instead, I responded with a "hm", the sound I usually make when I neither want to agree nor disagree but would like to hear more. "With women, you always think the whole place here is going to collapse," Holger chimed in, his eyes still fixed on the computer screen. He too seemed to

think the hecticness we had experienced during lunch is something that women, by their very nature, bring to work. Markus jumped out of his chair and positioned himself between Holger and me. Holger had by now interrupted whatever he was doing on the computer to join the conversation that Markus had started. "For men, the mountain of problems is this high," Markus said, holding his right hand on the level of his chest. "For women, the same amount of problems is a huuuuuuge mountain," he continued, now drawing a big circle over his head with both hands. "I sometimes tell them, 'Stay loose," he said and sat down. I looked at Markus, trying to maintain a neutral facial expression. He put his hand on my right shoulder and said in a calm voice, "Hey, don't stress; we'll get it all done." "This is how you tell them, the women?" I asked Markus. "Yeah, sometimes," he said confidently. "Did either of you actually ever talk about this with any of your women colleagues, how you think you go about your work differently than women?" I wanted to know. "No, nobody ever asked me for my opinion on that. These are just my observations... with time you should get more relaxed, one thing after the other; but with women, I'm sometimes not so sure if they do," answered Holger as he leaned back into the blue office chair with his hands folded over his belly. "And men are in this regard all the same?" I asked. "Yeah, overall," Holger said. "No matter where they are from?" I probed further. "I'd say so," said Holger, who began to list some of the men at Mary House with whom he likes to work because they are, in his view, calm and get their work done. Most of the men Holger listed were migrants. Among them were Yero from West Africa and Rachid from North Africa.

Yero and Rachid would most likely have agreed with Holger and Markus. Yero once told me that he prefers to work with men: "When working with men, we always have fun. (...) For example, when I look at the shift plan and I stand there with two men, I know that work will go fast, and this is fun." That men are calm and efficient appeared to be generally understood among the men care workers I talked to at Mary House; they were all ready to say it out loud. Their shared understanding of the positive effects they supposedly have on their work environments simply because they are men creates a bond between migrant and German men. Once, for example, I walked into ward D of Mary House at around 4 p.m. The 33 residents just had coffee and a piece of cake in the common room and were now back in their rooms to rest until dinner at 5:30 p.m. As I walked into the ward, I noticed how strikingly quiet it was on that day. Nobody called to be taken to the bathroom, nobody roamed the halls. Even Mr. Weber, who usually rolled with his wheelchair up and down the hallway all day long, calling for attention, was in his room on that afternoon. I found the care staff in the ward's office. Yero was managing that afternoon's shift. He had finished his apprenticeship as a geriatric nurse recently, only five years after he had left his home in West Africa for Germany. Now he was sitting

on one of the two office chairs, updating records on the ward's computer. Rachid, from North Africa, and Sebastian, from Germany, both geriatric nurse assistants, sat behind Yero. Rachid was leaning back into the other office chair whilst checking his phone. Sebastian, adjacent to Rachid, was snacking on cake on one of the two chairs that stand between the door and drug shelf. I greeted everyone, found the chair next to Sebastian empty, and sat down. I did not want to break the silence; so I busied myself with my phone. "It's so quiet today." I could not resist saying after five minutes had passed and, in doing so, prompted Rachid and Sebastian to chuckle. "We just talked about it," Rachid said to explain their reaction. "About what?" I replied. "That it's quiet when it's just us," he added. "The three of you?" I asked. "No, just men," Rachid clarified. "Shit gets done." Sebastian nodded and sent me a smile as though he wanted to say, You see? I knew that he agreed with Rachid—he had told me on a different occasion already that work has changed for the better over the last six years, since more men have joined. "The people are now more easygoing. Especially men have joined a lot more recently, and they bring a fresh wind," he had said. While there are many women among his colleagues, whom he appreciates, Sebastian usually prefers to work with "the guys." With them, "a shift simply runs better and the ward is calmer, there's less yelling," Sebastian claims. In conversations like those I had with Rachid and Sebastian or with Markus and Holger, I had to silence my immediate urge to come to the defence of women, who were described as driven too much by their emotions relative to the rational and cool-headed demeanor of men. I was not there to defend anyone, I had to remind myself; I was there to observe. After all, these were exactly the kinds of generalizations about women and men that I tried to understand in the context of care work, traditionally a women's job that migrant men are increasingly taking up in Germany.

Early in my participant observations I noticed that men find support to their claims about the positive effects their "masculine" qualities supposedly have on their work. Women care workers also valorize men for the qualities that women supposedly lack. When I asked the women what they make of the increase of men among their colleagues, not one of them had anything negative to say. On the contrary, they were enthused. "It is good, it is very good," said Anja, a white German woman in her fifties who manages a ward at Joseph House. "Men see things simply—calmer, more relaxed," she adds. Explicitly included in her appraisal of men care workers are migrant men from West Asia and Africa. Without me asking, she listed several migrant men with whom she likes to work because they are so calm and relaxed. Petra, another white, German woman in her fifties, also shared with me how much she appreciates that more men have recently joined her team at Joseph House. "It is so much more fun and also easier to work with men," she said. There are white, German men in Petra's team

as well. But when I asked her if she can name a man who, in her view, best embodies the qualities she appreciates in men, she referred to Ali, from Syria, and Mamoudu, from West Africa. "They are more balanced, they are not as stressed out and take time to crack jokes," she said.

Women openly acknowledge in interactions with each other and with their men colleagues that they value men for their specifically "masculine" qualities. Once, for example, I sat with Nadja in a little nook on ward D of Mary House. Nadja is a geriatric care assistant in her early forties who has worked at Mary House already for over fifteen years. We were chatting when Silvia, the geriatric nurse who managed the shift, joined us. I asked Silvia how her morning had been so far. "Good," she said, "we are well staffed." I asked who had been in her shift this morning: "The two of you and Max?" "Yes, exactly," she said and then turned to Nadja to add, "Max is great, right? He's so calm and just does his thing. He's simply a man, right?" Nadja nodded in agreement to Silvia's comment about the new colleague from South America who had joined the team a few days earlier. "Yeah, that's true in general, there are some exceptions," Nadja replied. "Yes, but one can generally say that I think," Silvia responded forcefully. On another day, I was sitting in the office of ward D of Mary House when Gisela, a German woman in her early sixties, walked in to drop off her bag ten minutes before the start of her shift. She was surprised to see Sebastian, who usually works on another ward. Sebastian explained that he was spontaneously asked to join Gisela. "Well, very good; always good when a man is here—it's calming," she said matter-of-factly, chuckled, and walked out.

In addition to their purported calming presence and its effect on the smooth running of the shift, men are also appreciated because they supposedly do not engage in conflicts at work." For example, Claudia, a white, German woman in her mid-forties who manages the care staff of Mary House, is "very happy that there are more men now." Often, she thinks that working with women is simply exhausting due to the tensions they have amongst each other. Nadja—we met her above—also prefers to work with men for that reason:

"I think it's simply easier to work with men. They are simply less "bitchy." Because with women, there are at some point always these dramas or I don't know what. And then it's simply easier to work with men. [...] I really admire it, men simply don't do that."

Nadja's statement exemplifies how the care workers I observed and interviewed talk about the "natural" qualities of men and women. Women are supposedly "bitchy" (*zickig*) and emotionally driven, though men are not. Of course, there are many reasons why women might be more tense while

at work. The job is physically demanding and, therefore, might take a greater toll on women. Women might also have to juggle their care responsibilities at work with the unpaid care they do in their families, leading to feelings of being overwhelmed and exhausted. Whatever the reason for women's perceived irritability may be, the care workers I met largely do not explore the root causes of this distemper. Overall, conflict and tension among care workers are talked about as stemming from women's innate qualities, which the presence of men counterbalances.

The men care workers I observed and interviewed, German and migrant men alike, could not agree more with women's assessments. Many of them also think that the women with whom they work, when left amongst themselves, gossip and fight too much. Mamodou from West Africa, for example, thinks that "there are always these tensions among women." He cannot really explain why this dynamic is the case but assumes that men's chances of running into conflict are simply lower because they engage in small talk much less. Lateef from West Asia also contends that women gossip about each other too much. "It always ends in conflict," he lamented to me, laughing at the same time. He tries to stay out of these conflicts, he told me: "I always say then that I am not wearing my hearing aids and cannot hear what they are talking about." For Hammad, the gossip of his women colleagues annoys him; he is always afraid to be dragged into gossip by them:

> "When there are three women and one leaves the room, the other two will directly talk about her. Directly, one minute later, they would talk about her. I experience this every day. I always... is this really necessary?"

According to the women and men I met at Mary House and Joseph House, women not only bump heads with each other regularly, they are also unable to swiftly resolve their disputes. For example, Lutz, who manages one of the wards at Joseph House, explained to me that "men can also have an argument, but it's quickly resolved and then they move on. Between women, there is always a whole string of consequences; it doesn't end." Lutz claimed he often heard the women of his team remark that "it would be better if there were more men."

Most of the care workers I met, women and men alike, pit emotionally reactive women against rationally acting men. They all seem to agree that the mood within their teams is overall better when men are around, because men stay calm and do not gossip, fight, or complain. Migrant men participate in the performance of normative manhood. They claim masculine ideals for themselves and are rewarded for their performance through women colleagues' voiced excitement of their presence. Migrant men have access to the *patriarchal dividend* not only due to their supposed ability to act

rationally. They receive praise also for their supposed physical and character strength; some German women even think that migrant men outperform German men in this regard.

6.3.2. STRONG AND PROUD

Together with Ali, I walked into the room of Mr. Uhle. It was time for the afternoon cake that is served every day in the common room of Joseph House at around 3 p.m., a daily occurrence that Mr. Uhle did not like to miss. He was lying in his bed, having just woken up from a nap, when Ali and I came to get him. "Hey, Mr. Uhle, it's time for coffee!" Ali announced cheerfully as he walked to the side of Mr. Uhle's bed. "All right then, let's get started," Mr. Uhle whispered with a chuckle. He was teasing Ali—they both know from experience that it can be quiet an endeavor to get Mr. Uhle from his bed into his wheelchair. "Ah, we'll manage!" Ali responded while lifting Mr. Uhle's blanket. He then began to push the upper body of Mr. Uhle with one arm whilst grabbing the elderly man's knees with the other, rotating him into a seated position at the edge of the bed. Unfortunately, Mr. Uhle felt a bit weak that day. He found it hard to sit and let his back fall flat on the mattress. Ali had to run around the bed quickly, jump onto the mattress, and pull Mr. Uhle back up. He must be pulling at least 100 kg, I thought to myself as I watched the situation unfold. "Can I help?" I asked. "No, no, we'll manage," Ali said. "Mr. Uhle and I are used to that—right, Mr. Uhle?" They both laughed. Mr. Uhle appeared unconcerned as his back rested on Ali's lap.

Elder care work requires strength from those who do it. Elder care workers lift and maneuver elderly people with stiff limbs and weak muscles in and out of bed, onto the toilet, and into the wheelchair several times per shift. There are ways of doing this lifting and maneuvering that are less strenuous and allow care workers to protect their own bodies from strain, but a heavy lift is exacting even with the right technique. "Care work is a physically demanding type of work," declared Mr. Goffart, who manages Mary House. "We have the equipment, but sometimes you have to lift somebody," he continued. According to the more seasoned elder care workers I met, the amount of lifting that elder care workers must do has increased over the last three decades. Thirty years ago, they said, most people who lived in elder care homes moved in when they were still relatively fit. They needed assistance, but they could still walk or go to the toilet by themselves. Today, the largest share of residents in elder care homes are bedridden or sit in a wheelchair; often, their dementia is advanced, severely impeding their ability to participate in their own bodily care. Indeed, on the wards of Mary House and Joseph House, where I conducted my observations, it was rather exceptional to find an elderly resident who gets in and out of bed or goes to the toilet independently. To some degree, almost all residents depended on their care workers' ability to lift and manoeuvre their weakened and/or limp bodies. For this reason, Mr. Goffart explained, he notices "how the female care workers here [at Mary House] enjoy that they have men who have the strength to do this work." Just as professional cleaning in Norway has become more physically strenuous to the extent that men have emerged as more suitable for cleaning relative to women, as Orupabo et al. (2020) show, elder care work may have changed in a similar fashion.

The women care workers I met are indeed happy about the increased presence of men within their teams. For example, when I asked Petra, a woman in her late fifties and a geriatric nurse assistant at Joseph House, about the benefits of working with men, she raved about men's qualities: "With them [men], it is better to work. They all like to help, really, all of them. And they simply have the strength. When I have to lift an old woman from A to B, I just have to ask and they help immediately." Men's alleged strength and willingness to help stood out to Petra, who suffers from chronic back pain after years of caring for her late husband. Many of the other German women care workers I talked to echoed Petra's sentiments about the presence of men within their teams. For example, Gisela, a German woman in her early sixties declared that "men's strength [*Mannskraff*] is simply different. They also always help, much more than the women would." The statements of Petra and Gisela indicate that German women care workers expect their men colleagues to show strength *and* deploy it willingly to protect women's bodies from strain.

The migrant men I observed and interviewed meet these expectations without reservation. "Do you not mind that you do so much of the heavy lifting at work?" I asked some of the migrant men. "No, it does not bother me at all," said Bekele from East Africa. "When they [women] need help, they just need to let me know—it's not a problem at all." For Omar from Syria, it is also a matter of principle that he, as a man, would take on more of the bed-ridden patients, who are more difficult to lift and maneuver.

"When there is an obese patient who weighs 150 kg or 170 kg, women are unable to attend to them. But I think that is okay; I am of the opinion that there are situations when these differences [between men and women] matter."

For obese patients to receive adequate care and to prevent women nurses from body strain, Omar suggests here, it is valuable for men like him to do such caring labour. He does not question his own

ability to lift patients who weigh 150 kg or even more, despite him likely weighing no more than 70 kg. Mamodou from West Africa would agree with Omar and Bekele. Mamodou initially wanted to continue working with children when he came to Germany and considered different kinds of care work. "Now that you are a trained geriatric nurse, do you still desire to work with children?" I asked him. "Not anymore," he responded and explained to me why:

"You know, children are easy to lift; they are easy to help, to turn [in bed]. But I have seen it is much more difficult with elderly people. I have had colleagues, who could not turn some of the elderly in bed because they didn't have the strength to roll the elderly onto their sides. I may not be the strongest here, but I see that my help is needed here, and I also like to give this support."

After years of working at Joseph House, Mamodou came to realize that his physical strength is needed the most in a care setting where care recipients are heavy and difficult to manoeuvre. He likes to support the elderly and, by extension, his colleagues who are not as strong. His physical strength thus gives Mamodou a specific role as a man who does elder care work.

Men's supposed strength is not only appealing to women care workers. Some of the migrant and German men I met also let the elderly know that their fragile bodies are safe in the strong hands of a man. On one occasion, as I sat in the ward's office of Mary House, Ms. Falk, a resident who walks with a rollator, suddenly felt dizzy on her walk to the dining area. She sat down on a chair in the aisle right in front of the ward's office and groaned to get the attention from the care staff inside of it. Rachid, a man in his early thirties from North Africa, rushed out of the ward's office to check on Ms. Falk together with Sebastian, a German man in his mid-thirties. I heard her say to Rachid and Sebastian that she wanted to return to her room. "I can't even walk," she wailed. "No worries, Ms. Falk, we are three men here today. We'll get you into your room safely," Rachid said softly to mollify her concerns. "It's all good," Sebastian added while offering Ms. Falk his forearm: "Hold on to me."

Many of the men care workers I observed and interviewed seem to expect themselves to be capable of shouldering the physical demands of their work. While not asking for support themselves, they do provide support to their women colleagues. For example, Mike is a young German man who was in his early twenties when I met him on ward B of Joseph House. When I asked him how he feels about taking on the lion's share of the heavier and bedridden residents, he said, "I don't know, maybe I expected so much already before I started. I don't look that strong, but yeah... I carry a lot for my... I do all the residents by myself; I never ask for help." Indeed, I realized as I was observing the shifts

on ward B of Joseph House, the eight men who work there go to great lengths not to ask for help but to be of help. Don from South-Eastern Europe is one of these eight men. In the spring of 2022, his back was so sore from all the lifting he had done at work that he could no longer walk upright. Some of his colleagues, women and men, had encouraged him to ask for help rather than doing all the lifting solo. But Don, I had the impression, carried his backpain like a badge of honor: he was willing to sacrifice his physical well-being to be recognized as a strong man who is ready to help. When he had to take a break due to a doctor's note, he still came to work to do office work, as though to signal that he is a reliable colleague with a strong work ethic. The notion that men are strong and therefore able to protect their women colleagues from physical strain while not needing any help themselves had a strong current also at Mary House. For example, Markus, a German man in his early thirties who works at Mary House, once told me he feels uncomfortable to ask for help when lifting heavy patients because one of his men colleagues recently mocked him about it, saying, "You always ask for help—maybe you should work out a bit more."

Men who are unwilling or unable to show strength and support their women colleagues, I learned, are considered deviant. For some of the women care workers I met, men who do not insist on their physical strength as men are not "real" men (Interviews Susanne, Silvia, Gisela and Nadine); they are deemed to lack both physical strength and strength of character. In this regard, I was surprised to learn that some of the German women I met at Mary House and Joseph House differentiate between German men, whom they consider "soft", and migrant men from West Asia and Africa, who, in their view, are "real" men. For example, Nadine, a German woman in her mid-thirties, once told me that she appreciates that so many men from West Asia and Africa are now working in her elder care home. She thinks that especially women care workers have gained so much by working alongside these men:

"I say it like this: German men are more like 'I have feelings.' And now there come all these other men, who say 'I am the man here; I get things done and I am a gentleman, and I see a woman who tries to lift an elderly resident (...) and I say, "step aside—I do this because I'm the man and you are the weak woman, and I do this for you." And this is so different. And this is why I get along with these [migrant] men so well, because they are so... it's got something to do with gender roles."

According to Nadine, migrant men emphasize their emotions less than German men and view it as their responsibility to support the women in their teams with physically demanding tasks. For Nadine, the chivalrous support that migrant men supposedly offer to women stands out positively because it meets her expectations of how men care workers should behave around their women colleagues.

"Real" men, I learned, are not only physically strong but also strong in character—they act decisively and show pride in their masculine status and abilities. Also in this regard, some of the German women I talked to raise some migrant men above German men. Supposedly, the migrant men they have encountered at Mary House and Joseph House take greater pride in their manhood as men should do, they argue-and do not show weakness. "Today, German men all have to cry," remarked Susanne, a white, German woman in her fifties. "And the other men here, like Ali and Mamodou, they don't do that. They are proud; they are much more hands-on," she continued. I asked Susanne what she means by "more hands-on." She explained to me that men like Ali, from Syria, and Mamodou, from West Africa, are more solution-oriented, practical thinkers. They are, supposedly, more reliable colleagues and better decision-makers than German men, who, according to Susanne, throw in the towel quickly when thinks get difficult. "Can you remember a specific situation that exemplifies this observation?" I asked Susanne. She told me of an incident on ward A of Joseph House that is managed by Wolfgang, a German man in his fifties. Wolfgang's father-in-law was one of the residents of ward A for a short period of time. One day, Wolfgang's wife had visited her father and found him in his bathroom covered in stool. She was upset to see her father in this state and took photos of the stool on the bathroom tiles. She sent these photos to Wolfgang, supposedly urging him to reprimand the care staff of ward A. Wolfgang shared these photos in a WhatsApp group chat with his colleagues, saying that his wife was shocked about the poor work performance of the staff. For Susanne, Wolfgang's handling of the situation was "unmanly." "He says that he stands behind his team, but then he lets his wife push him around," she hissed when she told me about the incident. "How would you have expected a manly man to handle the situation?" I asked her to clarify. "I don't know-think for themselves, protect the team," she said. "And you think that some of the migrant men you have worked with at Joseph House would have acted differently?" I asked. "Yes, definitely. Ali and Mamodou-they are proud to be men. Mamodou, for example, he manages shifts. He does not get intimidated by anyone. He says what he thinks and does what he says. One can trust his word and we all respect him," Susanne explained.

6.4. LOVERS AND SONS

It was already quiet on the halls of ward D of Mary House when I sat in the dining room at 7:30 p.m. typing my fieldnotes. Most of the ward's residents were already in bed, except for three elderly women,

who sometimes stayed up a bit longer to play Ludo. Rachid, a geriatric nurse assistant in his early thirties from North Africa, walked up to their table to ask Ms. Kupper if he could quickly escort her to her room to put on her night dress. He would immediately return her to the table—the game would not be interrupted for more than five minutes, he assured the three women. Ms. Kupper, who is known among the care staff and her Ludo pals for her vulgar sense of humour, turned to the other two women and said loudly, "He only wants to check if my puss is still there." Ms. Kupper and the other two women immediately broke out into laughter. Rachid had to laugh as well and extended Ms. Kupper's joke by turning to me to say, "Maike, did you hear this? Did you write this down?" Everybody understood how inappropriate Ms. Kupper's comment was—she knew it herself—but her laughter, along with the laughter of the other two women and Rachid, made it okay. Rachid and Ms. Kupper got along—I had long noticed that. Her comment stemmed from her level of comfort with Rachid; they liked to crack jokes at each other's cost. "This will all go into Maike's book, Ms. Kupper, what you say to me," Rachid joked. "Well then, I better behave now and go with you," she said and pushed herself with her wheelchair away from the table, signaling her readiness to leave with Rachid.

Thirty minutes later, the three elderly women long reunited at the Ludo table, Rachid leaned into the dining room to wish everyone a good night. He would go home now, he announced. The three women said their warm goodbyes to him, "See you tomorrow!" one of them said. "Oh, I won't be here tomorrow—it's my day off," Rachid explained and stared into three disappointed faces. "Pity," Ms. Wagner sighed before wishing Rachid a nice day off. Rachid had just left the dining room when Ms. Wagner turned to me and asked, "What country is Rachid actually from?" "I think he is from [country]," I responded. "He is so nice," Ms. Wagner said. "He is, so nice", "Yes, very nice," Ms. Kupper and Ms. Acker, the third woman in the round, said in agreement. "Yeah, he is nice," I affirmed, prompting Ms. Wagner to quip, "Don't get your hopes up—he's already taken. He has a girlfriend; I think she is also a nurse."

Ms. Kupper, Ms. Wagner, and Ms. Acker's admiration of Rachid because "he is so nice," how they cracked jokes with him—even sexual ones—and talked of him as an eligible dating partner for me, if he did not already have a girlfriend, exemplify the dynamic that I regularly encountered between the elderly women I met at Joseph House and Mary House and their migrant men care workers. Perhaps some of these women were afraid of migrant men initially. However, during my time at Joseph House and Mary House, I observed women appearing entirely smitten with the many young migrant men who take care of them. "I think, of course, elderly women—I think they are happy about young men in their rooms who are nice to them. I don't know, somebody they can idolize a bit," speculated Nadja, who works as a geriatric nurse assistant at Mary House. Of course, this idolization includes migrant men, she explained to me: "Most of the men who work at Mary House are migrants." Nadja's colleague Rut, a geriatric nurse in her sixties, told me that many of the men-again, most of them migrants—who have joined Mary House over the last couple of years are very well liked by the elderly, especially by elderly women. "Why?" I asked her. "What's different about men?" Men are so needsoriented and pay so much attention to the elderly, she explained to me. "And women care workers do not?" I asked Rut to explain further. "They do," Rut continued, "but our residents are not used to be treated so kindly by men. [...] They were married to men who disregarded women's needs, were potentially even violent, and expected women to follow men's orders," she said. Now that so many men have picked up care work, Rut believes that elderly women get to experience an entirely different type of man-somebody kind, somebody they would have liked to marry. "There was this one woman who was always very attached to me," Rut remembered, "until Rachid joined us. She immediately attached herself to him." In this conversation, Rut juxtaposed kind and warm men care workers to the potentially violent and abusive deceased German husbands of elderly women. I introduced Rut in chapter V. She too is prone to interpret ambiguous situations at work as incidents of migrant men's disrespect of women. While she depreciates (some) migrant men in terms of race, this opinion does not carry over to every type of interaction. In some situations, Rut foregrounds migrant men's gendered qualities.

Overall, the women and men care workers I met, Germans and migrant alike, agree that men care workers are, in general, adored by elderly women. While some migrant men may initially be rejected by some elderly women—because they are afraid of Black men—this response is usually only a problem at the outset because migrant men are quickly able to draw appreciation for their comportment as men. For example, Anja, a geriatric nurse on ward C of Joseph House, told me that Lamine from West Africa was initially met with skepticism. "Of course, they [the elderly] have biases—it's the war [World War II] generation—but Lamine is such a warm spirit; they immediately began to love him," she remembered. Today, she said, when Lamine has a day off, the elderly keep asking for him: "They only want to be with Lamine." It seems that the onus is placed on migrant men, especially Black men, to convince elderly residents of their good nature. Once they have done so, the elderly, especially elderly women, tend to uplift migrant men to the status of their most preferred care workers who outperform their women colleagues.

Ms. Haller, the youngest resident of Joseph House, best illustrates the preferential treatment some elderly women exhibit vis-à-vis (migrant) men due to the latter's kindness, even boyishness. She
was only in her late sixties when I met her. A chronic lung disease and an accident-induced paraplegia had made it impossible for her to continue living at home. Ms. Haller tried to stay up to date on what was going on in the lives of the home's care staff. She had her favorites, she admitted, but respected them all. She adored Don, a young man from South-Eastern Europe, whom we met at the beginning of this chapter. (A framed selfie of Don and her decorated her bed-side table.) She also adored Ali from Syria, despite the chaos he sometimes creates around himself. "They are like my sons and still a bit green behind their ears," she once told me. Ms. Haller preferred to receive medical treatment from Mamodou from West Africa due to his "expert knowledge," in addition to him being so funny and kind. Because she had to lie in bed a lot, Ms. Haller often got bed sores, which she had when I visited her together with Ali from Syria. She needed a new band-aid on her lower back, close to her tailbone. As an untrained geriatric nurse assistant, Ali was not allowed to change the band-aid for her. "I already prepared everything for the nurse who will look at your wound soon," Ali announced to Ms. Haller. "Who is the nurse today?" she asked. "Mamodou," replied Ali. The two of them gave each other a nod. "Good," said Ms. Haller. "You're in good hands," Ali affirmed.

According to Ms. Meier, manager of the care staff at Mary House, Ms. Haller's motherly embrace of Ali and Don is quite typical for elderly women in care homes. "Especially young men care workers are like grandsons, like sons to the elderly," she said, elaborating that men care workers get away with anything and, unlike their women colleagues, are not expected to be tidy or pay attention to detail. Ms. Kaiser, who manages an elder care home in the German state of Hesse, would agree with Ms. Meier. According to her, the migrant men who have joined her care home "are really blessed with this boyish charm that allows them to click easily with elderly women and men." Elderly residents of care homes also tend to consider men care workers as particularly competent when dealing with medical concerns or solving practical problems residents may have with their wheelchairs or TVs. Mamodou from West Africa best exemplifies this pattern for Ms. Haller, who approved of his "good hands" when she needed a new band aid. For most of the residents of Joseph House, Mamodou is not simply Mamodou but "*Dr*. Mamodou" (my emphasis). Whenever a resident had an ache, a wound, or any problem, be it medical or technical, they called for Mamodou, or at least hoped that Mamodou would work the next shift.

I observed Mamodou—or "Dr. Mamodou"—several times. In these observations, I always learned a lot about elder care work, especially its medical aspects, as Mamodou kept explaining to me and to the elderly under his care what he was doing and why. I learned about the right way to put on compression socks, how to avoid bed sores and insert a catheter, and the side effects of Parkinson's medication. I was exhausted at the end of these shifts, because Mamodou hardly ever paused. Once, I walked with him into the room of Ms. Richter, who stood dressed only in a pair of underpants in the little nook between her bed and the TV table. She was trying to get into her night dress but could not lift her arms high enough to pull the dress over her head. "Backup is here!" announced Mamodou as he walked towards her. Ms. Richter was so happy to see Mamodou: she smiled, walked a step towards him, and grabbed his hand. "Ah, Mamodou, you are here to help!" she gasped. "Shall we still put lotion?" Mamodou asked Ms. Richter. "If you have time, that would be nice," she said. Ms. Richter sat down at the edge of her bed, still only dressed in her underpants, and Mamodou began to lotion her back, breasts, and legs while Ms. Richter applied lotion to her arms. "Well, if that is still of any use," Ms. Richter joked as Mamodou lotioned her shins. "We must at least try," Mamodou responded with his typical loud laugh. When she was fully lotioned and covered by her night dress, Ms. Richter said shyly, "But now I still have this problem..." She said it as though she did not want to steal any more of Mamodou's precious time. Before she could finish her sentence, Mamodou pulled out a light bulb from one of the pockets of his scrubs. Earlier, at dinner, she had informed Mamodou that the little lamp on her bedside table, the one she likes to keep on all night, no longer worked. She was excited to see that Mamodou had not forgotten; she threw her hands in the air and declared loudly, "You are Superman!" Mamodou changed the light bulb, but the lamp did still not work. "Perhaps for now you can leave the bathroom light on at night and the door to the bathroom open-that way you have some light coming in," Mamodou suggested. "If you say so that should work," Ms. Richter said to Mamodou and then turned to me to say, "I always follow his advice-he always knows everything."

The care staff of Joseph House were well-aware of Mamodou's position in the house. "Oh, you follow Dr. Mamodou today," some of them joked whenever I was chasing Mamodou up and down the halls of the home. Nadine, who manages Joseph House, explained the position of Mamadou, Ali, and Don in the house, and other German and migrant men more broadly, through the lens of their masculinity:

"Men, no matter where they are from, they have a bonus. [...] Men have always been desired here. This elderly generation, they are like, their husbands also always told them what to do, and then they rather listen to men care workers now. [...] But men also have a different demeanor: they are more like, I'm here now and I have a look at you. They are seen as doctors."

For Nadine, it is a matter of how men enter a room and address elderly residents that influences how people under their care perceive them. Also, men care workers' assertiveness easily impresses elderly

women, who are used to obeying men. Susanne, one of Nadine's colleagues, who has worked as a geriatric nurse for over thirty years, would agree. When I was sitting with Susanne and Ali on the balcony of ward B of Joseph House, I asked, "Susanne, you are also a geriatric nurse, like Mamodou. Are you also referred to as a doctor?" Susanne smirked and took a pull on her cigarette. "No, of course not," she said and exhaled cigarette smoke. "Why not?" I asked her to elaborate. "I don't know, maybe I don't come across like as much of an authority figure," she responded. "Mamodou also always explains a lot," added Ali. Feeling forthright, I asked the two of them a pertinent question: "Do you think Mamodou has a bonus because he is a man?" "Yeah, maybe; probably," speculated Susanne. Before she could say more, Ali declared, "Of course he does. The women here love men."

6.5. CHAPTER CONCLUSIONS

In this chapter, I showed how migrant men are valorized by their colleagues—both men and women alike—the elderly, and by themselves *because* they are men. Essentializing *gender beliefs* allow migrant men to cast themselves as care workers who are, in some aspects of their work, simply better than their women colleagues: as men, they have their emotions under control, act rationally, and, in so doing, ease tensions within their teams that occur only due women's emotionally driven behavior. They are also strong, both physically and in character, and must therefore protect their women colleagues from physical strain. The migrant men I interviewed and/or observed fulfil all of these expectations—they say so themselves, and their colleagues agree. Some women colleagues even think that when it comes to strength, migrant men outperform white, German men, who are supposedly "soft." The primary recipient of migrant men's care, elderly women, also idolize these men. Migrant men's kindness, boyish qualities, and general competencies charm elderly women.

My findings challenge Wingfield (2009) and other researchers' conclusions regarding racialized men's loss of access to the *patriarchal dividend* when they do "women's work", on account of racial discrimination. Even though the migrant men I interviewed and/or observed evidently encounter (gendered) racism as care workers, as I show in chapter V, they also experience the appreciation and elevation of their manhood, which subsequently positions them above German women. Racial disadvantages thus do not necessarily outweigh gendered privileges. Wingfield (2013) shows how Black men professionals in white-majority, men-dominated fields face barriers due to their racial status while also benefiting from the *patriarchal dividend* as men. My findings suggest that the same is true for racialized men who do women's work. Thus, Connell (1995) is right: the *patriarchal dividend* is accessible to *all* men. To this end, my findings show that racialized and Black migrant men doing "women's

work" can claim dominance *alongside* white men. Previous research has shown that marginalized men attempt to establish their dominance in the gender hierarchy separate from (Wingfield 2010), or in opposition to, white, majority men (Haywood and Johansson 2017, Herz 2019, Kukreja 2021). I provide a case where racialized men, together with white, German men, form a group. That being said, I must amplify the precarity of migrant men's masculinities. In some situations, as I have shown, migrant men's alleged pride in their manhood is seen by their colleagues as a positive quality. In other situations, as I discuss in chapter V, migrant men's alleged pride in their manhood is sanctioned by their colleagues, who, at times, with racialized lenses, (mis)interpret their masculinity as threatening and "dangerous." In the German context of care work, projections about migrant men's manhood thus oscillate between foregrounding alleged racial differences and gendered commonalities with German men. Whenever gender is foregrounded, the migrant men I interviewed and/or observed are valorized as men. Sometimes they are the commanding, all knowing doctor, sometimes they are the teasing lover or the beloved son.

Orupabo and Nadim (2020) show that migrant men in Norway are at the top of the suitability hierarchy in professional cleaning. My findings suggest that migrant men are climbing to the top of the suitability hierarchy also in Germany's care sector. Some German women care workers claim that migrant men perform desired "masculine" qualities better than their white men counterparts. Like migrant men professional cleaners in Norway, the migrant men I interviewed and/or observed convince their employers and colleagues of their suitability by the qualities they bring to their work *as men* compared to their women colleagues: they are level-headed, rational thinkers who pacify the mood in their teams, which women supposedly sully with their unbalanced demeanour. They are physically strong and, ultimately, proud to be men. Certainly, migrant men care workers are cashing in on their *patriarchal dividend*. In the next chapter, I discuss in greater detail what these findings mean for migrant men's professional advancement and their integration into German society as care workers.

VII. DISCUSSION

In this dissertation, I explore how supposedly hyper-masculine and "dangerous" migrant men are integrated into Germany and the German labour market via their training and subsequent employment in public care work—a traditionally women-dominated, low-skilled, and poorly remunerated occupational realm. This integration strategy constitutes a novel approach that simultaneously seeks to address two ongoing crises, a migration crisis and a care crisis, with which Germany is currently grappling along with many other countries in the Global North. In the preceding three chapters, I discuss migrant men care workers' legal and economic status gains and how some of the people they meet at work "other" them. I show how migrant men care workers are also valorized by their colleagues and the people they care for simply because they are men.

In the ensuing discussion, I argue that migrant men care workers are on a path towards economic and legal status parity with Germans. As they settle in Germany as care workers, they must prove to the people they meet at work—and Germans, more broadly—that they are not "dangerous" but "suitable" men. In this endeavor, essentializing gender beliefs of how women and men are different provide a foothold and might even propel migrant men care workers up the career ladder. The professionalization of care work combined with the gender-typing of this occupational realm allows migrant men to emerge in Germany as the most suitable care workers. I present care work as an occupational realm that can promote societal inclusion and suggest that gender is a force that can outweigh racialized disadvantages. I conclude this chapter detailing what other policymakers who are also grappling with a migration and a care crisis can learn from the German case.

7.1. SCHOLARLY CONTRIBUTIONS

In chapter IV, I discuss how care work facilitates migrant men's legal and economic integration into German society. Once their asylum applications in Germany had been processed—some had received humanitarian protection, others were merely "tolerated" —migrant men were in a position where they had to find stable employment to become deserving of a permanent life in Germany: they had to start proving to the German state their good prospects as workers within Germany's credentialized labour market sooner rather than later. Ideally, they would be able to establish that Germany needs them. Care work in Germany allows migrant men to establish such proof. As care workers, they become self-sufficient taxpayers and can establish themselves as (up)skilled health professionals who are

essential for the well-being of society and urgently needed. "Tolerated" men have to establish themselves as valued labour market participants with urgency; eventually, "protected" men have to do so as well. As care workers, migrant men can upgrade their legal status. By the time I met them, some of the "tolerated" men, in this study, had acquired temporary residence and work permits, and some of the "protected" men had already applied for permanent residency or even citizenship. Care work signifies much more to these men than a mere job to acquire legal status upgrades, however. In completing the (geriatric) nurse apprenticeship, migrant men acquire a distinctly German qualification. They successfully participate in a system of credentials that is specifically tailored to Germans, widely acknowledged within Germany, and highly valued. Thus, now that many of these men are fully trained care workers, they carry the "made in Germany" seal that gives them leverage on Germany's labour market. With a completed (geriatric) nurse apprenticeship, migrant men gain a competitive foothold in Germany's labour market with other people-mostly Germans, but also other migrants-who have acquired the same distinctly German credentials. Even though professional care work is not among the best paid occupations in Germany (or elsewhere), it comes with advantages: in the German case, it constitutes stable work, allows for a middle-class life, and entails various opportunities to specialize one's career and move up the ranks. In this regard, my findings diverge from past research on migrant care workers, which has consistently revealed sites where migrants-predominately women-do care work as sites where migrants experience legal status precarity, financial insecurity, isolation, and professional immobility (Chang 2017, Duffy 2007, Gallo and Scrinzi 2016, Hagan 1998, Scrinzi 2016).

There is more to societal integration, however. An idealized and hopeful take on integration envisions migrant minorities to become full members of society. At its end stage, integration signals that supposed differences between members of the minority and the majority no longer exist or better yet—no longer matter (Hinger and Schweitzer 2020, Schuster-Craig 2017). How the people they meet at work perceive migrant men care workers—if they treat migrant men as equals or as others—is therefore revealing of their membership status and membership prospects in German society. In these respects, my data points in two very different directions. On the one hand, German organizational actors, care workers, and care recipients marginalize migrant men care workers. They use racist discourses about "Muslim" and "Black" masculinities to make sense of ambiguous workplace interactions and therein stir tension and distrust among colleagues. One the other hand, gender essentializing beliefs about how women and men are different circulate among care workers women and men, migrants and Germans. These beliefs also work to cast migrant men as valorized members of their teams exactly *because* they are men. In chapter V, I show how migrant men care workers encounter their image as "dangerous refugee men". As they try to integrate into German society as care workers, they meet Germans care workers, managers, and patients—who maintain an invisible but perceptible boundary that marginalizes and subordinates them as "dangerous" others. These German organizational actors and care workers formulate behavioral expectations via-à-vis migrant men based on the narrative that men from countries in West Asia and Africa are largely misogynist, violent, and hyper-sexual. For example, organizational actors voice concerns about migrant men's suitability for care work due to their ascribed cultural or religious backgrounds; German women express fear of working alongside "Muslim" and "Black" men. Whenever tension occurs between German care staff and migrant men care workers, German care workers seem to attribute these situations to migrant men's supposed cultural inability to form positive workplace relations with their women colleagues. Both sides of this boundary—the Germans that guard it and the migrant men that run up against it—adjust their behavior in response to the discursive framing of "refugee men" as "dangerous" others. In the end, however, the onus is placed on migrant men to prove to the people they meet at work that they pose no threat.

The existence of the symbolic boundary of "dangerous refugee men" is well established; therefore my findings are not immediately so surprising (Yurdakul and Korteweg 2021). Research on symbolic boundaries establishes that, in different contexts, boundaries manifest themselves in social interactions (Lamont et al. 2016, Lewis 2003). That racism works on multiple, interconnected societal levelsfrom the macro- to the individual-is also widely accepted (Bonilla-Silva 2021, Byng 2012, Essed 1991). As Bourabain and Verhaeghe (2021) write, "racist practices during interactions reproduce racist structures in society and vice-versa" (p. 224). Indeed, sociologists have revealed how the macro-level discourse against "refugee men" permeates interactions between men asylum seekers and the guards and bureaucrats who control refugees' movement within and outside of refugee reception centers in Sweden, Italy, Switzerland, and Austria (Herz 2019, Palillo 2021, Wyss 2022). How the racist discourse against migrant men from countries in West Asia and Africa manifests itself at the interactional level in spaces not specifically designed for refugee surveillance has thus far not been considered. In tracking the interactional dimension of the boundary against "dangerous refugee men" in German care homes and hospitals, I provide such an analysis. The gendered racism I document undermines migrant men's efforts to integrate into German society as care workers. Migrant men must actively manage the assumption that they are potentially "dangerous" and thus unsuitable to work alongside women. The macro-level discourse against "refugee men" thus complicates interactions at the individual level and facilitates forms of ethnoracial exclusion (Lamont et al. 2016). While the discourse against "refugee men"

publicly questions the ability of migrant men from countries in West Asia and Africa to integrate into German society, it is the discourse itself that undercuts these men's integration efforts.

While race is most certainly a limiting factor as migrant men integrate into German society as care workers, I show in chapter VI that gender possesses a fortitude of its own that can work to advance migrant men's social and economic integration. During my fieldwork, I interviewed and observed care workers—Germans and migrants, women and men—who valorize men care workers, no matter where they are from, due to the qualities they supposedly bring to work as men. Not only are men supposedly physically stronger and thus better able to meet the physical demands of the job than women. Men are, supposedly, also mentally stronger: they stay calm, make rational decisions, remain emotionally unattached, do not take their work to personally, and do not bicker at work as much as their women colleagues. These essentializing gender beliefs allow migrant men from countries in West Asia and Africa to establish positively associated workplace identities and to be recognized as more similar to, as opposed to different than, white, German men. As care workers, they are cashing in on the patriarchal dividend (Connell 1995). With this finding, I challenge previous research on racialized men who work in women-dominated occupational realms. This research has shown that, relative to (white) majority men, racialized minority men are marginalized when they work alongside mostly women (Dill and Hodges 2020, Maume 1999, Wingfield 2009, Woodhams et al. 2015). In contrast to majority men, who receive a warm welcome from their women colleagues and move into higher organizational ranks almost automatically (Williams 1992), minority men experience racist insults and are blocked from professional advancement (Wingfield 2009). Thus, while (white) majority men reap the patriarchal dividend and gain status simply because they are men, racialized minority men are excluded from men's privilege and remain isolated. In my study, I conducted interviews with racialized men and observed the interactions between racialized men, their women and men colleagues, and the elderly they care for. My observations reveal that the salience of gender and race manifests differently. I show that even though migrant men care workers in Germany experience gendered racism, they are also welcomed and valorized as care workers simply because they are men. Thus, racialized men can cash in on the *patriarchal dividend* when they do women's work. Racial disadvantage does not necessarily negate gendered privileges. In the German context of care work, racialized men encounter both racial disadvantage and gendered privilege.

If migrant men care workers in Germany can ride the *glass escalator* (Williams 1992) into higher status positions as a result of their gendered privileges—and, if so, how high they may travel—remains to be seen, given the recentness of their arrival in Germany and their training as care workers. At the

time of my fieldwork, most of the migrant men I interviewed and/or observed had yet to complete their training. Their ability to occupationally advance within the German care system exists, in theory. Contact theorists have established that in spaces where members of different (ethnic) groups are in regular contact with each other, enjoy equal status, pursue common goals, and cooperate, they develop friendly attitudes toward each other (Allport 1954, Berg 2015). Contact between members of different (ethnic) groups thus results in the identification of similarities and a reduction of prejudice (Berg 2015, Dixon 2006, Ha 2010, Rocha and Espino 2009). Contact theory therefore suggests that prejudicial attitudes towards migrant men will subside in German elder care homes over time. Indeed, it seems to me that once migrant men have successfully established that they are "suitable" rather than "dangerous" men, assumed racial differences will likely lose relevance for migrant men themselves and for their colleagues.

Structurally, care work in Germany fulfils the criteria for migrant men to ascend on a *glass escalator* into higher status positions: care work is fully professionalized, entails various opportunities to advance, and has clearly defined pathways to move up organizational ranks. In many aspects, care homes and hospitals in Germany are what Williams (2013) would describe as traditional work organizations. These are organized hierarchically: entry-level positions are at the bottom; there are clear job descriptions and organizational charts controlled by managers; and "power, prestige, and income increase at each level" (p. 618). Such rigid structures with "clearly demarcated rungs" (p. 620), Williams argues, are a prerequisite for the *glass escalator* effect to kick in. Most of the migrant men I interviewed and/or observed are keen to forge specialized careers in nursing and have already identified a clearly demarcated path toward achieving occupational mobility. Even though they did not come to Germany to do care work and, for most of them, care work was not their first choice once they had to find work in Germany, they express contentment with their positions and career prospects as (geriatric) nurses. In contrast to other migrant men care workers studied elsewhere (Gallo and Scrinzi 2016, Hussein and Christensen 2017, Williams and Villemez 1993), most of the migrant men I interviewed and observed in Germany express an intent to remain, occupationally, in care work.

Care work is not only professionalized and hierarchically ordered; the effectivity demands towards care workers are also changing in Germany to the benefit of men. While the number of people in need of care is ever increasing in Germany, funds to provide for such care are slowly diminishing. Care workers must therefore work faster in any given shift and attend to more patients. According to care home managers and the more seasoned care workers I talked to, patients are today also older and in much greater need of physical assistance than patients thirty years ago. Hence, care workers must not only work faster but also lift more. Men's assumed physical strength and their supposed rationality regarding productivity increasingly emerge as advantages within the context of care. To this end, it seems that care work in Germany is on a similar trajectory as cleaning work in Norway. There, migrant men are already on top of the suitability hierarchy in professional cleaning (Orupabo and Nadim 2020:347). According to Orupabo and Nadim (2020), the professionalization and the heightened effectivity and physical demands on cleaners have changed the gender-typing of professional cleaning in Norway. In what was once a women-dominated occupational realm, men are today the preferred workers. Employers in Norway's professional cleaning industry prefer to hire migrant men because, they contend, relative to Norwegian men, migrant men are more available and willing to do cleaning work. Migrant men, Orupabo and Nadim (2020) argue, have therefore replaced women as the most suitable cleaners. Because professional cleaning in Norway is a dead-end job, Orupabo and Nadim foreclose the possibility of a glass escalator effect: "Given the limited opportunity structures in the bottom of the labour market," they explain, "[immigrant men's] situation is rather characterized by being the somewhat less disadvantaged among the disadvantaged" (p. 359). The situation of migrant men care workers in Germany is critically different: care work is not a dead-end job. Opportunities for professional advancement exist. The organizational structures of care work, combined with the valorization migrant men already experience in German care homes simply because they are men, might suffice for migrant men care workers to ride up a glass escalator. Thus, I conclude that manhood is a critical resource of supposedly hyper-masculine and dangerous "refugee men" who do care work in Germany.

7.2. POLICY IMPLICATIONS

While migrant care workers studied elsewhere experience professional isolation, exploitation, as well as legal status and economic immobility (Chang 2017, Duffy 2007, Gallo and Scrinzi 2016, Hagan 1998, Scrinzi 2016), migrant men in Germany doing (elder) care work can upgrade their legal status, gain financial stability, become full participants in Germany's labour market and advance in their careers. The German state equips these men with the means necessary to establish themselves in its economy as care workers. In this section, I highlight the implications of my findings for policymakers in the fields of migration policy, immigrant integration, and care work, as well as for people who work on the issue of gender equity. I start with the positive aspects of the German case that policymakers, perhaps, can learn from:

- 1) Care work in Germany is an employment opportunity with low entry requirements that is fully professionalized and embedded into Germany's system of education credentials. Care work is one of the few occupations in Germany that has an assistant training for individuals with a lower secondary school degree and basic German language skills. Many "unskilled" migrants and refugees in Germany fall into this category. A completed assistant training is the equivalent of an advanced secondary school degree and enables individuals to participate in the three-year (geriatric) nurse apprenticeship. This apprenticeship, in turn, is the equivalent of the German Abitur that one needs in Germany to study at universities. The three-year nurse training also qualifies for several different managerial and specialized roles in care homes and hospitals. Thus, care work in Germany pairs exceptionally low entry requirements with various opportunities to upskill and advance within the care profession. Hence, migrant men care workers can benefit from care work's anchoring in Germany's system of educational credentials. Rather than doing "unskilled" care work in the homes of German families at the periphery of the regular labour market (like many other "unskilled" migrant care workers studied elsewhere), migrant men are integrated into the same labour and educational structures that Germans navigate as well.
- 2) Practitioners in the fields of care work and immigrant integration have developed specialized programs for migrants willing to become care workers. Some of the migrant men care workers participated in local or regional programs that elder care and refugee settlement organizations offer to migrants who are willing to do care work. These programs consist of a mix of job-specific language and practical training, internship opportunities, legal support, a small stipend, and participation certificates with which refugees can signal to the German state their intent to "integrate" into German society as care workers. For many migrant men care workers, their participation in such programs was quintessential for their entry into care work. Without a secondary school degree or advanced German language skills, they could at least participate in such an initiative and begin to upskill. In recruiting refugees as care workers, organizational actors did not only want to help themselves. They also wanted to give these migrants with precarious legal status an opportunity to secure their status. Many care home managers bent over backwards and invested their time, energy, and financial resources to channel refugees through the apprenticeship program. Thus, the successful incorporation of "unskilled" migrants as care workers in Germany depends not only on permissive policies and labour market structures but also on the motivation of employers to "integrate" refugees and other migrants into their organizations. So far, there is no concerted effort in Germany to offer low-threshold job-entry

programs for individuals interested in care work or any other occupation. The initiatives I learned about during my fieldwork are short-term and project-based; many have since run out of funding and have thus been terminated. Given the positive impact these programs had on many of the migrant men care workers I observed and interviewed, their short-lived existence is unfortunate. Future job entry programs—in the realm of care work and occupational fields inside and outside of Germany—can learn from these local initiatives that gave refugees willing to train as care workers a foothold in the labour market.

3) The German state is ready to invest to upskill migrants and refugees. Apprentices in Germany receive a small stipend from the organizations that employ them: apprentices as geriatric nurse assistants receive approximately €600 net per month, and apprentices in the three-year nurse training start with approximately €900 and receive approximately €1,200 net per month near the end of their training. These stipends are insufficient to cover one's basic needs in Germany. The German state therefore subsidizes the stipends of apprentices, regardless of the occupation, with the so-called Berufsausbildungsbeihilfe (BAB). Depending on their particular circumstances, individuals can receive up to €780 per month in addition to their apprenticeship stipends. Non-citizens can also apply for BAB. Individuals with "protected" status are immediately eligible to receive BAB, individuals with "tolerated" status are blocked from BAB for three months after their asylum application is rejected; they may apply afterwards. The advantage of blocking individuals with "tolerated" status from BAB for three months is entirely unclear to me. However, it must be recognized that BAB payments for individuals with "protected" and "tolerated" status is an investment on part of the German state into migrants' education and upskilling. As an example, contrast the apprenticeship stipends and the BAB that care apprentices receive in Germany with the Canadian Live-In Care Worker Program (LCP). Migrant (women) care workers who participate in the LCP program (many of them are minimally qualified care workers without a nursing degree) must work for one family in Canada for at least two years before they can seek other employment and educational opportunities. Many LCP care workers remain confined to domestic care work after the initial two years of service, simply because they are not qualified for other types of labour. Upskilling is difficult for them, as their education is not subsidized by the Canadian state or other organizations. The costs of upskilling are thus entirely offset on domestic care workers (Bakan and Stasiulis 2012, Tungohan et al. 2015, Valiani 2009). The Canadian LCP does not aim at full integration of migrant domestic care workers by design, as the program was conceived to cope with

Canada's care crisis. Germany's strategy of making the BAB accessible to migrants manages to redress both the care *and* migration crises.

Care work's anchoring in Germany's educational system, the efforts of individual integration officers and care home managers to facilitate migrants' entry into care work through specialized educational programs, as well as the German state's financial investments into (care) apprentices undoubtedly stand out. To this end, the German case offers an innovative strategy that other countries in the Global North can learn from as they grapple with care and migration crises. However, the German case does come with several qualifications to which I must now turn:

1) Germany's asylum and integration policy architecture undercuts migrants' potential. In Germany, the prior skills and education of migrant men doing care work are not recognized, nor is there enough state-funded support for them to learn the German language properly in order to pursue a university education. Gowayed's (2022) work shows how racist welfare systems undercut refugee's human potential in the United States, Canada, and Germany. In Germany, refugees must find work once they have acquired basic German language skills. The state-imposed pressure to find a job combined with a funding stop for German language training past the B-1 level work to channel refugees into jobs that are undesired among Germans and offer limited opportunity to advance professionally (Gowayed 2022). Care work is a sector that benefits from this dynamic. Care work is a positive exception only because it offers various pathways to upskill and advance within the occupational hierarchy. For many of the migrant men I interviewed and/or observed, care work offers career paths and financial comfort (not wealth), making it an acceptable employment opportunity. Thus, it must be highlighted that it is care work and its organization that stand out here positively, not Germany's integration policies. Germany's integration policies made higher language and university education inaccessible to migrants. This situation is unfortunate because many industries in Germany are today recruiting university-educated professionals from abroad in response to a shortage of skilled workers in Germany.

Two policy changes would make it much easier for migrants to pursue a university education; that is, access to (1) advanced (higher than B-2 level) state-funded German language training for those compelled to learn more and (2) a residence permit as a university or language school student. On top of these concrete shortcomings in Germany's integration policies, I flag again Fontanari's (2022a, b) well-founded critique of Germany's apprenticeship

toleration. As she shows, this toleration imposes severe performance pressure on refugees, exposes them to various forms of precarity, and harms their physical and mental well-being. Bekele, we met him in chapter IV, mentioned the pressure he felt when he lived in Germany with an apprenticeship toleration. Moreover, many of the organizational actors I interviewed lamented their difficulties and frustrations with navigating Germany's slow, unresponsive, and at times erratic asylum bureaucracy. They further noted how migrants share these same frustrations and fear their deleterious consequences.

2) Migrant men experience racism in German elder care homes and hospitals. The racist discourse against men from countries in West Asia and Africa is as old as European colonialism and was readily available to stir a moral panic against "refugee men" after the 2015 New Year's Eve events in Cologne. The racialization of men from countries in West Asia and Africa as "Muslim" and "Black" effectively undermines migrant men's efforts to integrate into German society as care workers. As I show in chapter V, racism leads to conflict, tension, mistrust, and miscommunication in German care homes and hospitals, undercutting migrant men's potential and well-being at their places of work. Myths about Black soldiers' mass rape of German women after World War II still stand uncorrected in Germany; eighty years later, they remain lies that men from African countries must uncomfortably endure as they care for elderly women in German elder care homes. Thus, defamatory narratives about (racialized) groups of people linger if they are not corrected and have an ongoing negative effect on interpersonal dynamics in German workplaces.

The pervasiveness of racism in the German care sector (Biermann and Gebhart 2023, Ritter 2024) is particularly concerning given that the care sector increasingly relies on migrants. To my knowledge, the international recruitment of nurses organized by the German federal government and individual care homes lacks a concerted strategy on how to deal with racism within teams and with racist attitudes and behavior from care recipients. Anti-racism trainings in care homes and hospitals are an exception. They occur, if at all, sporadically. They are project-(under)funded, and their organization depends entirely on the will of individual care home managers and the (limited) resources at their disposal. The lack of a concerted antiracism strategy in the German care sector is thus a severe omission.

3) Stereotypical thinking about women and men permeates German care homes. Care home staff valorize men care workers, migrant men and German men alike, for their supposed "masculine" qualities. Men and women care workers widely endorse essentializing gender beliefs about the things that men are supposedly so good at while women are not. While men are valorized, women are devalued. There are two noteworthy implications of this finding.

First, it is already now the case that men occupy 37% of managerial positions in German elder care homes, even though men are generally underrepresented in care homes as care workers (17% in total).⁵⁰ As I explained in chapter II, men—many of them migrants—are increasingly taking up skilled care work in German hospitals and elder care homes. I anticipate that an increase of men care workers in institutional care will also bring about an increase of men in managerial positions in care homes and hospitals. Women's and men's widespread endorsement of essentializing gender beliefs in the care sector, which emphasizes men's supposed positive qualities and women's supposed negative qualities, might further promote this trend. We must thus be cautious that women care workers are not sidelined and further devalued as more (migrant) men pick up care work.

Second, the public and political discourse that racializes men from countries in West Asia and Africa as "dangerous" others builds on the idea that Germany is a country where gender equity has widely been achieved. While "Muslim" and "Black" men are supposedly backward, German men (and women) are supposedly progressive and reject the subordination of women. My study shows that this assumption is far from reality. As migrant men care workers come to work in German elder care homes, they as well as their women and men colleagues seem to quickly identify similarities between migrant men and German men that are worthy of valorization. Meanwhile, women and men care workers stereotype women's behavior as too emotionally driven and thus inferior to men. On the one hand, the gender stereotyping I observed means that the supposed differences between German men and men from countries in West Asia and Africa are blown out of proportion in Germany's public and political discourse. As German men and migrant men work together in teams alongside women, they appear to those around them as much more alike than different. On the other hand, this gender stereotyping also shows that gender inequality is a much bigger problem in Germany than the public and political discourse relating to the presence of "refugee men" in Germany suggests. Essentializing gender beliefs have a strong currency in German care homes and hospitals. German men and women care workers endorse such beliefs at least in part and

⁵⁰ The German Federal Agency of Employment publishes these statistics online, see: wwww.statistik.arbeitsagentur.de.

are ready to use them to devalue women. Women's subordination in Germany is thus *not* an imported problem that "refugee men" introduce to German society.

In sum, several aspects stand out positively in the German case that other countries and occupations within Germany might learn from: the professionalization of care and its anchoring within the German system of educational credentials, the low job-entry opportunities, as well as the readiness on part of the German state to invest in migrants' upskilling. However, Germany's asylum and integration policy architecture undermines migrants' potential and imposes severe pressure on them. Migrant men care workers experience racism in German care homes and hospitals—a situation that demands a robust anti-racism strategy. The dominance of essentializing *gender beliefs* among care workers is also concerning as these beliefs might work to undercut the career aspirations of women care workers.

VIII. CONCLUSION

In this dissertation I asked, *how are "refugee men" integrated into German society as care workers* and *how do gender and race manifest themselves in this process*? In posing these questions, I sought to understand the various ways in which gender, race, and legal status manifest and intersect as migrant men from countries in West Asia and Africa attempt to live and work in Germany as care workers. In taking up the concept of "integration", I sought to capture mechanisms that both diminish *and* perpetuate actual and socially constructed differences between migrant men care workers and German society, more broadly. To answer my research questions, I conducted ethnographic research in Germany between July 2021 and December 2022. I interviewed migrant men care workers from West Asia and Africa, organizational actors involved in the training and recruitment of refugees as care workers, and German care workers who work alongside men from West Asia and Africa. In addition, I conducted five months of participant observation in two care homes, observing the interactions of migrant men care workers with members of their teams and the people they care for.

In the preceding four chapters, I present my findings and discussed their implications. I show, in chapter IV that the migrant men I interviewed and observed can make legal and economic status gains as care workers. Because care work is an occupational realm where low-entry requirements are paired with various possibilities of acquiring professional credentials, migrant men can upgrade their legal status and turn themselves into skilled and sought-after health professionals. In chapter V, I show how gender-specific forms of racism undermine migrant men's efforts to integrate into German society as care workers. The public discourse that constructs and defames "refugee men" as violent, hyper-sexual, and misogynist others permeates migrant men's workplace interactions with some of their colleagues and the people they care for. In chapter VI, I tell a decidedly gendered story about the position of migrant men care workers within their teams. Despite the marginalization that migrant men care workers experience, I show that they experience valorization too, simply because they are men. To many of their colleagues they appear similar and, in some respects, even better than German men. Their embodiment of "suitable" manhood elevates their status relative to their women colleagues. I thus show that racial disadvantage does not necessarily negate access to gendered privilege. In light of these findings, I emphasize in chapter VII that migrant men care workers are on a path towards integration in Germany. As they settle in Germany as care workers, they must prove to their colleagues that they are not "dangerous" but "suitable" men. In this endeavor, essentializing gender beliefs of how women and men are different provide a foothold and may even work to propel migrant men care workers up the career ladder. The professionalization of care work combined with the gender-typing of this occupational realm allows migrant men to emerge in Germany as "suitable" care workers.

My findings advance scholarly debate about care migration, boundary processes in immigrant societies, and racialized men who do women's work. In contrast to previous scholarship on care and migration that predominantly highlights care work as a site of migrant isolation, exploitation, and professional immobility (Chang 2017, Duffy 2007, Gallo and Scrinzi 2016, Hagan 1998, Scrinzi 2016), I highlight how care work in Germany constitutes an occupational realm that advances rather than undercuts migrants' economic integration. I extend previous work on boundary formations via-à-vis immigrants by empirically illustrating how discursively constructed boundaries against "dangerous refugee men" manifest in workplace interactions. Finally, while previous research on racialized men in women-dominated occupational realms suggests that racialized minority men are excluded from the privileges that (white) majority men enjoy when they do women's work (Dill and Hodges 2020, Maume 1999, Wingfield 2009, Woodhams et al. 2015), I show that racialized migrant men in Germany's care sector *can* reap the *patriarchal dividend* along with their (white) German men colleagues.

My findings offer several learning opportunities for policymakers, especially those working in the fields of migration, immigrant integration, and care work. In many ways, the German case serves, as an example of how the care and migration crises can be jointly tackled. Care work in Germany is particularly well-equipped to offer "unskilled" migrants an opportunity to upskill. It is a fully professionalized occupational realm where job-entry requirements in terms of language proficiency and educational attainments are low relative to other (credentialized) professions in Germany. Migrants who opt into care work and start with the geriatric nurse assistant training can follow a clearly demarcated path towards a full nursing degree, which opens various educational and specialized training opportunities towards higher occupational attainment. Migrants' ability to forge a career in Germany's care sector makes care work an attractive occupational choice, especially for migrants who find it difficult to establish themselves as skilled professionals in other occupational realms.

My aim was to understand how "refugee men", meaning migrant men from countries in Asia and Africa, are integrated into German society as care workers. I excluded from consideration many other people who also do care work in German care homes and hospitals. Among them are migrant men from other geographic regions. The German state entered bilateral agreements with several South(east) Asian countries—India, Vietnam, Philippines, and Indonesia—which promote the recruitment of fully trained nurses and nurse apprentices from these countries for care work in Germany. Several of the care home managers I interviewed have already recruited care staff from abroad, and many of the international recruits are South (East) Asian men. In the care homes where I conducted my fieldwork, I met several men from different parts of Asia who came to Germany to complete the (geriatric) nurse apprenticeship. Whether and how they access the *patriarchal dividend* remains an open question. Unlike the discourse of "danger" that circulates around migrant men from countries in West Asia and Africa, colonial narratives and Western pop-culture have consistently feminized South (East) Asian men (McClintock 1995, Ono and Pham 2009, Sinha 1995). Hence, how South (East) Asian men negotiate their masculinities at work and if they get to embody and be valorized for "suitable" manhood necessitates further research.

Future research should also consider migrant women in Germany who provide care in public, institutional care settings as credentialized (geriatric) nurses. Much of the research on migrant women's care work has focused on the "low-skilled" and "unskilled" domestic care sector (Aulenbacher and Palenga-Mollenbeck 2013, Kilkey et al. 2010, Lutz and Palenga-Mollenbeck 2012, Parreñas 2009). According to the German Federal Employment Agency, migrant women constituted 13% of the care staff in German care homes in 2022. Theoretically, migrant women employed in public, institutional care settings, where they (can) participate in formalized apprenticeship programs, should fare better than migrant women domestic care workers who seldom receive any formal training. However, I sporadically heard in interviews with organizational actors that migrant women find it harder than migrant men to participate in the three-year nurse apprenticeship due to their child rearing responsibilities. While child-rearing is likely an impediment for all women-including German women—who desire to complete the nurse apprenticeship, migrant women may be at a heightened disadvantage. Most German women who opt into the nursing profession do so at a young age, right after finishing high school and before they start a family. This timing is different for many migrant women, especially those that came to Germany between 2015 and 2018 from countries in West Asia, particularly from Syria. Many of these women were over the age of 30 when they arrived in Germany,⁵¹ presumably with children. The scarcity of childcare in Germany, the limited possibilities of doing the nurse (assistant) training part-time, and the energy it requires to learn a profession in a foreign language potentially combine to deter or limit migrant women from acquiring professional credentials in Germany's care sector. It is thus important to identify what structural opportunities and barriers exist

⁵¹ The lowest share of women asylum applicants in these years was in the age group 16 – 30. See: BAMF (2016, 2017, 2018), "Das Bundesamt in Zahlen. Asyl, Migration und Integration." Bundesamt für Migration und Flüchtlinge, Nürnberg.

for migrant women as they attempt to realize legal and economic status gains as care workers in Germany. Moreover, scholars have found that racism in German care homes and hospitals affects migrant women too (Biermann and Gebhart 2023). Unlike migrant men, migrant women do not have access to a *patriarchal dividend* that may boost their standing within their teams. Thus, while German integration and labour market policies combined with essentializing *gender beliefs* may have created an opening for migrant men to thrive in Germany's care sector, these same factors may inadvertently work to further marginalize migrant women.

I focused on the public (elder) care sector in Germany, a fully professionalized, womendominated occupational realm. It is unclear if other women-dominated occupational realms in Germany-for example professional cleaning, childcare, or retail-also see an increase in migrant men and, if so, how these men encounter racial disadvantages and/or gendered privileges. Further, I show that migrant men bond with German men as they distance and differentiate themselves from the behavior of their mostly women colleagues. How-meaning on what grounds-racialized migrant men bond with German men colleagues (if at all) when they are not a minority among mostly women is not clear. Wingfield (2013) suggests with her concept of partial tokenization that racialized men experience both racial disadvantage and gendered privileges in men-dominated professions. She focuses on high-skilled and, thus, high-income professionals (that is lawyers, medical doctors, bankers) in the United States. Most migrant men (who applied for asylum) in Germany enter the German labour market not as university-educated, high-skilled professionals but as apprentices in one of Germany's trades. Thus, whether and how Wingfield's concept of partial tokenization works for racialized migrant men who do "unskilled" work or complete(d) an apprenticeship in men-dominated, middle-class associated occupations is thus another possible extension of my study. How my findings can be generalized and extended to other occupational and country contexts is another worthwhile question to consider. The professionalization of care work is differently advanced and organized within Europe and beyond. The increase of migrants as care workers across these different national contexts is a constant, however. A country comparison that considers the ways in which care work is (or is not) professionalized and how these different schemes of professionalization can and do affect migrant care workers' legal and economic status is an important line of inquiry.

Finally, the long-term societal integration—legally, economically, and socially—of migrant men care workers in Germany remains an outstanding question. At the time of my fieldwork, most of the migrant men I interviewed and observed had yet to complete their training, many had only recently transitioned out of "tolerated" status and acquired a temporary residence permit. Time will tell how

their integration efforts take shape in terms of legal status, gender and race (dis)enfranchisement, and occupational advancement. Will they—as they intended when I talked to them—forge specialized careers, lead a team, or attend university? Will they indeed ride a *glass escalator* into higher status positions, leaving their (German) women colleagues behind? It is for future research to explore how the trajectory of migrant men care workers' integration into German society evolves over time.

As I complete this dissertation in the late summer of 2024, "refugee men" are once again under intense public scrutiny in Germany. On the 23rd of August 2024, a Syrian man stabbed festival visitors in the German city of Solingen with a knife, killing three people and wounding eight. The terrorist organization Islamic State claimed responsibility for the attack just hours later. The event gave new heat to the ongoing debate about the supposed lack of safety that Germans suffer from in the presence of "refugee men". Politicians across the political spectrum are now demanding—once again—more deportations, a stricter asylum regime, and the categorical rejection of asylum seekers from select countries in West Asia. While I do not wish to exculpate the violent terrorist attack of this Syrian man, I do hope that this dissertation provides a much-needed counter-narrative to the public portrayal of "refugee men" in German society. Through my research, I met migrant men who *provide* for the safety and well-being of Germans—they are from "dangerous." They *care* and have gone above and beyond to prove to the German state that they are worthy of a life in Germany so that they too can live in safety.

APPENDICES

A) REB APPROVAL

McGill

Research Ethics Board Office James Administration Bldg. 845 Sherbrooke Street West. Rm 325 Montreal, QC H3A 0G4

Website: www.mcgill.ca/research/research/compliance/human/

Research Ethics Board 1 Certificate of Ethical Acceptability of Research Involving Humans

REB File #: 21-03-103

Project Title: The recruitment and training of refugees as elder care workers in Germany

Principal Investigator: Maike Isaac

Status: Ph.D. Student

Department: Sociology

Supervisor: Prof. Elaine Weiner

Approval Period: April 20, 2021 to April 19, 2022

The REB-1 reviewed and approved this project by delegated review in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Deanna Collin Senior Ethics Review Administrator

^{*} Approval is granted only for the research and purposes described.

^{*} Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.

^{*} A Request for Renewal form must be submitted before the above expiry date. Research cannot be conducted without a current ethics approval. Submit 2-3 weeks ahead of the expiry date. * When a project has been completed or terminated, a Study Closure form must be submitted.

^{*} Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. Serious adverse events experienced by a participant in conjunction with the research must be reported to the REB without delay.

^{*} The REB must be promptly notified of any new information that may affect the welfare or consent of participants.

The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
 The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.

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McGill University Research Ethics Board Office www.mcgill.ca/research/research/compliance/human

REB File Number:

Project Title:

Principal Investigator: Department: Supervisor: 21-03-103 The recruitment and training of refugees as elder care workers in Germany Maike Isaac Sociology Professor Elaine Weiner

Approval Expiry Date:

12-Feb-2024

- The REB-1 reviewed and approved the Continuing Review application for the above project on 13-Feb-2023.
- · Approval is granted only for the research and purposes described.
- The PI must inform the REB if there is a termination or interruption of their affiliation with the University.
- An Amendment form must be used to submit any proposed modifications to the approved research. Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.
- Changes to funding or adding new funding to a previously unfunded study must be submitted as an Amendment.
- A Continuing Review form must be submitted before the above expiry date. Research cannot be conducted without a current ethics approval. Submit 2-3 weeks ahead of the expiry date. A total of 5 renewals are permitted after which time a new application will need to be submitted.
- A Termination form must be submitted to inform the REB when a project has been completed or terminated.
- A Reportable New Information form must be submitted if any unanticipated issues that may increase the risk level to participants or that may have other ethical implications or to report any protocol deviations that did not receive prior REB approval.
- The REB must be promptly notified of any new information that may affect the welfare or consent of
 participants.
- The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
- The REB must be notified of any findings that may have ethical implications or may affect the decision
 of the REB.

B) LIST OF PARTICIPANTS

Pseudonym	Country/ Region of origin	Position	# Interviews	Observation site
Migrant men	a care workers			
Ali	Syria	Geriatric Nurse Assistant (untrained)	4	Joseph House
Bekele	East Africa	Apprentice Geriatric Nurse	2	Joseph House
Hawi	East Africa	Geriatric Nurse	1	Mary House
Lamine	West Africa	Companion to the elderly	1	Joseph House
Mamodou	West Africa	Geriatric Nurse	2	Joseph House
Rachid	North Africa	Geriatric Nurse Assistant (untrained)	2	Mary House
Yero	West Africa	Geriatric Nurse	1	Mary House
Adham	Syria	Apprentice General Nurse	2	-
Boka	West Africa	Apprentice General Nurse	2	-
Femi	West Africa	Geriatric Nurse Assistant (untrained)	1	-
Hakim	Syria	Apprentice Geriatric Nurse Assistant	2	-
Hammad	Syria	Apprentice General Nurse	2	-
Hussein	Syria	Apprentice General Nurse	3	-
Ibrar	Syria	Apprentice General Nurse	4	-
Najim	Syria	Apprentice General Nurse	2	-
John	West Africa	Apprentice Geriatric Nurse Assistant	1	-
Lateef	West Asia	Geriatric Nurse Assistant	3	-
Nadeem	West Africa	Apprentice Geriatric Nurse Assistant	2	-
Omar	Syria	Apprentice General Nurse	2	-
Tafari	East Africa	Apprentice General Nurse	1	-
Wasseem	Syria	Apprentice General Nurse	3	-
Other care w	orkers, women			L
Anja	Germany	Geriatric Nurse, Floor Manager	2	Joseph House
Claudia	Germany	Geriatric Nurse, Floor Manager	1	Mary House
Gisela	Germany	Geriatric Nurse Assistant	1	Mary House
Nadine	Germany	Geriatric Nurse, Floor Manager	2	Joseph House
Nadja	Germany	Geriatric Nurse Assistant	1	Mary House

Petra	Germany	Geriatric Nurse Assistant (untrained)	1	Joseph House
Rut	Germany	Geriatric Nurse	1	Mary House
Silvia	Germany	Geriatric Nurse	1	Mary House
Sonja	Germany	Geriatric Nurse	1	Joseph House
Steffi	Germany	Nurse, Care Instructor	1	Joseph House
Susanne	Germany	Geriatric Nurse	2	Joseph House
Ulla	Germany	Geriatric Nurse Assistant	2	Joseph House
Other care w	vorkers, men			
Don	South-Eastern Europe	Geriatric Nurse Assistant (untrained)	1	Joseph House
Enes	South-Eastern Europe	Geriatric Nurse	2	Mary House
Holger	Germany	Geriatric Nurse	1	Mary House
Johannes	Germany	Geriatric Nurse, Project Manager	2	Joseph House
Lutz	Germany	Geriatric Nurse, Floor Manager	1	Joseph House
Mario	Germany	Geriatric Nurse	1	Joseph House
Markus	Germany	Apprentice General Nurse	1	Mary House
Mike	Germany	Geriatric Nurse Assistant (untrained)	1	Joseph House
Sebastian	Germany	Geriatric Nurse Assistant	1	Mary House
Volker	Germany	Geriatric Nurse	2	Mary House
Organization	nal actors*	-		
Ms. Acker	Germany	Project manager at state-level recruitment initiative	1	-
Ms. Berg	Germany	Language instructor at state-level recruitment initiative	1	-
Mr. Quartz	Germany	Care home manager	1	-
Mr. Rabe	Germany	Instructor at care school and in care home	1	-
Ms. Faser	South-Eastern Europe	Care home manager	1	Joseph House
Mr. Goffart	Germany	Care home manager	2	Mary House
Ms. Hufe	Germany	Quality manager	1	Mary House
Mr. Jansen	Germany	Care home manager	1	Joseph House
Mr. Otte	Germany	Project manager, recruitment of refugees at national welfare organization	2	-
Ms. Neuer	Germany	Project manager at care home, recruitment of refugees	1	-

Ms. Kaier	Germany	Care home manager	1	-
Ms. Lauge	Germany	Project manager at care home, training of refugees	1	-

*In total, 22 organizational actors participated in this study. Included in this table are only those 12 organizational actors that I explicitly refer to in this dissertation.

C) INTERVIEW GUIDES

MIGRANT MEN CARE WORKERS

- What was your profession in [country of origin]?
- ▶ How are the elderly taken care of in [country of origin]?
- Could you tell me how you came to work as an (elder) care worker in Germany?
 - What other employment/training possibilities did you consider?
 - How did you decide? What about elder care was appealing to you?
 - Was there anything you were sceptical / excited about?
- ➢ How did you find your current employer/apprenticeship position?
 - Were there any obstacles you had to overcome, regarding
 - ... your legal status?
 - ... language proficiency?
 - ... educational requirements?
- ➤ Who supported you in becoming an (elder) care worker? How? Why?
 - Was there anyone who was opposed to your plan of starting an apprenticeship as an elder care worker?
 - How did your family support you/ respond to your plans of training as an elder care worker?
- > Prior to your employment/apprenticeship, what did you think elder care work would entail?
 - How and by whom were the responsibilities/tasks of elder care workers described to you?
 - Did you anticipate any challenges in doing the work?
 - ... in terms of skills/knowledge?
 - ... in terms of cultural differences between you and the elderly/colleagues?
- Would you say there are aspects of elder care work that are differently experienced by elder care workers on the basis of being a woman or a man?
 - What about the division of work? Are there specific tasks you do or do not do, because you are a man?
- Are there specific tasks or responsibilities you find particularly easy or difficult to fulfil, because you are a man?
- ➢ How do you feel about being an elder care worker?
 - Are there things/tasks that you struggle(d) with/tasks that you particularly enjoy?
 - o How are you supported as you perform challenging tasks by
 - ... your manager?
 - ... your colleagues?
 - ... elderly residents and/or their families?

- Elder care work is a type of labour that in Germany has traditionally been done by women. Some people think it is a women's job. How have you encountered this assumption (if at all)?
 - o How do you think about it?
 - Has your opinion changed?
 - o Is elder care work similarly evaluated as a "female" responsibility in [country of origin]?
- ➤ How would you describe your position within your team?
 - Do you get along well with your colleagues?
 - How about the people you care for?
 - How does it matter, if at all, that you are a man?
 - How does it matter, if at all, that you recently migrated to Germany?
- Have there been situations at work when your country of nationality, religion, or legal status was pointed out by
 - ... your colleagues?
 - ... patients/ the elderly?
 - ... managers?
- How would you describe a good elder care worker? What skills/ qualities should they bring to their work?
- How has being an elder care worker changed your life here in Germany or in [country of origin]?
 - o How have things (here) become easier/ harder?
 - How has it changed your living situation?
- How do you imagine your future in Germany? Could you imagine changing your profession eventually?

GERMAN MEN

- Could you tell me how you came to work as an elder care worker in Germany?
 - What other employment/training possibilities did you consider?
 - How did you decide? What about elder care was appealing to you?
 - Was there anything you were sceptical / excited about?
 - o Did you anticipate any challenges in doing the work?
- > Who supported you in becoming an elder care worker? How? Why?
 - Was there anyone who was opposed to your plan of starting an apprenticeship as an elder care worker?
- Would you say there are aspects of elder care work that are differently experienced by elder care workers on the basis of being a woman or a man?
 - What about the division of work? Are there specific tasks you do or do not do, because you are a man?
- Are there specific tasks or responsibilities you find particularly easy or difficult to fulfil, because you are a man?
- Elder care work is a type of labour that in Germany has traditionally been done by women. Some people think it is a women's job. How have you encountered this assumption (if at all)?
 - How do you think about it?
 - Has your opinion changed?
- > How would you describe your position within your team?
 - Do you get along well with your colleagues?
 - How about the people you care for?
 - How does it matter, if at all, that you are a man?
- How would you describe a good elder care worker? What skills/ qualities should they bring to their work?
- How, if at all, has care work changed since you started in this profession? What is different now than it was ____ years ago?
 - What about the composition of teams?
 - What about team dynamics?
 - What about the people you care for?
 - What about the way care work is done?
 - What about the increase of migrants?
 - o Have you noticed an increase of men?

GERMAN WOMEN

- Could you tell me how you came to work as an elder care worker in Germany?
 - What other employment/training possibilities did you consider?
 - How did you decide? What about elder care was appealing to you?
 - Was there anything you were sceptical / excited about?
 - o Did you anticipate any challenges in doing the work?
- > Who supported you in becoming an elder care worker? How? Why?
 - Was there anyone who was opposed to your plan of starting an apprenticeship as an elder care worker?
- Would you say there are aspects of elder care work that are differently experienced by elder care workers on the basis of being a woman or a man?
 - What about the division of work? Are there specific tasks you do or do not do, because you are a man?
- Are there specific tasks or responsibilities you find particularly easy or difficult to fulfil, because you are a woman?
- Elder care work is a type of labour that in Germany has traditionally been done by women. Some people think it is a women's job. How have you encountered this assumption (if at all)?
 - How do you think about it?
 - Has your opinion changed?
- ▶ How would you describe your position within your team?
 - Do you get along well with your colleagues?
 - How about the people you care for?
 - How does it matter, if at all, that you are a woman?
- How would you describe a good elder care worker? What skills/ qualities should they bring to their work?
- How, if at all, has care work changed since you started in this profession? What is different now than it was ____ years ago?
 - What about the composition of teams?
 - What about team dynamics?
 - What about the people you care for?
 - What about the way care work is done?
 - What about the increase of migrants?
 - o Have you noticed an increase of men?

ORGANIZATIONAL ACTORS INVOLVED IN RECRUITMENT

- ➤ What are your responsibilities in your position as ____?
- Could you tell me how you/your organization first became involved in the effort of placing refugees as apprentices in long-term care facilities?
 - o How was this initiative started?
 - Who are your collaboration partners? Who takes/took the lead?
- ➤ How does the (federal/ state) government support these recruitment efforts?
 - Were there any policy changes that incentivized recruitment efforts?
 - o How did these policy changes affect your work specifically?
- Could you talk me through the process of how refugees are placed as apprentices in long-term care facilities?
 - How is the outreach to refugees organized?
 - How is the outreach to potential employers organized?
 - What are some of the challenges?
 - What role does your organization play in these processes?
- How do you communicate with refugees about the opportunity of training as elder care workers?
 - How do you describe the advantages? What are the incentives?
 - How do you describe elder care work itself?
- In your experience, how easy or difficult is it to convince refugees to engage in the effort of finding an apprenticeship position in a long-term care facility? Why/ Why not?
 - What are some of the concerns they raise?
 - o Are there different reactions among refugees based on/by...
 - ... their gender?
 - ... their country of origin?
 - ... their age?
 - ... their family status?
 - ... their legal status?
- How do you communicate with managers of long-term care facilities about the opportunity to recruit refugees as elder care workers?
 - What are some of their concerns (if any)?
 - How do you respond to these concerns?
- In your experience, how easy or difficult is it to convince managers of long-term care facilities to offer apprenticeship positions to refugees? Why / Why not?
- How do you think the training /employment as an elder care worker impacts refugees' lives and position in German society?
 - ... in terms of their legal status
 - ... in terms of their contacts to and interactions with Germans

- What do you hope refugee men learn about life in Germany in their position as elder care workers?
 - 0 Do you think these insights may differ based on
 - ... gender?
 - ... country of origin / religious background?
 - ... age?
 - ... family status?
 - ... legal status?

ORGANIZATIONAL ACTORS INVOLVED IN TRAINING

Note: Questions marked with a "LTC" are for managers of long-term care facilities only. Questions marked with a "CS" are for managers and instructors in care schools only.

- ➤ What are your responsibilities in your position as ____?
- Germany's long-term care sector is notoriously understaffed and underfunded. How do you experience these shortages in this facility/school?
- In 2015, at the peak of the "refugee crisis", did you consider it an option already then to gain refugees as elder care workers?
 - How did you first come to consider this option?
- > LTC: Could you tell me how refugees first came to work here?
 - How were they motivated?
 - How were you motivated as a manager?
 - How were you motivated as a citizen/member of society?
 - How many refugees (have) work(ed) or volunteer(ed) in this facility?
- How did/do you experience the process of training refugees as elder care workers?
 - o Are there things that are easier / more difficult compared to German citizens?
- > If at all, how would you say the training differs for those who come to do elder care work?
 - How is it different for men versus women?
 - Do you think instructors have different expectations towards female versus male elder care workers? How?
 - o How about for citizens versus non-citizens?
- Would you say there are aspects of elder care work that are differently experienced by elder care workers on the basis of being a woman or a man?
 - What about the division of work? Are there specific tasks you do or do not do, because you are a man?
- Are there specific tasks or responsibilities that male elder care workers typically find more challenging than women?
- Elder care work is a type of labour that in Germany has traditionally been done by women. Some people think it is a women's job. How have you encountered this assumption (if at all)?
 - How do you think about it personally?
 - o Has your opinion changed since you started to work in this profession?
- > LTC: How is religious life organized in the elder care facility?
 - o How do (elderly) residents express and practice their faith, if at all?
 - ... How do you support them/ are involved in their practice/expression of faith?
 - ... How do elder care workers express their own faith while at work?

- > LTC: How does your own faith show up while at work?
 - ... in interactions with colleagues?
 - ... in interactions with elderly residents or their families?
- > CS: How are faith and religion incorporated into or addressed in the training?
 - Are there classes/seminars that discuss the role of faith in the provision of care in any way? How?
- CS: Are there sections of the class that are specifically tailored to the needs of non-citizen apprentices? How?
 - o Have these sections always existed? When and how did they come to exist?
- How would you describe a good elder care worker? What skills / qualities should they bring to their work?
 - Would you say refugee women and men meet these requirements differently? How?
- How do you think the training /employment as an elder care worker affects refugees' lives and position in German society?
 - ... in terms of their legal status
 - ... in terms of their contacts to and interactions with Germans
- What do you hope refugee men learn about life in Germany in their position as elder care workers?

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