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To Care and Protect: Care Workers Confronting Sweden Democrats in their Workplace

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ABSTRACT
Austerity policies across European countries have encountered diverse forms of public protest and resistance. In Sweden, we have seen the emergence of a number of networks and organizations which take care workers’ professional identity as their point of departure. These networks and organizations stress the impossibility of being professional care workers in slimmed-down, neoliberal organizations. Parallel to this, and sometimes embedded into one another, female-dominated professions (e.g. social workers, nurses, doctors, and teachers) have been engaged in opposing restrictive refugee policies. This article analyses how care workers in an emergency room in Malmö mobilized against a visit by Jimmie Åkesson, leader of the right-wing, xenophobic Sweden Democrats. The article explores how workers used a gendered discourse of care and professionalism to argue that their actions were consistent with both organizational culture and their professional ethics. The article shows how, by defending their professional role of providing quality care to all in need, workers challenge both austerity and racist policies, which both impose restrictions on who has the right to care. Theoretically, the article explores how the politicization of care creates spaces of resistance, to critique both austerity policies and exclusionary understandings of national belonging. The study stresses the importance of identifying emerging forms of collective resistance among care workers at the intersection of the struggles against austerity and right-wing xenophobic parties.

Introduction
With two elections in 2014 (European Parliamentary elections in May and national elections in September), Sweden saw intense party-political activity. Representatives of political parties visited schools and workplaces, organized debates, and held public rallies throughout the country. During a morning meeting at the emergency room (ER) of a hospital in Malmö, Sweden’s third-largest city, the workers were informed that Jimmie Åkesson, the leader of the right-wing, xenophobic party, Sweden Democrats (SD), would be visiting their workplace on 9 April 2014. Anel shares the following account of the meeting:
They said it quickly at the end of the [staff] meeting as if it was something not particularly relevant or important, like “by the way”. We were informed. That provoked me … us. At least, they could have admitted that it was a problem, that it could be offensive to many of us: a racist party in our workplace.

Anel continues hir narrative, reflecting upon the weeks following this morning meeting, which in hir opinion changed the atmosphere in the workplace. Coffee-break conversations, which usually concerned holiday plans and gossip about managers, were suddenly about exploring the meaning of being care workers and the responsibilities and accountabilities embedded in the profession. Åkesson’s planned visit and the article management’s decision to allow him access led to intense mobilization among the ER staff (and later among firefighters, another workplace the SD leader planned to visit). The actions at the ER would gain national resonance, generate enormous public response of both support and opposition, and force three labour unions with a total of more than one million members to take a stand against the party and acknowledge the presence of institutional racism within welfare organizations and workplaces (Nordström, Ribeiro, & Flodin, 2014).

When the protest occurred, SD was Sweden’s third largest party, with more than 13% of the electorate’s support; today, they are the second largest party (Abrahamsson, 2017). The presence of SD in public spaces has often been met with anti-racist mobilizations; consequently, there was nothing especially original in protesting against them (Jämte, 2013). What made the protest at the ER unique was the intersection of the location (a workplace), the topic (anti-racism), and the arguments (professional values and ethics), placing issues of care and professionalism at the core of the conflict. The workers argued that the action was a defence of their role as healthcare professionals. As one organizer summarizes it:

Sweden Democrats wants us only to provide care to people who they define as Swedish, but we are here to give care to all, to everybody … to the ones who need it. To treat everybody equally—that’s our job.

The care workers emphasized that SD’s ethno-nationalistic politics, aimed at preventing people they define as non-Swedish from accessing healthcare, threaten the core ethic of healthcare professionals: to give care to those in need.

The aim of this article is to explore how the ER staff mobilized against Åkesson’s visit by challenging the managerial discourse that demanded a clear boundary between care work and politics. According to feminist care theorist Joan Tronto (2016), a deeper understanding of the relationships between care and democracy could transform our conceptualization of politics and democracy. The actions at the ER in Malmö reveal that the politicization of care (Briskin, 2013) creates spaces of resistance that can challenge both austerity policies and the understanding of the relationship between citizenship, nationhood, and social rights. This article explores forms of gendered workplace resistance that in diverse, complex, and contradictory ways forge and craft forms of solidarity and re-create the social bonds challenged by more than 30 years of austerity politics and increased support for right-wing, xenophobic parties (Ålund, Schierup, & Neergaard, 2017).

The action in the ER in Malmö illuminates a current paradox in research on workplace resistance. While we are witnessing an increase in collective forms of resistance in workplaces and professions dominated by women (Granberg & Nygren, 2017), research tends to diminish the role that work and workplace resistance plays in societal transformation, while simultaneously tending to stress individual and less collective forms of workplace resistance (Weeks, 2011). This paradox becomes increasingly evident when we consider the growing
interest in understanding support for extreme right-wing parties in Western Europe as an articulation of class politics among the white male working class (Rydgren, 2013), whilst the resistance against them, often dominated by women and migrants, is considered to be outside the scope of analysis or classified as “identity” politics (Walters, 2018). This article marks an attempt to illuminate the importance of naming, identifying, and analysing the emerging forms of collective struggle at the intersection of work, gender, and professionalism in mobilizations that link resistance against austerity policies with struggles against racism and nationalism.

**Gendered and racialized bodies and the notion of crisis**

Feminist philosopher Nancy Fraser (2016) argues that capitalist crises, such as the current financial crisis, are also crises in the sphere of social reproduction. Different stages of capitalism, she asserts, have distinctive ways of organizing social reproduction. In the current phase of financialized capitalism, social reproduction is increasingly treated as a commodity, and financial capitalism is “stretching our ‘caring’ energies to the breaking point” (Fraser, 2016, p. 30). Feminist scholar Penny Griffin (2015) further develops the argument by illuminating how discourses on financial crises and governments’ responses to them are founded on and enabled by ideas, assumptions, and values on gender. Griffin (2015) writes:

> Reading the global financial crisis and governance responses to it through a (feminist) discourse analysis involves examining how “crisis” has been reproduced, and governance enabled, by ideas, assumptions and values that depend both on the positioning of bodies in certain gendered ways and the reproduction of gendered techniques of governance. (Griffin, 2015, p. 55)

As an illustration, Griffin argues that men (often speaking from the privileged subject position of whiteness) commonly play the role of experts embodying notions of authority and economic responsibility. If this is the public figure of (privileged white) men, then the social movements, civil organizations, and labour unions challenging the politics of austerity, often dominated by women and racialized minorities, are represented as naïve, idealistic, and lacking knowledge of the economy or anchoring in reality (Mulinari, 2017). A central point of departure for this article is that notions of crisis are also reproduced and enabled by ideas and assumptions surrounding race, gender, citizenship, and nationhood (Goldberg, 2008). In Malmö, as in many other cities (Cucca & Ranci, 2016), the latest economic crisis has been used to justify a shift in migration and refugee policies and the enactment of more repressive policies towards vulnerable groups, such as the unemployed, asylum seekers, and European Union migrants with a Romani background (Dahlstedt & Vesterberg, 2017; Lind & Persdotter, 2017; Sager, Holgerson, & Rosengren, 2016). Thus, the financial crisis in Sweden has been acted upon through values and representations that act upon the position of bodies in gendered and racialized ways, as well as through the reproduction of gendered and racialized techniques of governance.

Feminist scholars Avtar Brah, Ioana Szeman, and Irene Gedalof (2015) assert that feminist scholarship and activism play central roles in bringing to light and challenging two core neoliberal ideas: firstly, that austerity measures are necessary and, secondly, that they affect people equally. In Sweden, as in the other Nordic countries, several social movements, often dominated by women, have emerged in response to increased welfare cuts (Siim, 2016). A central question addressed by these networks, organizations, and social movements is the impossibility of being a professional care worker and providing quality care under such
circumstances. In 2011, for instance, social workers organized the network *Now We Break the Silence* with the aim of “break[ing] the silence of the conditions that characterize social work” (Nu bryter vi tystnaden 2018, 0129). The organization is among several that, in different ways, have challenged, questioned, and resisted the effects and logic of austerity politics in Sweden (others include: *We Cannot Stand It Anymore*, *Critical Social Workers*, and *Network for Common Welfare*). While some networks and organizations have been concerned with issues of salaries, working hours, and working environments, others have focused on how cutbacks in public spending and the implementation of new public management (NPM) impede workers from fulfilling their professional duties (Lauri, 2016). Parallel to these activities, members of female-dominated professions, such as social workers, nurses, doctors, and teachers, have been engaged in asylum-seeker and human-rights movements and argued that the new laws, policies, and regulations concerning these rights conflict with the fundamental ethics and values of their professions (Nordling, 2017).

Feminist philosopher Anna Carastathis (2015) asserts that the role of gendered and racialized forms of violence in securing the politics of austerity has been poorly explored in gender studies. Hence, there is a need to include analyses of the role of racism and sexism in shaping neoliberal interventions and austerity policies, not only in relation to their effects, but also, as Griffin stresses, in the ways in which discourses of (economic) crises are governed and, I would add, resisted. By placing professional care work at the centre of the debate, the protests make visible how the language and discourses of austerity and crisis position bodies not only in certain gendered ways but also in terms of race, nationhood, and belonging.

**Materials and methods**

As a feminist working-life researcher, I have recently found myself increasingly uneasy with feminist analyses of organizations and workplaces that, in the spirit of identifying structural inequalities, seldom illuminate regimes of solidarity, conviviality, and hope. While critical analyses of organizations and the implications of NPM are highly relevant, there is also a need to explore the new forms of collective protest evolving within these workplaces. While the limits of gender and multicultural politics within organizations need to be analysed, I argue that the visions and spaces of solidarity that can be, and are, created in workplaces despite and against neoliberal regimes and institutional racism are also in need of inquiry.

Eve Sedgwick (2003) suggested that paranoia has become the “privileged object of anti-homophobic theory” (Sedgwick, 2003, p. 126). She identifies five central aspects of this line of inquiry: it is anticipatory, reflexive, and mimetic, has a strong theory of negative effects, and places faith in exposure. Strategies inspired by paranoia, she claims, might help us to understand some things well and others more poorly (Sedgwick, 2003, p. 128). According to Sasha Roseneil (2011), this paranoid, privileged position is also dominant within current feminist theory, and this has led researchers to be less engaged in exploring the complex ways in which people both live their lives within given structures and resist these structures in a number of ways. She suggests a feminist social research that provides time and space to explore counter-normative practices that open up and shed light upon alternative futures:

In these grim times of public sector retrenchment, attacks on the welfare state and the growth of racism, xenophobia, and nationalism across Europe, we need, more than ever, I believe, to
produce feminist social research which operates in a register of criticality, with an ear to the past, and an eye to the future, and attention to the multiplicity of ways of inhabiting the present. Such work is research with practical intention. (Roseneil, 2011, p. 130)

Many feminist working-life researchers operate with such a dialectical approach, oscillating between criticism and emancipation, exploring the power structures of racism and sexism in contemporary capitalism, on the one hand, and searching for the solidarity and forms of resistance being created, on the other (Knocke, 1986; Mohanty, 2003; Sundari, Pearson, & McDowell, 2012). Inspired by this tradition, this article focuses on how austerity politics and the normalization of racism were challenged as well as reproduced during the action.

The empirical material discussed in this article was obtained from eight interviews with ER workers. Four respondents were among the group that initiated the mobilization, while the other four supported the action but were not organizers. The material also includes documents produced during the conflict and media coverage of the event. Finally, I participated in two local mobilizations on 9 April 2014, when Åkesson visited the ER and a fire station. The participants’ names are changed to gender-neutral names to protect their unidentification, and they are not identified by their profession, age, or ethnic background. While, to some extent, this makes it difficult to discuss certain topics, such as the tensions between different professions or the link between antiracist identities and migrant backgrounds, protecting the informants must be prioritized. Neither the name of the city nor the workplace has been changed as it is the only workplace in Sweden where such mobilizations have taken place. Furthermore, as argued in the following sections, the local context of the city of Malmö plays an important role in the framing of the mobilization in this research.

A fundamental ethical issue within feminist methods is how to protect research participants from harm (Carlström, 2016). Although there are many definitions of sensitive research, the term commonly refers to analyses of issues defined as taboo, intimate, discreditable, or incriminating (Renzetti & Lee, 1993, p. xi). At the end of the workplace mobilization, neo-Nazis had threatened the lives of four organizers. One had his car destroyed, while another received phone messages containing sexual and racist language. Many of the issues raised in sensitive research are relevant to working-life scholarship. For instance, research participants in the present study had experienced that workers who challenge managers face a high risk of persecution, in particular those with precarious employment. In short, taking into account the changing conditions of Swedish working life, the vulnerability of employees should be at the core of methodological debates within the fields of industrial relations and labour studies in Sweden.

To care and protect

The Sweden Democrats party, like other European right-wing, xenophobic parties, argues that migrants and their children are the cause underlying all forms of crises. Communication researchers Tina Askanius and Yiannis Mylonas (2015) argue that, for those parties, the financial crisis “works as a source of fear, of affirmation, but also of inspiration and opportunities” (Askanius & Mylonas, 2015, p. 67). SD’s central argument is that immigrants are a large economic cost, undermining the welfare state and “Swedish people’s” right to healthcare and social support (Nordensvard & Ketola, 2014, p. 368). For the workers I interviewed, however, it was SD’s own politics that was a threat to the welfare state. In the words of Dana:
I don’t think they [SD] believe what they’re saying—this blaming the migrants for what’s happening in the hospital. They know that the current crisis in obstetrics cannot be blamed on asylum seekers. SD knows very well why we find ourselves in this situation. Or even worse, here in Region Skåne [the municipality in which the ER is], they have voted for every tax reduction.

Central to SD’s argument is that rights to social welfare should be linked to Swedishness, understood through notions of kinship, blood, and whiteness. It was this link that the workers I met argued to be threatening the core of their professional identity: to give care to those who need it.

To understand the mobilizations by nurses and health professionals, Briskin (2013) uses the concept of the politicization of care. Briskin argues that the specificity of such resistance is that it “emphasizes patient care, and calls for the re-valuing of both the expertise and caring involved in nurses’ work” (Briskin, 2013, p. 106). The politicization of caring is framed as an action for patient advocacy rather than mobilization for workers’ interests. Briskin further argues that the politicizing of care has resulted in increased public support for nurses’ strikes. It has also created a paradigm that encourages the expansion, instead of the narrowing, of nurses’ collective action and collective bargaining agenda at a time when public support for other forms of collective-based workplace actions has diminished (Briskin, 2013).

In the Malmö context, the politicization of care was used to emphasize that, in order to be a professional healthcare worker, one needed to care for all patients. Consequently, the healthcare professionals whom I interviewed claimed that it was part of their professional role to challenge racist ideologies because they threatened the foundation of their profession. The question, according to Charlie, was what it was possible for the staff to do. The first suggestion, as Charlie recalled, was to call in sick on the day of Åkesson’s visit:

Many felt bad—really bad—about the visit, and there were discussions about taking sick leave that day. But then we felt that it was their ideas that were sick, not us. We felt that we needed to do something here, as we did not want the racists to be here. It was our ER, and they should not use it for their hate propaganda.

The organizers moved from a strategy of resistance through silence and absence to a strategy of what they experienced as “defending” the workplace and placing the responsibility on the managers and SD themselves. An important argument was that the healthcare workers needed to protect (their word) “their workplace” and “their” patients. Charlie, for instance, suggested that it would “show a lack of solidarity to leave [the patients] there as they could not take sick leave”. New ideas were discussed, and a group of workers who had known each other since participating in an earlier protest against healthcare budget cuts decided to write a public letter that their co-workers could sign. Anel, mentioned earlier, explained why the focus was on their role as professionals:

We wanted to gather as many colleagues as possible, so we narrowed down the argument to the question of our profession, and we argued that the values of SD were inconsistent with the idea of providing equal care. Actually, both the laws and the rules that regulate our job state that even people without legal permits, people who are hidden, clandestine, have the right to emergency care. Actually, as we argued in the letter, it should not be a big thing for the managers to say “no” to the visit. Just follow the rules, as they often say [laughs].

The letter, which was placed in the ER coffee room and soon circulated among hospital employees via e-mail and social media, began with a reference to the hospital’s core healthcare policy document and the municipal council’s own equal opportunities policy:
The healthcare policy document states that care shall be given with respect to human equality (§2). The council of Skåne's equal opportunities policy states that “every single co-worker has an obligation and responsibility to ... combat discrimination in their daily work”. (Jimmie Åkesson’s values are not welcome in our ER; author’s translation, 2014)

By introducing the letter in the spirit of following the rules issued by both the municipality and the organization, as well as their own responsibilities as employees, the workers claimed that they were the ones protecting their profession, which was threatened by both SD and the managers’ decision to let its leader visit.

The letter continued by emphasizing that people from all over the world worked in the ER. It further stated that, even if SD was less openly racist today, it had racist and fascist roots, and its politics were fundamentally based on a division between those conceptualized as migrants and those conceptualized as Swedes. The letter’s argument then moved from an emphasis on care for all people to the protection of Malmö’s residents:

Our ER is in Malmö. We are proud to work in a city where people from 178 nationalities live. Every day, people come to us in need of care, and we do our best to identify their pain, nurture and heal. They should feel safe with us. We wonder how patient security can be upheld during the visit of Sweden’s most controversial political leader—the leader of a party that for several years has talked derogatorily about Malmö and its inhabitants. There is no room in our ER for Åkesson’s politics, which divide people by culture and religion. (Jimmie Åkesson’s values are not welcome in our ER; author’s translation, 2014)

The letter stressed security not only for patients but also for residents of Malmö. It concluded by referring to a demonstration in the city after the attempted murders of four people by neo-Nazis on the night of 8 March 2014:

A few weeks ago, we beheld the largest demonstration in living memory, when 10,000 Malmö residents marched against Nazism and racism under the slogan “Fight Malmö”. We were there, and we will continue to fight. Therefore, we say now, “No racism in our workplace! Do not compromise patient safety! Jimmie Åkesson’s values are not welcome in our emergency room!” #CareWorkersAgainstRacism (Jimmie Åkesson’s values are not welcome in our ER; author’s translation, 2014)

Labour scholar Rick Fantasia (1988) argues that, while other workers have failed to gain support for collective action, public-sector workers have achieved success by stressing the common interests of the workers and their patients/clients. At the ER, the workers managed to define their actions as an inherent aspect of their professional role, stressing that they were responsible not only for caring for their patients but also for protecting all citizens in the multicultural city of Malmö. By positioning themselves both as professionals in the workplace and as actors in the larger struggle against racism in Malmö, the workers brought the anti-racist struggles in the streets into the workplace, while emphasizing their shared common interests (and ability to meet the needs of the city’s inhabitants) with their patients, who included all the people living in the city.

At this stage, the organizers created a Facebook group allowing people to sign the letter, and the response was enthusiastic. More than 750 people signed, I was told (only 250 signed the letter published in the local newspaper Sydsvenskan), and more wanted to participate. When the letter was published, the public response was massive. On social media, people posted pictures of themselves (often in work attire) under the hashtag #CareWorkersAgainstRacism. However, three days after the letter’s publication, four people who had signed (forced by the newspaper to sign with their real names) received death threats, and the workers were forced to shut down the Facebook page.
Union membership is still high in Sweden (Kjellberg, 2011). However, as in other countries, it has decreased recently: especially within the confederations for blue-collar workers (LO). Medical doctors, nurses, and assistant nurses all belong to different unions and confederations (Swedish Medical Association, Swedish Association of Health Professionals, and The Swedish Municipal Workers Union, respectively), with significantly different agendas (Granberg, 2014; Mulinari, 2015). While labour unions still have power in central negotiations, around such issues as working environment and salaries, they have been absent from mobilizations against both austerity politics and racism at the local level. In fact, on many occasions union leadership supported such things as the introduction of NPM (Selberg, 2012). They have also often been reluctant to participate in what they identify as questions not directly related to the workplace.

Workers have therefore created networks outside of the workplace that challenge union hierarchies and bridge both professional divides and worker/patient divides. What made the action at the ER original was that it was a struggle in the workplace, in collaboration between different professions, which forced the unions to act, partly because the action occurred in the workplace. The union leadership took a public stand in defence of their members, who were being threatened by the neo-Nazis, in this way acknowledging their members’ right to take a stand against Åkesson, and racism. This was the first time that three Swedish labour unions made a public statement against SD, and acknowledged the presence of institutional racism within the Swedish healthcare sector. In this sense, the actions at the ER forced the labour unions to go public in relation to issues they have seldom previously addressed.

However, it was central to the mobilization that the division between professionalism and politics was maintained as it gave them more legitimacy.

Using the rules to disturb the silent consensus

According to political philosopher Chantal Mouffe (2005), an important feature of Western countries’ political landscape is the denial of social conflict. Mouffe (2005) is concerned with the rejection of the conflictuality that she argues is constitutive of the political. She asserts that the political has transformed into a set of technical, administrative moves that ignore power relations and reduce social conflict to debates on values and moralistic responses, instead of acknowledging the antagonistic dimension constitutive of the political (Mouffe, 2005, p. 5). A consequence of this shift has been that conflicts are increasingly considered to be illegitimate in Western democracies’ political life. Nordic countries have a long tradition of consent, not least in the area of industrial relations, where the idea of consent between unions and employers has been central (Kjellberg, 2002). This tradition has been reinforced and expanded through the introduction of New Public Management, which has often been presented as the only possible organizational form (Lauri, 2016). The workers in the ER did not move beyond this discourse. Instead, they stressed that they were not engaging in any form of political conflict. This became especially visible in relation to the production of badges.

According to Sara Ahmed (2006), institutions themselves engage in speech acts that make claims about or on behalf of themselves. Speech acts include, for instance, the documents on gender equality, diversity, and anti-discrimination laws that regulate public welfare organizations. These texts are never “finished”; what they “do” depends on how they are “taken up” (Ahmed, 2006, p. 105). In the ER, the resistance was also organized by
re-framing managerial documents and rules to argue that mobilizing to defend the profession was not only right but also legitimated by the rules and laws guiding their work. At an early stage, the organizers decided to make badges stating: “Care workers against racism”. Jona explains the idea:

We had the idea of the badges early on. We thought that people could put them on as a form of silent protest, so at least he [Åkesson] would know that we took a stand against racism.

These badges had the same shape as the badge first used by the French organization SOS Racism (Benhabib, 2002) in the early 1980s, which read, “Do not touch my friend”. The symbol is widely known in Sweden as one of the first anti-racist symbols responding to the neo-Nazi violence of the 1990s (Tamas, 2003). The new badge followed a similar design—a white hand on a red background—and stated “#CareWorkersAgainstRacism”.

However, the badges were not allowed in the ER. Tiger explains why:

They [the managers] literally ran down from their rooms and told people to take them off, one by one. I think they were really scared. It was like in a Hollywood movie. You had the badge on, and then they appeared from nowhere. And it was the higher supervisors, and they had this crazy look. I think they were afraid of what the managers would say, that they would be punished for it. I liked the badge. It felt right to have it on. And I liked looking at others who had it on. It created a sort of silent understanding, a silent feeling of solidarity.

The supervisors perceived the silent protest described by Tiger as a serious threat to the social order of the ER. Tiger and Jona felt that their supervisors’ reaction was due more to their fear of what their own managers would do than anger at the statement itself. I read this form of resistance as an illustration of the originality of the action, which succeeded in disrupting order in the ER and creating a zone of discomfort, as there were no regulations concerning the wearing of badges in the workplace.

The managers first attempted to identify the badges as a political manifestation inconsistent with the behaviour of professional care workers. Chief manager Jan Eriksson, when interviewed by the media, stressed the “neutrality” of healthcare workers’ professional dress code: “Work clothes are to be worn when care is given, and these clothes should be free from political declarations of all kinds” (Åberg, 2014; author’s translation). The hospital chief also argued that patients holding racist views could take offence at the badge: “even the ones with racist opinions need to feel that they will get the same care as all other people” (Åberg, 2014; author’s translation). This statement made many of the interviewees angry as they read it as indicating a lack of confidence in their ability to provide equal care to all patients. Jona says the following:

The badge said “Against racism”, not against patients who hold racist views. The badge took a stand against racism, against the visit of SD—a political party that wants to pit people against people here in the city. And the strange thing is that, in all the organizational documents, it states that we need to work against all forms of discrimination and for equal treatment. So, for me, the badge was a sign of doing what the documents regulating our work, what the employers, wanted me to do [laughs]. But I guess they never thought that we would take their documents seriously. Maybe because they themselves seldom do.

The badge with the phrase “#HealthcareProfessionalsAgainstRacism” was prohibited in the ER, and in other places where staff members were wearing it (Mirsch, 2014). The workers’ choice to take a public stand against racism was defined as political and, therefore, considered illegitimate. Similar to Ahmed’s (2012) argument, the people who wanted to talk
about racism—in this case, the healthcare workers—were defined as the problem, instead of racism itself. At this point, Tiger had an idea:

When we were writing the letter, I remembered that one of the core values of the hospital was respect for humans, so I thought, “Let’s make a new badge”, and so we did.

The new badge stated “Respect for all humans” and displayed the hospital logo. Mio describes the reaction:

At first, they came down and said we couldn’t wear that badge either. But then we calmly explained that the phrase was taken from one of our policy documents identifying the core values of the hospital. Then they couldn’t say much. The words on the badge were the words they themselves had written.

At this point, the managers argued that the badges were unhygienic. However, healthcare workers wear all sorts of objects (e.g. name tags and watches), so it became clear that the problem was this particular badge or, rather, its history. By placing these words on their working bodies, the workers managed to give the policies a new meaning. The official, bureaucratic document describing the values and norms that all workers should embody became, through the care workers’ struggles, a central node in a workplace conflict.

Although this argument gained public support and made it hard for the managers to act, the post-political framing of the conflict also made it more difficult to identify racism within the organization.

**That which cannot be named: racism**

In the matter of the badges, the workers managed to redirect the debate towards their professional values. They succeeded in intervening in and fracturing a post-political space, where the topic of care values became the means through which social conflict was allowed to emerge. This strategy, however, became problematic when the workers attempted to articulate the anti-racist dimension of the action inside their workplace.

While the focus of the mobilization was Åkesson’s visit, the agenda of the employees, especially those who had experienced racism in their working lives, expanded the meaning of the action and raised the issue of institutional racism and ethnic discrimination in the workplace. The tension between not naming racism in the organization (as this was defined as political) while resisting the visit of a racist party was present throughout the protest. Alex, who was involved from the beginning, said:

Some of us, in the beginning, wanted to highlight racism within our own organization and that we also treat people differently depending on their skin colour and that people are also treated differently by managers in the organization. However, we wanted to write a letter that as many as possible could feel comfortable with, so the focus was placed on the idea of being a healthcare worker.

During the interviews, it became clear that a central topic was the tension between naming racism outside the workplace (the presence of SD’s racist agenda) and making it invisible inside the workplace. This tension was created by the idea that the workplace, especially in healthcare organizations, is free of racism. Whereas sexism in Sweden is defined as a problem to be solved within the labour market by both politicians and managers, racism seldom gains such recognition, making it difficult for workers who experience racism to claim ethnic discrimination in the workplace (de los Reyes, 2014). During the anti-racist
action in the ER, resistance against racism within the organization paradoxically became an illegitimate topic of discussion because it was defined as political. Mio explains how the category of race/ethnicity functioned (as the dividing line) in this conflict:

You’re not allowed to be political in our profession, but it annoys me that racism has become so normalized, to the point where being anti-racist is defined as a political stand. We have come to the point where not taking a stand against racism is seen as holding a neutral, professional position. For those of us who experience racism, that is a privileged position we cannot take, but, of course, it silences us. I think it was easier for Swedes to wear the badge, in some sense, because they were not identified as speaking for themselves; it was nicer in some way, more noble.

The badge constituted a disturbance as it symbolized taking a stand while giving the language in the policy document a place and time. However, Mio raises other questions: who may embody and represent the professional/caring subject? Who can be the protector of the city? The people I interviewed seemed to feel anxiety about being perceived as aggressive or, especially among migrants, as having a personal interest in taking a stand against racism. Mio’s reflection captures a limitation on actions taken within a post-political frame—the actions need to be defined as apolitical and thus made by subjects who are defined as neutral. In this context, neutrality implied being a care worker who participated in the action on behalf of others—in other words, being white.

While those limitations were identified by some workers who had experienced racism, the badge stating “#CareWorkersAgainstRacism” was still important. According to Dana:

It would not only show the patients where you stand but also your colleagues that you will not take their crap. That would be nice, instead of being angry all the time, as I am now. I don’t like to argue. I don’t like to confront people. It’s difficult and I feel weak, and it makes me feel vulnerable. I knew that the badge would not change racism, but perhaps it would make some things easier. It would show that you’re against racism and locate the problem on those who are [racist], rather than on me. Do you know what the funny thing, or really the sad thing, is? That the badge was seen as a problem, but not the racism we experience.

For Tatum, who worked in another section of the hospital but brought several badges for those in hir ward to wear, the visibility of the badge for a short time created a feeling that s/he was not fighting racism alone.

It felt that we were more than two. Actually, when things got rough, I saw that we were more than I had guessed. For me, that’s important in my daily work, to know that, to know that I’m not alone.

Hübinette and Lundström (2011) argue that, although there were enormous protests against SD’s entry into the Swedish Parliament in 2010, the mobilization was coded within a frame of white nostalgia mourning the loss of an old, stable, homogeneous Sweden and, within banal forms of nationalism, locating racism outside the nation. Some aspects of the mobilization in the ER are similar to the emotional regime identified by Hübinette and Lundström (2011). The struggle in the ER located racism outside the workplace and positioned Åkesson and SD as embodying racism. Furthermore, the argument began with the idea that an antiracism stance (in the sense of believing that people are equal) is not a political agenda but inherent to what it means to be Swedish.

However, the action also seemed to give the workers experiencing racism a sense that, at least for a short time, racism was a public concern and not defined as only their problem. While most expressed ambivalence and discomfort that SD was the only organization
defined as racist (and not their workplace), they also enjoyed solidarity with colleagues and support from people outside the workplace. As Sam states, “At least you knew who was ready to support you and who was not, and from there, I could work.”

**Destabilizing the centre from the margins of care**

Åkesson arrived at the ER as scheduled on 9 April 2014. There were a few demonstrators outside, and one ER worker stated that “he came in and left as fast as he could”. The healthcare workers in Malmö inspired other public institutions and civil society organizations, as well as cities, to take a stand against right-wing, xenophobic parties. The protest did not stop Åkesson’s visit, but it did challenge the dominant discourse aimed at normalizing the presence of SD and the managers’ view of what it is normal, natural, and right for care professionals to do.

I have argued that the resistance was motivated by the healthcare workers’ belief in what is good care and, in particular, their understanding of the moral obligations imposed by caring for others. During the protests, the politicization of care was expanded to include protection of their multicultural city. The workers used gendered discourses of care and professionalism, as well as organizational documents and policies, to assert that their action was not political but consistent with the organizational culture. The tension that this position created became most obvious in the struggle over the badges when the workers finally managed to use the organization’s own slogan as a political marker. However, the limitations of this post-political strategy free of antagonism also became apparent when it came to the central issue of the conflict—namely, racism. When the managers defined racism as a question of politics and therefore illegitimate to act upon in the workplace, the workers were forced to develop strategies that, on the one hand, addressed the question of racism—the aim of the action—and, on the other hand, placed racism outside the organization itself.

The action in the ER neither changed the rules of the game nor transformed unequal workplace relations. However, it did break the silence surrounding the managerial notion that care work is not political; and it did break the silence around the dominant (and strongly normalized) idea that managers should determine the rules of the workplace, instead of considerations such as the needs of the patients, the workers, and, in this case, the whole city of Malmö.

Throughout the Nordic countries, we have seen a shift towards more restrictive asylum politics, as well as towards more repressive social welfare policies against vulnerable groups—among them, migrants and their children. In a Swedish context, an important argument, especially for SD, has been that these politics are needed to defend and protect the Swedish welfare state in a context of what they define as the “crisis of migration”. Labour unions have not opposed these policies even though many of them target migrant workers (Sager & Öberg, 2017). Social actions and social movements such as the one discussed in this article disrupt this ethno-nationalist discourse by posing an alternative narrative: the welfare state is threatened, not by migrants and migration, but by the politics of austerity and nationalism. By placing the professional role of care workers at the core of the protest, the women and men of the ER not only reframed the meanings of politics and democracy but provided a different and more inclusive understanding of who is attacking the Swedish welfare state and who will defend it.
The mobilization in the ER in Malmö was framed around a discourse of defending healthcare workers’ core value: to provide care to everyone who needs it. This can be restricted neither by the size of people’s wallet nor the colour of their skin nor their legal status. This understanding of the meaning of care work links together struggles against austerity politics and struggles against right-wing, xenophobic parties and racist and neo-Nazi social movements. As argued earlier, Brah et al. (2015) emphasize that feminist activists play a central role in the struggles against austerity. To this, I would add that many of those feminist movements are also anti-racist, and that it is asylum movements and activists, both inside and outside the workplace, that are showing how austerity politics are shaped within gendered nationalistic and racialized discourses and forms of governance, and giving us new understandings of care, work, and professionalism.

Notes

1. Hir is used as a gender-neutral term instead of her and his.
3. The authors’ names have not been included, in order to not further expose them to publicity.

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