

Transferring Professional Knowledge and Skills

The Case of Central and Eastern European Migrant Physicians in German Hospitals

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List of Abbreviations

CEE Central and Eastern European; Central and Eastern Europe

ECJ European Court of Justice EEA European Economic Area

EU European Union

EU-2 the Eastern member countries that accessed the EU in 2007,

namely Bulgaria and Romania

EU-8 the Eastern member countries that accessed the EU in 2004,

namely the Czech Republic, Estonia, Hungary, Latvia,

Lithuania, Poland, Slovakia, and Slovenia

FRG Federal Republic of Germany GDR German Democratic Republic

HR human resource

PCI problem-centred interview SHI statutory health insurance

STEM science, technology, engineering, and mathematics

SU Soviet Union WWII Second World War

[H]e said, (...) "You're not allowed to do shifts here." – "What do you mean?" – "You've no clue about these things." I was so surprised. Well, for two years I had worked at the cardiology intensive care unit, and this nurse comes saying, "You're not allowed to do shifts. You've no clue."

(CEE migrant physician in German hospital)

1 Introduction

Germany is among those countries of the OECD with the fewest restrictions on labour migration for highly-skilled (OECD, 2013). Given the traditionally restrictive attitude of previous German governments towards immigration, this finding comes as a surprise. For decades, German governments had denied the country's de-facto status as one of the major immigrant countries worldwide. Until the early 2000s, the German governments abode by the ban on recruitment that was implemented in 1973 to terminate the recruitment of labour migrants after the end of the economic growth of the 1950s and 60s. Starting with the unsuccessful Green Card initiative launched in the year 2000, and the following immigration law from 2005, the insight that Germany is dependent on migrants' skilled and highly skilled labour has led to further policy liberalisations. This development is accompanied by the political rhetoric of a culture of welcoming immigrants and appreciating their abilities ("Willkommens- und Anerkennungskultur"). The objective is to represent this paradigm shift to the outside world, and to guide the social interaction with migrants on the part of authorities, employers, and the wider society (BAMF, 2013). In this dissertation I investigate how far this promoted openness, support, and the elicitation of a sense of recognition of the part of the migrant labour force, apply to the case of migrant physicians in German hospitals.

In the last 21 years, the number of foreign physicians in German hospitals has increased by about 24,500 from 10,275 in 1993 to 34,706 in 2014. In 2014 migrant physicians accounted for a share of 9.5% of the overall number of 365,247 physicians practicing medicine in Germany. The biggest group of migrant physicians came from Romania, followed by Greece, Austria, and Poland (Bundesärztekammer, 2015b). In particular, the number of Central and Eastern European (CEE) physicians working in German hospitals has increased dramatically in recent years. From 2011 to 2012, the share of Latvian physicians has increased by 41.7%, followed by Romanian physicians with 41.3%, and Lithuanian physicians with 37.1% (Bundesärztekammer, 2013a). This development is a consequence of an increasing shortage of physicians in Germany that already started in Eastern Germany in the early 2000s (Kopetsch, 2010;

Tuffs, 2003), and has by now also reached rural as well as urban areas in Western Germany, with the exception of major cities such as Hamburg and Berlin (Kovacheva & Grewe, 2015a). The German government and the German medical association addressed this shortage with extensive liberalisations of immigration policies for highly-skilled, in addition to relaxing regulations for controlling access of migrant physicians to the medical profession. Physicians from other member countries of the European Union (EU) particularly benefit from the latter. Based on the EU directive 36/2005/EC on the recognition of professional qualifications, they enjoy an automatic recognition of their credentials in Germany. They are now entitled to the medical license without passing an assessment of equivalence.

Despite these policy changes giving the appearance that all barriers for migrant physicians to practice medicine in Germany have been removed, researchers strongly argue that even if professional qualifications are formally recognised, migrants often encounter major problems complicating their integration into the workplace (Favell, Feldblum, & Smith, 2007; Nohl, Ofner, & Thomsen, 2010). Therefore I argue that the liberalisation of access to the medical profession, while necessary, is far from sufficient in establishing a sustainable integration of migrants into the local workforce. If this problem is not adequately addressed, Germany runs the risk that the potential of the migrant workforce is significantly under-utilised, and the available knowledge and skills are employed in a considerably suboptimal manner. This is a particularly serious concern for Germany as it not only relies on skilled and highly skilled migrants to fill demand, but, irrespective of labour shortages, hosts a large immigrant population. Hence, my major concern in this dissertation is not the question of how to address this shortage of physicians by recruiting personnel from abroad, which indeed is a problematic topic with respect to the issue of brain drain. Instead, my major concern is the assurance of the effective utilisation of migrants' potentials in an increasingly diverse society, and thus, of their equal participation therein. I address this issue by researching the migration and recruitment of CEE migrant physicians to German hospitals. Thereby, I am particularly interested in their incorporation at the workplace, and how they subjectively perceive this situation.

I chose to focus on physicians and the field of medicine, firstly, because health care is a very vital topic and a shortage in this field underlines the urgency of the research problem. Secondly, I chose this field since it is very ambivalent in terms of the transferability of professional qualifications. On the one hand, the academic medical knowledge is very universal. Among EU member countries, medical studies are harmonised so that the credentials are transferable across the EU. On the other hand, medical systems are strongly nationally organised and national medical associations control access to the profession. In Germany, for instance, relevant decisions are made on an even smaller scale, on Laender level, due to the corporate character of the German

medical system. Consequently, even within Germany, contents of medical training, as well as standards and requirements might vary, which gives medical practice a very local touch. This local embedding is further emphasised by the kind of work that medical doctors conduct. The necessity to interact not only with colleagues, but also with laypeople such as patients, requires local language skills as well as familiarity with the local culture. Thus, even if formal recognition of professional credentials is guaranteed, the transfer of medical skills and knowledge is a process that is ridden with prerequisites.

Migration of physicians and of the highly-skilled in general, is mainly researched on a large-scale from an economic or political perspective. Researchers focus on trends (García-Pérez, Amaya, & Otero, 2007; Wismar, Maier, Glinos, Dussault, & Figueras, 2011), policies (Hoesch, 2003; Iredale, 1999), and economic benefit (Borchardt, 2006; Fellmer, 2007). As Favell et al. (2007) point out, the topic of integration which is prominently discussed in migration research with regard to so called "ethnic migrants" is hardly made a subject of discussion with regard to highly skilled migrants (see also Ulbricht, 2014). Instead, the highly-skilled are perceived as members of a high-flying elite who easily blend in with the host society, and do not encounter difficulties at the workplace, for instance, in terms of language, different work cultures, or discrimination. Exceptions regarding medical migration are recent qualitative studies, for instance by Wolanik Boström and Ohlander (2012), Ognyanova et al. (2014), or Kovacheva and Grewe (2015b). Nevertheless, the success or illsuccess of migration of the highly-skilled is still mainly assessed with regard to the positioning of the migrants at the host country's labour market. Hence, the failure of migration is determined when a mismatch of qualifications occurs. The highly skilled migrants' subjective perception of their migration, however, is hardly considered (exceptions are e.g. Galasińska & Kozłowska, 2009; Nowicka, 2012, 2014). Therefore, empirical evidence on the subjective perception of their work situation is still rare.

In previous research on East-West migration to Germany, CEE migrants are mainly discussed with regard to low-end jobs and in relation to issues of deskilling. Hence, they are very prominent as seasonal workers (Wagner, Fiałkowska, Piechowska, & Łukowski, 2013), carers for the elderly (e.g. Lutz, 2007), and construction workers (Cyrus, 2001). This image has not changed since the accession of the CEE countries to the EU in 2004, and 2007, respectively. While Germany adopted transition regulations in order to postpone granting full freedom of movement to CEE migrants, numerous young and highly-qualified CEE migrants chose to migrate to the UK (Fihel, Kaczmarczyk, & Okólski, 2006). However, being employed at the secondary labour market in the UK, CEE migrants are not perceived by the UK public, nor the German public, in the same way as other highly skilled intra-EU migrants who are seen as simply blending in with society (Favell, 2013). Instead, they are seen as labour migrants doing low-end jobs that natives are not ready to accept

(Favell, 2008b). Accordingly, there is a lack of both studies on post-accession migration to Germany as well as on CEE migrants at Western European primary labour markets.

I address these research gaps and make an original contribution to the investigation of 'new faces of East-West migration' (Favell, 2008b) on the one hand, and to the research of highly-skilled migrants' subjective perception of challenges and barriers in the workplace integration on the other. To this end, I employ an exploratory-qualitative approach. Based on expert interviews with nine human resource (HR) managers and medical directors from seven hospitals located in rural and urban areas of North, East and West Germany, I firstly depict the institutional strategies adopted on the part of the hospital administrations with respect to the recruitment and induction of migrant physicians. Thus, I establish the institutional context of the study. Secondly, I investigate how CEE migrant physicians working in these same German hospitals perceive their situation on-site through 21 problem-centred interviews. The interview participants consist of male and female migrant physicians from CEE EU member countries: Bulgaria, the Czech Republic, Hungary, Latvia, Poland, Romania, and Slovakia. The findings of the migrant physicians' perspective are discussed in the context of the insights gained from the perspective of the HR managers and medical directors. By adopting this approach I provide an encompassing picture of this new form of post-accession East-West migration in the light of liberalised immigration policies and access regulations, as well as pressing staff shortages. The results will be of interest for migration researchers as well as for practitioners in the field.

The thesis is structured as follows. In chapter 2 I provide the background of the study by depicting the development of Germany as a country of immigration (2.1), from the government's denial of the country's status as an immigration country (2.1.1), to the introduction of special mobility rights for citizens of the EU (2.1.2), to its development to one of the most liberal countries for the immigration of highly skilled migrants (2.1.3). Thus, I highlight the drastic changes that have occurred in recent years with regard to the liberalisation of German immigration policies. In the second part of the chapter I further provide the context of the study in terms of the extent of shortage of physicians in German hospitals (2.2.1), discuss explanations thereof, thus giving an insight into the organisation of the German health care system (2.2.2), and explain the legal conditions for migrant doctors to gain access to the German medical license (2.2.3). These elaborations provide an understanding of the structural conditions of the shortage as well as the way in which the growing demand of medical doctors is addressed.

In chapter 3 I discuss previous literature on East-West migration, as well as on the migration and integration of highly skilled migrants in general, and medical migrants in particular. The chapter is organised in a section depicting

changes in traditional East-West migration patterns in Europe after the accession of the CEE countries to the EU (3.1), one that deals with institutional and cultural barriers highly skilled migrants can encounter in finding employment, as well as when entering a new workplace abroad (3.2), and one depicting theoretical concepts for capturing the transfer of professional qualifications and skills from one national context to another (3.3). Thus establishing the scientific embedding of my research, I summarise the identified research gaps (3.4), and derive the research questions, as well as the theoretical orientation of the study (3.5).

In chapter 4 I present the research design of the study as well as the methods I employed. I first describe the research interest and the analytical approach of the study (4.1), before depicting the methods of data collection (4.2), namely, the expert interview (4.2.1) and the problem-centred interview (4.2.2). I then explain my sampling strategy (4.3.1) and present the sample of the study (4.3.2), before describing the methods of data analysis I employed for the expert interviews (4.4.1) and for the problem-centred interviews (4.4.2), and closing with reflections on biases and methodological shortcomings (4.5).

In chapter 5 I discuss the findings from the nine expert interviews conducted with HR managers and medical directors of seven German hospitals. The results are presented chronologically, dealing with reasons for why the hospital administrations recruit migrant physicians from CEE (5.1), and in which ways (5.2). I continue with the depiction of the criteria they apply with regard to the recruitment (5.3), the measures they employ for the induction of the migrant physicians during their initial phase in the hospitals (5.4), and their reflections on future prospects on the shortage of physicians and the related recruitment practices (5.5). I end the chapter drawing interim conclusions (5.6).

In chapter 6 I present the findings from the 21 problem-centred interviews with CEE migrant physicians working in the hospitals represented by the HR managers and medical directors, and discuss them in the institutional context derived from the expert interviews. Again, I depict the findings in chronological order of the respondents' migration process starting with the migrant doctors' motivations to migrate (6.1.1) and their migration strategies (6.1.2). These are followed by the challenges and barriers the migrant physicians' encounter on-site (6.2), including issues with the formal recognition of their credentials (6.2.1), communication problems (6.2.2), an unfamiliar work culture (6.2.3), problems in transferring their professional self-concept (6.2.4), conflicts they have with the nurses (6.2.5), as well as incidences of discrimination and symbolic exclusion (6.2.6). Finally, I present their reflections on their migration and their considerations of future plans (6.3), and again end with interim conclusions (6.4).

In chapter 7 I summarise the main findings with regard to the two subsequent research questions, before linking them to answer the general research

question of how far the opening accompanying the liberalisations on a structural level is reflected and experienced in the recruitment and incorporation of migrant physicians in German hospitals. I make suggestions for further research based upon the results, and reflect upon caveats of the study. I elaborate on wider implications of the findings for Germany as an immigrant country and end with some final reflections.

2 Setting the Scene

This chapter aims to set the institutional context of the study by introducing the political and sector-specific background of the migration of CEE physicians to Germany. The former deals with the development of German immigration policies (2.1); it describes the period after the end of Second World War (WWII) when its status as country of immigration was denied (2.1.1), the special regulations for intra-EU immigrants (2.1.2), and the implementation of very open policies after admitting to the necessity of immigration after 2005 (2.1.3). Thus, this first sub-chapter explains general attitudes towards immigration prevailing in Germany as well as the legal framework thereof. The second sub-chapter deals with the shortage of medical doctors in the German health care system and the handling of the question of recruitment from abroad (2.2). It depicts the current shortage of physicians regarding its extent in German hospitals (2.2.1), and discusses different explanations thereof (2.2.2). Finally, it outlines the predominant attitude towards the recruitment of migrant physicians in the health care sector providing the context for the legal arrangements of their employment (2.2.3). These depictions serve as a starting point for the case under study.

2.1 The development of German migration policy

2.1.1 "No country of immigration" – immigration policies after

For centuries, Germany, just as the other European countries, was a country of emigration, rather than immigration. It was only after the end of WWII that Germany developed into one of the most important destinations for immigrants worldwide. Nevertheless, for a long time the German government denied Germany's status as a country of immigration (Joppke, 1999, p. 62). Accordingly, there were neither immigration policies implemented to integrate migrants, nor to deal with questions of naturalisation (Heckmann, 2003, p. 51). On the contrary, the goal of measures regarding migration was to restrict immigration and to prevent permanent settlement for an extended period of time.

Due to changed national borders as agreed on by the Allies after the end of WWII, major movements in migration took place, mainly in CEE. Amongst others, millions of displaced persons and refugees from the Eastern territories of the former German Reich, i.e. countries that were allied with, or occupied

¹ This chapter has been adapted from Klein (2015).

by the Nazi regime, were resettled in Germany (Fassmann & Münz, p. 521f.). Moreover, in the following years, the borders to the Federal Republic of Germany (FRG) were open for German citizens from such Eastern territories, as well as from the German Democratic Republic (GDR) (Hönekopp, 1997, p. 1). However, since all such migrants were of German ancestry, the German government did not regard them as immigrants in the common sense, and therefore, Germany itself not as a country of immigration. Nevertheless, apart from ethnic migrants, labour migrants as well as refugees and asylum seekers were accepted in Germany at certain times during that post-war period.

The first and most significant immigration of non-ethnic German immigrants to Germany after the end of WWII was the arrival of labour migrants during the 1960s. As Germany had experienced a period of economic growth² since the 1950s, the German government signed bi-lateral contracts with different countries in the South and South East of Europe in order to recruit labour force from abroad on a large scale. The aim was to meet the increasing demand for low skilled labour. The first country to sign such a contract with Germany was Italy in 1955, followed by Greece and Spain in 1960, Turkey in 1961, Morocco in 1963, Portugal in 1964, Tunisia in 1965 and the former Yugoslavia in 1968 (Birsl, 2003, p. 132). However, the German government insisted on the temporality of these workers' stays and made an effort to prevent their integration. These workers, who were meaningfully referred to as "guest workers", were not provided with German language classes as the proficiency of the local language was not regarded as necessary. Moreover, they were accommodated in special housing outside of common residential areas in order to avoid social contact with local citizens (Hans, 2010, p. 31). Nonetheless, in practice, the concept of guest workers and the planned rotation system was not successful. In spite of having started from the intention of temporary employment, firms soon realised the not least monetary value of workers who were already trained and incorporated. They wanted to keep workers instead of exchanging them for others that had just arrived and were not yet incorporated into the work routine. Moreover, the workers themselves, who were still keen on the idea of a temporary stay, kept postponing their plans to return (Heckmann, 2003). Finally, in the year of the oil crisis in 1973 when unemployment suddenly started to increase in Germany, the German government imposed a ban on recruitment. This meant that guest workers who had lost their jobs, simultaneously lost their permission to work, and thus their residence permits. Guest workers from non-EC countries were not allowed to re-enter Germany once they had left. This was the reason for many Turkish and Yugoslavian workers, who had not lost their jobs, to stay, and to get their spouses and families to join them. Others who became unemployed, even managed to get the permission to

² The period is called "Deutsches Wirtschaftswunder", which literally means "German economic wonder" and approximately lasted from the end of the 1940s to the oil crisis in 1973.

stay with the help of lawsuits referring to universal human rights – in this case, family and liberty rights (Joppke, 1999, p. 64).

Thus, instead of the expected decrease of the foreign population, the number of non-Germans living in Germany grew. This was the time when Germany turned into a de facto country of immigration (Birsl, 2003, p. 133). During the 1980s and 1990s the necessity for integration measures was even recognized on the part of welfare organisations and worker unions. Hence, immigrants got integrated into the German welfare system. Therefore, on the one hand the "relation to the country of immigration" (Heckmann, 2003, p. 52) was reinforced. On the other hand, the government kept denying Germany's status as a country of immigration, thus questioning the immigrants' legitimacy to stay. Measures were even taken to support the non-EU immigrants' voluntary return to their respective home countries (Heckmann, 2003, p. 52), e.g. with the help of "financial incentives and the early pay-out of their state pension funds" (Thränhardt, 2002, p. 349). Nonetheless, large numbers of guest workers stayed in Germany where they and their descendants are still living today.

During the 1980s, ethnic immigration once again became a significant issue when large numbers of ethnic Germans, primarily from Poland, Romania, and the Soviet Union (SU), arrived in Germany. These so called *Aussiedler* were descendants of Germans who had emigrated centuries ago. Due to the definition of the German nation as ethnic community, citizenship regulations were organised according to ius sanguinis meaning that only persons of German descent could hold German citizenship. This rule allowed these *Aussiedler* to immigrate to Germany where they were granted citizenship immediately upon arrival. This resulted in a stark contrast of rights for *Aussiedler* and guest workers: newly arrived Aussiedler were granted comprehensive citizenship rights, whereas immigrants who had been living in Germany for a significant period of time, such as the former guest workers, as well as their descendants, were not allowed to fully participate in society. This was partially changed only recently in the new citizenship law of the year 2000 (see ch. 2.1.3).

Another group of non-ethnic German immigrants that was accepted and arrived in Germany in the time after 1945 was the one of refugees and asylum seekers. This was particularly the case during the 1980s. These immigrants mainly came from Turkey, but also from Romania and Poland. In particular, those who emigrated from the communist countries of the Eastern bloc "were readily accepted" (Hönekopp, 1997, p. 2). By recognising their status as political refugees, Western Germany could prove its ideological superiority to the East and the communist political system (Dietz, 2002, p. 30). However, after the end of the Cold War in 1989, attitudes towards immigrants from Eastern Europe drastically changed. A fear of mass emigration from these countries was promoted by journalists, politicians, as well as researchers in Western Europe. Governments devised scenarios of a new security problem, thus legitimising anti-immigration measures such as increased border control and new

restrictions in asylum regulations (Münz, 1996, p. 4; Thränhardt, 1996, p. 210). Besides Austria, Germany felt especially vulnerable due to the immediate vicinity to the former communist countries. This fuelled the perceived threat of Eastern European immigrants flooding the local labour market with cheap labour, and being a burden to the national welfare scheme. This fear was even projected onto the formerly welcomed *Aussiedler*. When their number grew extensively after 1989, housing shortages occurred. This caused "negative feelings" (Thränhardt, 2002, p. 353) among German citizens. As a consequence, restrictions such as language tests, and quotas were introduced to limit their immigration. This limit was reduced several times until it was finally fixed in the year 2000 to 100,000 *Aussiedler* being allowed to immigrate to Germany per year (Dietz, 2002, p. 31).

Thus, the image of CEE immigrants in Germany had changed after the end of the SU. After that period they were perceived as problematic on the part of the German society (Thränhardt, 2002, p. 345), disregarding the urgent need for their labour force, particularly in the construction sector (Martin, 2004). This tension was also reflected in the political rhetoric. In order to overcome this dilemma between rejection and demand, the German government made bilateral agreements with the Polish government as well as the governments of other Eastern European countries in the early 90s. Therefore, the government met its aims of controlling and restricting (illegal) immigration from these countries to Germany and thus avoid permanent settlement of Eastern European immigrants, as well as of meeting the demand for labour (Hönekopp, 1997, p. 8). Just like in the case of the guest workers in the 1960s, work contracts were only issued for temporary stays, and included different forms of work agreements. First of all, there was project-bound work for which subcontracts with German firms were signed. The most important form was seasonal work, mainly in agriculture. Finally, there were guest worker programs set up as exchange programs and targeted at young workers in order to give them the opportunity to gain language skills as well as work experience abroad (ibid., p. 9). These contracts were similarly limited in two key respects: the length of the migrants' stay in Germany, and the kinds of work that migrants were able to carry out. All of these labour migrants were hired for low-end jobs which did not require professional qualifications and which consisted of work that local residents were not ready to accept (Dietz, 2002, p. 39; Hönekopp, 1997, p. 11). In the end, the expected mass emigration from the former communist countries did not occur. Overall, about 4 million CEE citizens left their home countries between 1989 and 1993 (Münz, 1996, p. 4) – compared to 25 million that had been initially discussed (Thränhardt, 1996, p. 210). Instead of settling in Germany permanently, CEE migrants mostly opted for formal and informal shortterm stays or circular migration patterns (Wallace & Stola, 2001).

Given this long tradition of protectionist and restrictive attitudes towards immigration, a change in policies could come about only slowly. It was not

before 1998 that the, at that time new, German government, a coalition of the Social Democratic Party (SPD) and the Green Party, put an end to the denial of Germany's de facto status as a country of immigration. Labelling Germany as a *country of immigration*, the actual immigration situation in Germany was finally – at least formally – recognized and accepted. This was stressed with the comprehensive change of citizenship law that was passed in 1999 and came into effect in January 2000. It provided the possibility to naturalise for immigrants who had been living in Germany for at least eight years not receiving social security payments, and for their children born in Germany (Heckmann, 2003, p. 55).

It was also this Social Democratic and Green coalition that made a first step towards, once again, opening the German labour market to foreign labour after the ban in 1973. In the year 2000, the government introduced a so-called "Green Card" after the US-American model which was geared at attracting ITprofessionals coming to work in Germany (OECD, 2013, p. 70). It was limited to a maximum of five years and thus again aimed to meet current demands rather than offering these migrants a new home. Moreover, with the condition of a maximum income of 51.000€, a high barrier was introduced, limiting the target group for this measure (Tietze, 2008, p. 36). Hence, the initiative turned out not to be the paradigm shift it came along as at first site, but actually represented a continuation of old mind sets restricting immigration (Kolb, 2006) being accompanied by heated debates and populist statements such as "Kinder statt Inder" (children instead of Indians).3 The IT-professionals mainly attracted by the Green Card were from India, Russia, Belarus, Ukraine and the Baltic States as well as Romania, the Czech Republic and Slovakia (Birsl, 2003, p. 137). However, the respondent rate was lower than expected and the announced boom of "New Technology" failed to appear (ibid., p. 136f.). Hence, this attempt to attract highly-skilled from abroad was not as successful as had been hoped for.

2.1.2 The special case of intra-EU migration

While the attempt to attract highly-skilled from non-EU countries represented a new development in German migration policies, intra-EU migration has been a more common feature following different rules. These rules are rooted in the European Coal and Steel Community (ECSC) which was founded in 1951 and was the predecessor of the EU. While initially the possibility to take up employment abroad was limited to workers in this sector only, the freedom of movement was gradually extended to include further groups of people, as well as in terms of the rights it comprises. The Treaties of Rome in 1957 constituting

³ This slogan was used on the part of the conservative party CDU in the election campaign in North Rhine-Westphalia in the year 2000 (see e.g. Martin, 2004, p. 241).

the European Economic Community (EEC) already included the eligibility of all occupational groups to the freedom of movement, apart from those in public service.

Nevertheless, full freedom of movement irrespective of employment was not granted until 1992 when EU citizenship was established in the Maastricht Treaty, making every citizen of an EU member country automatically an EU citizen. EU citizenship allows all citizens of EU member states to settle and take up gainful employment in any other EU country. Additionally, it includes extensive political and social rights for EU citizens working and living in another EU member state. Hence, intra-EU migrants are allowed to vote on the local level, as well as on the European level in any other member state (Koslowski, 2000, p. 121f.; Maas, 2007, p. 50). They enjoy the same rights to social benefits, social housing and tax reliefs as local citizens do. In order to ensure non-discrimination based on nationality with respect to these rights, as well as in the work place, a respective article was adopted in the Treaty on the functioning of the European Union (Vandenbrande et al., 2006, p. 3). All of these regulations broadly removed most bureaucratic barriers and unequal participation rights. Despite these far-reaching rights, including access to welfare benefits, immigration from other EU countries was accepted readily in Germany. "There has never been any important opposition against this process" which was embraced with "enthusiasm for European integration" (Thränhardt, 2002, p. 347).

However, the approval by the German government decreased when the CEE countries of the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia were about to access the EU in 2004 (EU-8), and Bulgaria and Romania in 2007 (EU-2). Similar to the period after the fall of the iron curtain, scholars, journalists, and politicians expected mass immigration from the CEE countries to Germany to occur. This expectation conjured the above mentioned fear of CEE immigrants taking away native peoples' jobs and taking advantage of welfare benefits (Elsner & Zimmermann, 2013, p. 4). The German government implemented transition regulations that had been optionally introduced by the EU. These enabled the *old* member countries to suspend the right to take up employment, as well as access to social welfare for EU-8 immigrants, until the end of April 2011, and until the end of December 2013 for EU-2 immigrants. While three of the member states desisted from restrictions with regard to the accession round in 2004.4 the other states gradually weakened the restrictions. Apart from Austria, Germany was the only country that exploited the regulations' full run time (Heinen & Pegels, 2006). Hence, although being EU citizens, CEE migrants were not initially granted the same rights that applied to other citizens of EU member countries in Germany. Given the general approval of the free movement of EU citizens,