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### **Title**

Reimagining Care Work: Worker Centers in Transforming the Rights and Conditions of Domestic Care Workers in Germany and the United States

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**Title: Reimagining Care Work: Worker Centers in Transforming the Rights and Conditions of Domestic Care Workers in Germany and the United States**

**Abstract:** Worker Centers play a pivotal role in advocating for the rights and conditions of domestic care workers in both Germany and the United States. The thesis of this article contends that Worker Centers, along with care workers themselves, hold transformative potential in reshaping the conditions and rights of domestic care workers in both Germany and the United States. This article analyzes and discusses the work of Germany and U.S.-American Worker Centers with domestic care workers from Eastern European countries such as Poland and Romania in Germany to effect change in working and living conditions of domestic care workers in home care arrangements.

**Key words: Labor Advocacy, Worker Centers, Social Welfare, Transnational Labor, Migrant Caregiver Rights.**

## **1. Introduction**

Transnational care workers from Eastern Europe and South America, respectively, are often (in)formally employed under precarious working conditions in German and American private households requiring care (Anderson, 2002). In this article<sup>1</sup>, I argue that Worker Centers play a central role in advocating for the rights and conditions of domestic care workers in both Germany and the United States. Worker Centers, along with care workers themselves, have transformative potential in reshaping the conditions and rights of domestic care workers in both welfare states (Esping-Andersen, 1999). To do so, I draw on empirical data from semi-structured interviews and expert interviews with Worker Centers in both countries. Drawing on the state of research on the collective representation of transnational care workers' interests by Rudolph and Schmidt (2019) for Germany and Benz (2014) as well as Guglielmo and Perez (2021) for the United States, I also briefly explain the complexities of 24-hour domestic care employment in both welfare states. Thus, this article and its findings are grounded in the fields of comparative industrial relations and the sociology of gender and work.

## **2. The Theoretical Framework Around Transnational Care Work**

Domestic care workers in home-based care arrangements perform (un)paid household work such as cooking and cleaning, as well as care activities that include child rearing and care for sick, elderly or disabled people in institutional or private settings. They are characterized by irregularity (Anderson 2002) in their employment and living situations. This is manifested in socio-spatial isolation, round-the-clock availability, lack of access to social security, and problems obtaining residency or entering the country illegally. Thus, the intersectional analysis of transnational forms of work and life of care workers in private households is a central object of investigation in German gender and migration research (Kniejska, 2016; Lutz, 2007, 2008, 2016a, 2016b; Lutz & Palenga-Möllenneck, 2011, 2014, 2015). Transnational migration, a cornerstone of this phenomenon, is defined as (in)regular migration between two or more places in the context of living

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<sup>1</sup> This article is a work in progress based on a dissertation project as well as on previously published articles.

arrangements, with a focus on living in different geographical and social spaces (Pries, 2001a, 2001b). Transnational lifestyles of care workers can be attributed to strict gender and migration regimes in welfare states such as Germany, which do not allow permanent settlement in the receiving country, according to Lutz (2007, 2008, 2016a, 2016b). Migration policy restrictions for care workers from countries such as Ukraine and Moldova, which are not part of the European Union, are strategically circumvented through the so-called rotation principle, in which several care workers share gainful employment in a German household for certain periods of time (Kniejska 2016). Several studies by Karakayali (2010), Kniejska (2016) and Lutz (2008) provide evidence of this informal care work based on interviews with care workers in Germany and Central and Eastern Europe. In particular, Lutz examined the work and life situation of care workers who migrated from Eastern Europe to Germany. She did so from an intersectional perspective. Furthermore, she theoretically linked race, gender, and migration in the transnational space, thereby drawing attention to interrelated aspects of social and political inequality (Lutz, 2008; Lutz & Palenga-Möllenbeck, 2014; Lutz & Amelina, 2017).

The situation of transnational domestic care workers in the United States is similar to the situation in Germany. According to a study by the National Domestic Worker Alliance (NDWA), domestic care workers face precarious working and living conditions. They are excluded from the social welfare system and from labor law (Burnham & Theodore, 2012). Studies show racism in the workplace, especially against black care workers. This is due to the historical connection between care work and its performance by formerly enslaved black women, and later Asian and South American women (Glenn, 1992). In addition, Ehrenreich and Hochschild (2002) demonstrate the emergence of global care chains. Parreñas (2005) comparatively examines the organization of transnational motherhood among Filipina care workers in Los Angeles and Rome through interviews.

The strategies used by Worker Centers in the U.S. and Germany to organize care workers are examined in a comparative analysis. The approaches, successes, and limitations of unionization efforts in both countries are evaluated in this section. In Germany, efforts to improve their situation through unionization are limited. This is due to barriers related to care, gender, migration, and welfare regimes (Lutz, 2011). An exception is the German Trade Union Federation's initiative Fair Mobility (German: Faire Mobilität), which supports transnational care workers in home-based care arrangements. Since 2011, Fair Mobility has provided consultation in Worker Centers for care workers from Central and Eastern European countries at thirteen locations in Germany. Multilingual consultants with migration backgrounds support in labor and social law, accompany court hearings (Federal Labor Court 2021), do social media work, and lobby for a legal and safe employment situation in home-based care arrangements (Oblacewicz and Petö, 2022). However, approaches for collective representation and union organizing are missing. Challenges for organizing include a lack of attention to care work as wage labor by trade unions (Ally, 2005), isolation in private households, legal restrictions regarding residency, and an informal employment relationship due to a high identification with the ethos of care. These barriers challenge collective negotiations of employment contracts and strikes (Rudolph and Schmidt, 2020).

Additionally, the German United Services Trade Union published a working paper on how to improve the working conditions of transnational care workers and their organizing potential. The brochure *Raus aus der Schwarzarbeit – Gute Arbeit in Privathaushalten* (translation by author: Exit Illegal Work– Decent Work in Private Households) focuses on labor market and employment policy approaches to regulate the employment relationship (Steffen, 2015). One proposal is the establishment of service centers in municipalities as intermediary offices with counseling and qualification programs for employees such as transnational care workers. By collaborating with local stakeholders and organizations, these services centers can help to manage the regional demand for care workers in private households and promote the integration of transnational care workers into the local labor market (Steffen, 2015). Thus, unions would

have the opportunity to influence labor market policy processes. So far, these centers have not been established throughout the entire country. Additionally, these approaches by the German United Services Trade Union do not include an intersectional perspective regarding approaches to organizing transnational care workers. Restrictions with regards to migration and residency statuses such as tourist visas as well as racial and gender aspects are not considered enough. However, addressing these issues is crucial when organizing transnational care workers and the challenges that they are facing.

In the U.S., in the wake of the social movements of the 1960s, the unionization of Asian, Mexican, black, and precariously employed workers in so-called Worker Centers was already being promoted in the 1970s and 1980s (Gordon, 2005; Fine, 2006). Benz explored the transformative nature of Worker Centers, defined as the interface between unions and social movements. One example of domestic worker organizing in a transformative worker center environment is the DWU, which was founded in New York as a multiethnic, transnational union for (undocumented) care workers (Benz, 2014; Guglielmo & Perez, 2021; Norton et al., 1970). Therefore, the unionization of transnational care workers in Worker Centers has made progress. The U.S. context is interesting, because intersectional approaches played a crucial role in the unionization of domestic care workers. According to Crenshaw (2017), intersectionality allows for the analysis of social inequalities such as race, gender, and class. In particular, the organizing of domestic care workers has made progress through the efforts of the United Domestic Workers/AFSCME Local 3930 (UDW). The UDW strategically organized transnational and black care workers in private homes, including those who entered the United States illegally from Mexico, in partnership with care workers and civil society allies (Benz 2014). The history of the UDW goes back to César Chavez and Dolores Huerta, who both are regarded as symbolic figures of Mexican and Southern Californian organizing in the USA. During the black civil rights movement, Chavez and Huerta founded the National Farm Workers Association in California in 1962. In doing so, they drove forward the organization of Mexican field workers and the Chicana/o movement in the U.S. (UDW, 2024). Chávez had always dreamed about founding a union for domestic workers. Chávez and

Huerta knew very much about the struggles of in-home domestic care workers. César Chavez and Dolores Huerta of the United Farm Workers inspired San Diego organizers to start UDW. They were responsible for founding UDW. The story of UDW's founding shows how the shared experiences of different groups of workers can help build power. In the 1960s and 70s, many spouses of farm workers were domestic workers. But most experienced union organizers were hesitant to try organizing a workforce hidden in people's homes. Chavez saw that the two groups of workers, farm workers and domestic care workers, had much in common, including being specifically excluded from the National Labor Relations Act of 1935 due to racial discrimination. Chávez believed in organizing domestic workers into a union to fight for their rights despite resistance. Because most experienced union organizers were hesitant to try organizing a workforce hidden in people's homes. In 1977, a group of Chávez's followers formed a committee that became the United Domestic Workers. Key figures included Fahari Jeffers, Greg Akili and Raquel Beltran. They were all Black activists in California.

UDW's mainly consists of women of color, immigrant women and black women (UDW, 2024). Their advocacy and mission are to unionize domestic workers of color and immigrant domestic workers at the intersection of race, migration and gender. They also support measures to decrease police violence against racial minorities. The union's main mission and advocacy is to primarily integrate racial justice into the labor movement, advocating for marginalized communities. Today, UDW is the third largest union in California, and it organizes care workers such as domestic workers, nannies and child caretakers via house visits, bus stops visits and community events for its members. UDW members include approximately 171,000 home care and family childcare workers across the state of California. Of those members, 78% are women, 42% are Latinx, 8% are Black, and 18% are Asian. In 1980, UDW won its first contract for their members. In 2000, UDW won collective bargaining efforts for In-home Supportive Services (IHSS) providers, who are employed by the state (UDW, 2024). The IHSS program offers in-home support to disabled and old people as an alternative to institutional care, allowing individuals to stay in their own homes

(State of California, 2024). In 2021, UDW protected IHSS from a 20% pay cut, and in 2015, they won overtime and paid sick leave for domestic care workers in private households. The most recent win is collective bargaining for childcare workers (UDW, 2024).

### **3. Research Design and Methodology**

In the scope of this study, a research design was generated that includes qualitative data collection and qualitative analysis methods. The qualitative data collection methods include semi-structured expert interviews with representatives of Fair Mobility and the United Domestic Workers Union San Diego. The sample includes a total of 25 interviews with various trade union experts, care workers, executives in churches, and community partners. Eleven interviews were facilitated in Germany and 14 in the United States.

The interview partners in Germany were the union-related DGB Fair Mobility network. The Fair Mobility counseling network has been funded by the German Confederation of Trade Unions since 2011 and by the Federal Ministry of Labor and Social Affairs since 2020. Since its foundation, the consultants have advised up to 200 care workers annually, which qualifies them as experts in this field for the interviews. Additionally, the interview locutors had Romanian and Polish backgrounds. Given the limited German language skills of the care workers, counseling in their Central or Eastern European language of origin proves to be of crucial importance. Since the first interview partner, Mr. Matei, is Romanian speaking, he works with care workers from Romania. Ms. Olejnik advises Polish care workers because of her Polish background.

The semi-structured expert interviews were summarized and evaluated using the qualitative content analysis by Mayring (2010). The aim of the evaluation of the qualitative interviews is to present findings on the transformative work in Worker Centers for transnational care workers with a focus on German live-ins.



## **4. Findings**

The sections below outline the main challenges that care workers encounter in home-based care arrangements in Germany, supported by passages from the Fair Mobility Worker Center. This is followed by a discussion of the empirical findings from the interviews. The selected interview passages focus on the main challenges of irregular employment settings that were repeatedly mentioned by German interview locutors as well on solutions political solutions for these challenges. The passages discuss the regulation of the relationship between employers and intermediary service agencies, and care taking tasks at work as well as the need for a lobby for care work.

### **4.1 Employers vs. Intermediary Service Agencies**

Regulations are a crucial part of live-in care as the lack thereof makes care workers vulnerable and leaves them without protection from exploitative employment situations. The issue of violations and unclear or missing regulations can be found with the employment contract:

**M:** “Oh, that's not really in the employment contract anyway - there's no proper job posting. So it's also - the tasks are also extremely mixed and confusing. So, I also have cases of uh insulin uh injection by unqualified care workers. Even in Germany, a nurse can't simply give insulin. That's also verb- that's just how it's regulated, for a reason, because a little bit too much, and then the woman or man may die. So there are cost savings at all over the place.”

Matei highlights the lack of defined boundaries in the role of domestic workers, attributing it to the obscure nature of the employment contracts facilitated by placement services in collaboration with families. These contracts, which are often unclear and sometimes do not even constitute real employment contracts, contribute to the overall lack of transparency in the work arrangement. Furthermore, the lack of official job

postings underscores the complex web of informality that characterizes the work environment. These problems go back to the lack of regulatory checks on the medical or nursing qualifications of home-based care workers. As a result, care workers may find themselves administering medication without the necessary official authorization or training, posing potential risks to themselves and their clients.

In addition to the unclear differentiation of tasks, the inadequate definition of employers also seems to be a challenge. The interviewee Matei commented on the existence of different employers as follows

**M:** “[...] there are many uh such pseudo-employers, they are actually just intermediary agencies, because the only real employer is the family [...]”

According to him, »intermediary agencies« are not considered to be real employers, but merely intermediaries between the care workers, primarily residing in Central or Eastern European countries, and the families seeking the services of home-based care workers in Germany. He sees the family as the real employer. Matei also highlights a second form of employment through agencies respectively service providers:

**M:** “Then there is this business model, which means that the care worker registers a business here in Germany and works independently, self-employed (*quotation marks made with fingers in the air, my italics*). Um the common scam that we have also discovered is that a agency um actually presents itself as an employer - sometimes I have the impression that they actually do it that way on purpose. In other words, they're not transparent enough to say that we're actually an agency, let's say a service provider that provides support here, for example, supports care workers get in touch with the families, so to speak, and we're a service provider that does everything for you. That means everything from registering the business to accounting. But they don't say that. [...] In other words, they just pretend to be the real employers.”

According to Matei, there is a second »common scam« used by service agencies, which he points out: »[T]he care worker registers a business here in Germany and works independently, self-employed (*quotation marks with fingers in the air, note by the author*).« The emphasis of the words indicates that the interviewee

believes that the business registration is a fake self-employment. In addition, the interviewee assumes that there is a strategic and profit-oriented »intention« behind this dishonest approach by the agencies. Therefore, there is a lack of disclosure of the role to the care workers. This is because they assume that the agencies are the »right employers«. The interviewee explains this assumption with reference to the following incident with a care worker who sought help at Fair Mobility:

**M:** “[...] I also have several cases - one case, she comes from the Republic of Moldova, and she thought all this time that she was really employed. And then she realized, um, actually not. She had this weird insurance that was basically travel insurance. She wasn't legally insured. And she had registered a business. And of course, she signed everything, all sorts of things. And she thought that this was - but in the end what she had was a service contract with the agency. [...] For this service, the woman, um, right, that was crazy, yeah. She got all the money transferred from the family. On the other hand, she had to give some money to the agency in cash without a receipt. [...] the agency's HR manager [...] then came to the woman, took her with her, they went to the bank, she withdrew the money, put it in the manager's hand [...].”

In this passage, it becomes clear that placement agencies engage in dishonest practices beyond their role as employers of care workers. The way service fees are charged is portrayed as not transparent and highly informal. Similarly, the process of transactions involving a joint visit to a bank is extremely unusual and has an abusive and dubious character. This situation highlights the fraudulent practices of intermediary agencies, the lack of transparency in the billing of services, and the informal nature of financial transactions that ultimately exploit care workers like the one from Moldova.

## **4.2 Care Taking Taks**

Mr. Matei' remarks reveal a perspective that views care workers solely as employees, neglecting considerations of their working hours and stress limits:

**M:** “The home care. So that was so blatantly shrunk, scaled back and, um, privatized. [...] If your children earn reasonably well, the children also have to chip in for their parents. And then it's weighed up, or they say, uh, I think it's cheaper to find a home carer. She does everything. She is not only a domestic carer, she is also, um, a, um, how do you say, there used to be

**I:** room maids, servant

maids

**M:** room maids, hand maids, exactly servant maids. And at the same time also a care giver, a nurse.”

According to Matei, the increase in home care is driven by austerity measures in the health care system, particularly privatization and budget cuts in nursing homes. Affluent families, burdened with their own commitments, prefer informal 24-hour care, despite its exploitative conditions, as a more economical alternative to institutional care. Matei notes that care workers take on extensive responsibilities beyond traditional care roles, serving as comprehensive caregivers for their clients. He criticizes the exploitative nature of this arrangement, referring to care workers as "chambermaids," "maids," and "handmaids," underscoring their precarious socioeconomic status and lack of rights.

The second interviewee, Ms. Olejnik, expresses a similar opinion on the unbounded areas of activity and their consequences:

**O:** "And that's also a major point of criticism from us, because, um, on the one hand, this field is not precisely defined, what does it mean to provide domestic care work? What does that include? On the one hand, you have these household activities, which is a very broad spectrum. And (.) on the other hand, we also know that basic care activities are an integral part of this work, including work that is actually only reserved for certified nursing professionals or generally qualified professionals, such as changing bandages, giving injections, and preparing or dispensing medication. [...] And it's not about me saying that someone who hasn't studied or trained isn't able to sort the medication. That's not what I'm talking about.”

Similar to her colleague, the interviewee strongly criticizes the lack of delineation of responsibilities. She attributes this to the different terminology used to describe caregivers in public and academic discourse. Taking an independent stance, she categorizes the job title herself. In particular, she emphasizes that caregivers are different from trained nurses who are licensed to work in the care sector. Instead, she identifies the primary focus as caring for elderly households in need of care, with ancillary medical tasks. Two distinct areas of work emerge: "household activities" and "basic care activities" without direct medical involvement. According to Olejnik, tasks such as "changing dressings," "giving injections," and "preparing medications" fall under the purview of "licensed practical nurses. Despite the importance of education, she stresses that she is not pitting those with (university) education against those without. For Olejnik, the crux of the matter is the use of nurses, predominantly women, in a range of situations:

**O:** "Well, there are various things that we have already read in the contracts. Shopping, cleaning, cooking, doing gardening work or even taking care of the pets. So all that can be stated in it. It can also state that up to two people are to be cared for. That is also possible. Then there is often something like 'providing company'. By that I mean that it is often very (.) generally worded, yes. Of course, help with dressing and so on, with eating and such. But at the end of the day, they ask themselves, ok these women are somehow responsible for everything, yes. So. So basic care, household, companionship, garden, animals, if there are any, and, and, and. That means, there is an incredible variety of responsibilities that they have. And that's why I say that it's a person for everything. Yes. They just accompany to the doctor, make appointments, so it's a kind of everyday companion, an everyday assistant, you could say, for people with disabilities."

The concept of being a "maid for everything" also reappears in this context. Throughout the day, responsibilities range from "cooking" to "gardening" to "assisting with dressing for appointments" to "pet care" to "social interaction" with people and animals. Ensuring the flawless performance of these tasks around the clock, over an extended period of several months, proves impractical for one person, let alone two. While the interviewee refers to these tasks as "daily companionship" and "daily assistance," the term falls

short given the 24/7 nature of the care, which requires constant presence to ensure safety in emergencies. The following interview sections of the next chapter explore this issue in more detail.

The interviewee goes on to complain:

**M:** “That means (.) in itself that you uh that - that (.) we (.) never hear that someone German or someone living in Germany does such a job, that should also make us a little bit worried. Um and for me it's also (.) implicit racism. In other words, we and especially the German government. So what the German government tolerates, um, it's outrageous. It's basically legalized or pseudo-legalized exploitation within (.) the four walls of a private household. All the politicians say it's unacceptable. But they themselves know that tomorrow it's their own mother's turn. Then they'll think that (...) maybe 24-hour live-in will be the solution (for us, too).”

Matei criticizes the exploitation that migrant caregivers face in Germany, noting that it's worrying that this type of work is predominantly done by foreigners rather than Germans or residents of Germany, thus playing into racism. He suggests that the economic exploitation inherent in domestic care work discourages locals from entering the field, highlighting what he perceives as implicit racism. Matei places the blame squarely on the German government, accusing it of tolerating or even enabling the "legalized" exploitation that occurs within private households. He contends that while politicians may publicly denounce such practices, they are aware that they may in the future resort to 24-hour live-in care for their own families, further illustrating the systemic issues at play.

#### **4.1 Lobbying**

In the following passage, Matei mentions his expectations of a civil society, which should take a deeper look at the situation in elderly care and “actively work to improve working conditions” in live-ins. In the form of a question, he notes the lack of civil society representation for migrant care workers in 24-hour care.

“**M:** I think ultimately it's like a whirlpool. That is, if all of them aren't in the same whirlpool, then the DGB won't help at all, because it's not loudly in the committees saying, um, this is in the coalition agreement, it still hasn't been implemented, what are you planning, um, family ministry, labor ministry, finance ministry, et cetera. What are you planning in the ministries? Are there any proposals, drafts? If at the grassroots level, a trade union does not meet people halfway and at the same time, despite the whole [...] because we are also financed by the union itself. So we also have partial financing from the DGB. That means that through Fair Mobility, Fair Integration, we [...] also contribute [...] to raising awareness. That means we have a lot of material, we have a lot of information, we have provided a secure legal basis so that it is now clear what it means when someone is actually on call 24 hours a day, so to speak, to work for someone. What does that mean for on-call time? [...] And then you need the press.”

Strong criticism is expressed regarding the lack of union representation in institutions vis-à-vis the DGB: in particular, Matei emphasizes that the DBG does not point out to the federal government that domestic care is not addressed in the “coalition agreement” and does not hold the responsible ministries to account at the political level. In contrast, he positively highlights the work of *Fair Mobility*. He emphasizes the trade union-related work of the counseling network, because through their work they have achieved “a lot of information” as well as a “secure legal basis” with the case of Dobrina. The trade unions could build on this foundation. In addition, “you then need the press” for effective reporting in the event of corresponding successes and relevant events in the 24-hour care sector.

Olejnuk is also critical of the lack of lobbying:

“**O:** [...] And it's also the case that in this area, nobody [...] I'll say it like that, they're all keeping their feet still, to put it bluntly, because nobody wants to address the problem. Nobody wants to stir up the wasps' nest, ha. [...] But we also do lobbying for this group of people within political institutions, within public institutions, and for the public as a whole, through media work, for example. So we are a bit like a [...] we poke our nose into the problem and show that it exists and that it needs a solution.”

The interviewee also addresses the lack of interest “in this area”. The problematic work situation of care workers in 24-hour live-ins is ignored because “everyone is keeping their feet still”. The interviewee expresses the state of emergency in domestic care with the image of a “wasp's nest” that, when touched, is accompanied by uncontrollable consequences for an entire system. The *Fair Mobility* counselors are “pricking” into the “problem” by means of political, public and media lobbying for 24-hour care workers. This work is intended to raise awareness of the situation of domestic caregivers.

## **5. Conclusion**

The issue of rights and conditions for domestic care workers is a pressing concern in both Germany and the United States. This article sets out to explore the transformative potential of Worker Centers in reshaping the landscape for these workers with a focus on Germany. Through a comprehensive review and analysis, it became evident that transnational care workers, particularly those from Eastern Europe and South America, encounter multifaceted challenges rooted in irregular employment, socio-spatial isolation, and legal obstacles. Worker Centers emerged as pivotal players in advocating for the rights of care workers. In the U.S., these centers, particularly the (United) Domestic Workers Union (DWU), showcased remarkable progress in supporting and unionizing transnational and Black care workers, leveraging intersectional and transformative approaches to address historical biases and empower marginalized workers. Conversely, Germany's landscape presents challenges, including a lack of visible organizing structures and barriers related to care, migration, and welfare regimes. While Worker Centers like Fair Mobility offer support, structural obstacles hinder collective bargaining and unionization efforts.

The research methodology employed qualitative interviews, shedding light on the realities faced by care workers. In Germany, intermediary agencies act as crucial but often exploitative entities, while in the U.S., recent collective bargaining agreements mark significant milestones in advocating for caregivers' rights.



These findings underscore the need for systemic changes, legal standardization, and collaborative efforts among stakeholders to improve conditions for care workers. The comparative analysis of Worker Centers in this article provides insights into distinct approaches and challenges in Germany and the U.S., revealing both progress and barriers. The intricate dynamics of transnational care work call for nuanced strategies tailored to each context. Germany could benefit from migrant-oriented union work and flexible membership concepts, while the U.S. showcases the power of collective bargaining and collaborative efforts in advocating for caregivers' rights.

In conclusion, this article contributes to the discourse on transnational care work by highlighting the pivotal role of Worker Centers, elucidating challenges, and presenting strategies for enhancing the rights and conditions of domestic care workers. As this research continues to evolve, it calls for comprehensive reforms and collaborative endeavors to create a more equitable and just environment for care workers, acknowledging their invaluable contributions to society.

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