Commoning Work and Healthcare – Potentials for transformative Care-Work

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1. An introduction to commons and commoning

1.1. From commons to commoning

The commons have gained increased attention in sustainability and social transformation debates at least since Elinor Ostrom's "Governing of the commons" in 1990 and her subsequent award of the Nobel Memorial Prize in Economy in 2009. However, until recently most debates concerning the commons focused on specific resources and their governance, so "resources held in common" (de Angelis 2017, p11) rather than on the social processes behind the commons. More recent literature however points our attention away from resources and starts to think the commons through the relational processes of social organisation inherent in commons, namely 'commoning' (de Angelis 2017, Caffentzis & Federici 2014, Fournier 2013). For de Angelis (2017) in particular, a foundational element of the commons is that a plurality claims ownership of not only a resource but the process and governance of that what it is to be commoned. This means, that commoning is always more than a material transformation but also a social and political transformation of social organisation (ibid). Starting from these examples of commoning and taking 'work' as an analytical lens, we aim to explore how commoning can be 'upscaled' and applied even translocally. This is especially relevant for analysing work in healthcare, a sector that is highly dependent on the mobility of workers and the circulation of knowledge. The search for transformative potentials urges us to look closely at intersections of education and work, and of work and mobility of people. This is then not only a project of studying the commoning of work but to think more broadly about the commoning of mobility and of knowledge too.

In this sense, thinking through the commons opens up opportunities to rethink central categories of capitalist (re)production such as work, care and health through the commons: what kind of transformations, emancipations, enclosures, (re)appropriations, in short systems of collective self-governance are opening up in everyday work, and with it labour struggles, that point towards (re)claiming work and care as commons?

Some research to this regard has already been done on worker recuperated companies. For instance, Azzellini (2018a,b), following Marx's distinction between labour and labour power, argues that the best way to use and organise labour would be "to govern it collectively as a commons" (Azzellini 2018a, 767). Worker recuperated companies (WRCs), companies that are self-managed and reclaimed by workers after they have been closed down by their owners, are one example and entry point into commoning practices of work. Despite them still operating in a capitalist economy and hence prone to capitalist enclosures, they offer a counter-rationality to the capitalist organisation of work Azzellini argues. Exactly here, in the dialectic relationship between the commons, state laws and capitalist markets WRCs define a space for struggle and conflict that is essential for the production of new values and practices "based on solidarity and mutualism" (Azzellini 2018a, 773) and hence show their transformative potential. Similarly, Zechner (2021) has shown how child-care is organised as a commons in Barcelona, highlighting above all the vital aspect of exercising commoning practices to build power:

„When we speak of the production of the common, we don't just speak about a way of managing or a kind of access or some such thing, we are talking about unfolding the collective capacity to generate material wealth – autonomous in some form – that can allow us to conquest fields of political autonomy" (Gutiérrez Aguilar 2017 in Zechner 2021, 55)

In a similar vein Grenzdörffer (2021) investigates worker cooperatives by integrating the labour geographical concept of ‚labour agency' with debates in research on socio-ecological transformations. Labour agency highlights the potentials of (wage) workers in transforming their workplaces, not only in regard to health- and wellbeing but also, and this is central, in their capacity to build (new) structures of participation and decision making in how production, and labour, is organised in a specific work setting. Worker-owned or worker managed companies provide a prime example that highlights the transformative effects workers can have on creating new paradigms, especially on „spaces of *re*production and economic practices *beyond* growth" (Grenzdörffer 2021, 10, italics in original). Labour agency hence is an invitation to refocus the attention of transformation research on the people and everyday practices already existing at the margins of capitalist economies and thus shares some of the ideas and debates generated in the commons or also community economies literature. However, as Grenzdörffer (2021) already mentions, the majority of workers are still subjugated under wage relations based on capital accumulation, the question hence remains „how forms of transformative labour geographies can be transferred and extended to different scales" (ibid, 11)?

The following contribution to the Momentum 2022 congress takes up the invitation of Grenzdörffer to discuss the potential of this new and promising field of inquiry by focusing on care and explicitly health-care. Health-care represents the more general tendency of the commodification of work, health and care-related knowledge and technologies and raises questions about capacities and capabilities for social, economic, ecological innovation, emancipation, and justice in search for more sustainable 'work'. Furthermore, the topic of health-care requires linking with scholars of mobility justice and more recently the commoning of mobility (e.g. Nikolaeva et al. 2018) - acknowledging the high (international) mobility of health care workers, patients and technologies (e.g. Thieme et al. 2022, Hartmann 2019).

We are extending the scale of transformative labour geographies to classical and highly institutional places of reproduction such as hospitals, care homes and in-house care. To what extent can these strictly hierarchical, but highly diverse spaces with a multiplicity of interrelations to health, education, work, community, mobility and power regimes still offer spaces to practise transformative labour agency? What potentials lie in using strategies of commoning to transform the institutional health-care system into a more just, inclusive, and emancipating place of work? How can we contribute to debates on the future of work, moving beyond small-scale, niche interventions and changes to truly transformative new politics of work? But also, what pitfalls, enclosures and even risks for capitalist appropriation and labour intensification through enacting „false" responsibilities or new governmentalities of self-exploitation could emerge in these approaches? This contribution shall provide a theoretical discussion of these aspects, linking debates in the literature around commons with labour geographies and care geographies and provide the ground for very first empirical insights of our work.

1.2. Commons as transformative process: commoning

The commons receive increased attention in scientific and left-wing activist debates because they offer both, an analytical and a political-strategic possibility to rethink the social organisation of life outside the market and the state (Helfrich & Bollier 2020, Dengler & Lang 2022). The ongoing process of capitalist enclosures of existing historical commons (or continued ‚primitive accumulation'), the further commodification of every aspect of life as part of the expansive nature of the prevailing system (Schmelzer et al. 2022), and the continuous mobilisation of the commons form by state and market representatives (van Dyk 2018, van Dyk & Haubner 2021; Federici 2019) is therefore just one aspect of a further 'accumulation by dispossession' (Harvey 2004). While Elinor Ostrom's basic distinction to debunk Hardin's

'Tragedy of the commons' lies in design principles to govern the commons, recent literature on the commons focuses more on the inherent political character of the governance process of commons itself, namely commoning. De Angelis (2017) for instance specifically points out that commons creation and commons failure is not only a question of endogenous forces (i.e. a question of managerial design principles as posited by Ostrom) but also 'power differentials' outside the commons, i.e. exogenous forces, determine the success of commons. From this position, the question of what ought to be viewed as a commons is inherently coupled to the political and strategic struggles a community of commoners is engaged in. Hence it is rooted in the social practice of commoning as a form of self-governance - a radical process of democratisation of the economy to „reclaim control over the conditions of our reproduction, and as bases from which to counter the processes of enclosure and increasingly disentangle our lives from the market and the state" (Caffentzis & Federici 2014:i101). Helfrich and Bollier (2020) define commoning as an open process of conscious peer governance, for them „[commoning] occurs as ordinary people decide for themselves how to identify and meet shared needs, manage common wealth, and get along with each other." (p. 75). With this, a rather wide range of practices that are already existing can potentially be subsumed under a commons framework, often also without the practitioners (ie. commoners) knowing that they engage in what others understand as a commons (Helfrich & Bollier 2020). Related to care and work, commons and commoning can involve a set of practices that incorporates paid work, voluntary services, community or neighbourhood engagement but also public actors such as welfare state policies and municipal arrangements in commons-public-partnerships (Milburn & Russell 2019). As already mentioned, while commons do not abide to the classical dichotomies between state and market, public/private but necessarily exist in between them, they provide a different rationale to these power relations that are focused on a decommodification of work and the services provided therewith. In this sense they offer practical possibilities how ownership structures, decision making processes, relations of work and divisions of labour can be organised differently and democratically (Dengler & Lang 2021).

A tension that exists within the commons is their indistinct positioning between the state and the private sphere (Laufenberg 2020). Does the emergence of care-commons, in effect, point towards existing failures of a systematically underfunded public health-care system and to that extent provide a socio-political fix (Dowling 2021; van Dyk & Haubner 2021) that is not only substituting a lack of care provisioning by the welfare state (where it exists) but is also prone to private enclosures that could further erode the Service public? Simultaneously, notions of mutualism and commoning care practices have a deep historical connection to the empowerment and self-organisation of those communities that have been systematically excluded by the way (western) welfare states have been constructed (Bria et al. 2019) -

including their dependency on extracting cheap labour and nature from the global south (Valiani 2018, Moore 2015).

2. Commons and commoning in the context of work and (health)care

2.1. Commoning in care and healthcare

Care and Health commons are not a particularly new invention but have existed in different forms and with a different organisational character throughout history and various cultural, social and political contexts. Over the last one and a half centuries however, commoning care and health has had a marked political and class character. Especially in more recent decades these practices have been a cornerstone of the organisational structure of many parties, movements and organisations fighting for social justice. The Black Panthers for instance organised mutual support programs and community health clinics, the italian feminist struggles of the 1970ies created self-managed health centers in occupied spaces (Bria et al 2019) and more recently, citizen-run solidarity clinics in Greece countered the severe lack of healthcare services due to the sell-out of public care services through the Troika-imposed austerity measures, to name just a few (Evlampidou & Kogevinas 2019). However, health/care commons can also take on very different forms such as the Artabana collectives in Switzerland, Germany and Australia, a form of self-organised health insurance system by which small groups of people pool their money to finance the health expenditures of their members. In case of larger costs due to chronic illnesses or specialised operations they are supported by their international collective. Artabana provides the financial means for health care but not the healthcare services themselves (Helfrich & Bollier 2020). Buurtzorg (dutch for neighbourhood care) is another example of health care provision following a commons vision based in the Netherlands. They provide (paid) care services in small self-organised teams of up to 12 nurses. In the last decade, this model has practically replaced the former existing top-down organisation of, often profit oriented, care corporations in the Netherlands (Bradford et al 2015). By enabling caregivers to self-manage their time and decide together with the people receiving care what would be the best way to organise the care services, Buurtzorg manages to achieve both, an outstanding job satisfaction and overall less care expenditures and demand. The central difference is that no longer do market-oriented rationalised time-units that abide to some form of monetary efficiency accounting provide the underlying logic for the provision of care services but the actual care demands of patients, both medically and socially. Helfrich and Bollier (2020) state that by this, Buurtzorg contributes to a commons principle named "Support Care & Decommodified

Work" (p169) by which they emphasise the role of decommodified care and reproductive work as a necessary basis for the functioning of any form of economy. This is a criticism on the way wage relations are organised that has been a central contribution of feminist activists and scholars alike. But they also add onto it, that while mainstream economic thinking not only neglects the role of decommodified care work (or care-wealth), but also that within a commons, work is more than an exchange relation between time and money, aka labour. Necessarily this poses some questions, both on the uneasy relation of the commons and the wage in the first place, but also how commoning can be understood (or also used politically as a tool) and practised for those that are providing care services necessarily under relations of waged work.

2.2. Commons and the relation to waged work

Following Marx´s distinction between labour as ´the activity of work´ and labour power as the ´ability for labour´ inherent in human beings (Marx 1976: 270), under capitalism labour power is necessarily sold on the market for a wage, i.e. as a commodity. Hence, wage labour "cannot be organised as commoning praxis", Azzellini (2018a: 766) asserts. However, as he points out referencing Walker „the capacity to perform it [labour] is the outcome of an intrinsically social, co-operative activity" (Walker 2013 in Azzellini 2018a: 767) - the (long-standing) sharing of knowledge, skills, cooperation with others and the social reproduction work necessary for any individual to perform labour. The treatment of labour power as an individual commodity disguises the character of the wage in appropriating "collective socially produced value" for private profit (Azzellini 2018a: 767). Importantly then, and this has already been shown by many marxist-feminist scholars (e.g. Mariarosa Dalla Costa, Nawal El Saadawi,   Maria Mies, and Raquel Gutiérrez.), it is not only surplus value extraction at the point of production that is expropriated from the working class through the wage relation but also the immense care-wealth produced in the (unpaid) social reproduction labour performed by (mainly) women (Federici 2019). The question of what it means then to manage labour as a commons is tightly bound to the gendered and racialised hierarchies built into the wage relation that also produces different disciplinary regimes (ibid). Federici however also suggest not to view these two dimensions, the wage and the commons, as two seperate areas but dialectically coupled: "You need commons to give power to the struggle over the wage and you need the wage to give some resource to the commons" (Federici & Sitrin 2016). In fact, she calls for a politics ‚between the wage and the common' (ibid). Wages, however powerful in differentiating the working class, reproducing and normalising capitalist relations and imposing a capitalist ideology and hierarchies into the social body, can also be used consciously as a political tool to subvert these hierarchies (Federici & Sitrin

2016). In this view, wages can contribute to commons creation in the sense that the wage becomes a political dimension of concrete struggles at the workplace for autonomy, democratic decision making and emancipation.

This is also what de Angelis means when he is stating from a systems theory perspective that „[t]o be for creating alternatives to the capital/state implies first of all mobilising commoners and commonwealth into commoning, and in many situations, this is possible only within existing laws as the power field at our disposal is still too limited" (de Angelis 2017: 233). Which resonates with Helfrich and Bollier's (2020) point on decommodifying work, in order for commons to be created it is first of all central to withdraw labour from the surplus value creation of capitalist relations (Marx's M-C-M' circuit of capital accumulation, so money - commodity - more money). How commons are embedded is situational, they might also be embedded in capitalist accumulation processes or be tangent to them - hence entailing waged relations. Simultaneously supporting livelihoods of dispossessed people while sustaining the labour power needed for other M-C-M' processes as they contribute directly to the reproduction of labour power. Regardless, the important character is, again as noted before, the way how commonwealth and commoners come together under a different force field - namely the practice of commoning - that provides them with a (if also limited) sense of practising autonomy over the forces of (re)production. Within commons the central character labour takes is no longer for the generation of surplus value (M') but for the reproduction of the commons itself (C'), or what de Angelis has described as the commons circuit (C-M-C' in which labour power is not appropriated but reproduced - for a detailed description see de Angelis 2017, chapter 5). In other words, as Azzellini asserts, exactly here lies the transformative potential of commoning labour: "To manage labour as a commons entails a shift away from the perception of labour power as the object of capital's value practices, towards a notion of labour power as a collectively and sustainably managed resource for the benefit of society" (Azzellini 2018: 763)

It is obvious that these relations and practices aren't achievable without a radical restructuring of the political economy of current health and care services, it is not only a radical countering force to the neoliberal restructuring of welfare states and the increasing economisation (Thieme et al. 2022) and corporatisation (Farris & Marchetti 2017) of care work but also poses major questions to the way „welfare" states have been historically organised (Laufenberg 2020) in the corporatist compromise of 20th century politics based on fordism and the continued extraction of labour and resources from the capitalist periphery i.e. the Global South. Considering the central character that waged labour plays for the reproduction of capitalist systems, it seems essential to refocus the attention on the possibility of workers and their geminal practices to reorganise labour as a commons (as suggested by Azzellini 2018a,b; Korczynski & Wittel 2020; Grenzdörffer 2021 and others)

and to do so in the actual workplaces they are already embedded in – hospitals, care homes, in house care etc., but also self-organised care-cooperatives. While there will always prevail a contradictory relationship between the waged character of labour in these contexts and the commons, the commons do provide an interesting point of departure to discuss how new forms of the social organisation of labour could not only be thought of but also practised in concrete work settings. With this, linking worker's agency and possibilities to exercise power for a democratisation and repoliticisation of the workplace, their strategies, and tactics to enact transformative change in the working process and the political and social organisation around questions of a just, emancipating and sustainable future work lacks empirical grounding and seems to be of utmost importance for transformation debates

3. Transformations through commoning: education, mobility, workplaces - potentials and limitations for commons creation

As outlined above, commoning highlights the social and political transformation and relational processes of social organisation as inherent in 'commons' (de Angelis 2017, Caffentzis & Federici 2014, Helfrich & Bollier 2020). Such understanding of commoning resonates with debates on justice seen as an integral part of sustainability (e.g., Agyeman et al. 2003; Greenberg 2013; Janker and Thieme 2021). Relying on a nested understanding of justice (e.g. Fraser 2009, 2017, Sheller 2018: 35) we would have to look at questions in terms of access to knowledge, participation in shaping conditions of work, procedures in terms of consent and understanding, pro-active knowledge co-production, transparent procedures and equal value and recognition of knowledge.

We aim to explore commoning as an **emancipatory project** (Fraser 2017; Schmid 2020) – oriented towards autonomy, social justice, and empowerment (Schmid 2020: 67). Despite all crisis (e.g., COVID, shortage of staff and funding) and drawbacks, we want to explore the examples where people articulate their visions and use their capabilities to (re-)claim their right to participate, understand and pro-actively collaborate to shape the health care sector as their place of work in a more just and sustainable way.

3.1. Transformative education and knowledge creation in health-care institutions

Our conceptual outline is based on empirical insights in different health-care related settings. They did not have a particular focus on commoning or questions of justice, but rather inspired the research project we are running now - the future of work in health care.

For example age and generation are major social markers for the labour market. As older health care workers are retiring younger people are entering the health care sector. In an institutional ethnography Ammann et al. (2020) and Thieme et al. (2022) show how younger generations challenge taken for granted notions about professional life and broader societal structures (e.g., Ammann et al. 2020) and bring in their own capacities and visions how to shape their working environment and beyond.

For the example of education Thieme and Tibet (under revision) have asked how co-creative media initiatives such as films, film festivals, multimodal and audio-visual interventions and teaching tools can drive creating spaces for transformation and emancipation through 'commoning' of knowledge and co-creation.

3.2. Mobility commons as pre-requisite for health-care commons?

Mobility for education as well as labour migration has been continuously increasing, including not only in numbers of people but also the infrastructures needed e.g., recruitment, intermediaries, technologies (e.g., Jayadeva and Thieme 2022) where in health care we find a large international mobility of people going abroad for work as well as education. Mobilities in healthcare are often shaped by particular geohistorical linkages and may reproduce but also challenge and alter medical systems, work practices, and conceptualisations of health. A study on medical travel from Oman to India, for example, showed how educational mobilities of both Indian and Omani doctors pave the way for patient mobilities (Hartmann, 2020). Moreover, the provision of healthcare in a transnational and multicultural setting requires various sorts of mediation and facilitation to run smoothly. These mediations and the circulation of knowledge and personnel across space reflect certain power geometries and prompt negotiations of imaginaries and practices of both work and (health)care. The question is how such negotiations can happen 'in common', whether they may actually build on the commoning of mobility, in the first place, and how .

We propose the commoning of mobility as an entry point into this exploration, especially with regard to questions of justice and sustainability transitions. Scholars in mobility studies are also debating potentials of commoning (e.g. Nikolaeva et al. 2019) with the aim to

reconfigure the relationship of humans with mobility and with each other. A 'commons' perspective is applied to allow a critical perspective on emerging "sharing" practices and potential uneven effects of new forms of organising movement oriented towards community and participation such as smart city policies or ride-share and bike-share businesses (McLaren & Agyeman, 2015). Furthermore a commoning perspective opens up debates on potentially new politics of mobility transitions and to what extent a logic of the commons could scrutinise discourses on "... scarcity underlying mobility transition planning and austerity as a response to scarcity" (Nikolaeva et al. 2019: 3).

Such a commoning perspective has become debated more extensively in the context of transport mobility. However, Sheller (2018: 126), links broader topics of im/mobilities and migration with social justice. She sees migration "as a problem of mobility justice" (Sheller 2018: 126) that operates on multiple scales. Among others, 'just mobilities' refers to "fairness and equity in determining the freedom of movement across borders without arbitrary exclusion of entire categories of persons on the basis of race, religion, ethnicity, nationality, sexuality, health status, or socioeconomic status" (Sheller 2018: 159). The idea of commoning is reflected in the understanding of mobility justice as "interdependent social movement to protect and reclaim the shared mobility commons" (Sheller 2018:159). The mobile commons involve different elements such as knowledge, infrastructures and communities of justice that are shared (ibid).

Mobility may not only be commoned across space and different scales but also across time. This means thinking also through the temporalities of commoning mobility, which links with questions around inter- and transgenerational justice. Integrating them in a conceptual framework for the example of migration Janker and Thieme (2021) have highlighted the relevance of 'age and generation' in terms of inter- and intragenerational justice as well as the relevance of scale and translocality.

4.   Conclusion

Commons tend to be situational and embedded in a variety of different institutional structures and settings (or what de Angelis terms ‚force fields') - there is no blueprint for a functional commons creation, hence also not for studying the commons. In relation to healthcare there are broadly three areas of interest that have been present in the literature regarding commons. These pose different complexities for the operationalization of different dimensions of justice (distributive, procedural, recognitive - see Fraser 2009), their limitations in terms of scale and scope towards just outcomes (temporally and spatially) and ultimately their transformative potential for social change regarding the social organisation of work in healthcare. While commoning practices based on voluntarism, such as e.g. 'Caring

Communities' (see further Schürch & van Holten 2022) do foster a sense of reciprocity, solidarity and community and show opportunities to contribute to a reshaping of the social division of care labour, they also bear with them the risk of providing a 'fix' to the lack of public provisioning systems or even to be co-opted in what van Dyk and Haubner (2021) have termed 'Community Capitalism'. On the contrary, recent debates and practices emanating from lean and agile management studies that concentrate on higher workplace democracy and autonomy of workers, such as TEAL-organisations (Laloux 2015) or the Dutch Buurtzorg franchise showed that elements of commoning can not only increase workplace satisfaction and reduce experiences of alienation of care personnel, they also tend to sideline questions of ownership and/or profits, implicitly normalising market rationalities, self-exploitation and work ideologies (Weeks 2011). Simultaneously, worker-owned or worker recuperated companies and cooperatives not only show how economic democracy can be practised, both in organising labour and tending to community's needs, they can also burden workers with additional economic risks and time-intensive negotiations and conflict resolutions. Accepting this dialectical nature of transformative work practices related to the commons in the healthcare domain, the underlying question remains how do people (re)claim their rights to *participate*, *understand* and proactively *collaborate* to *shape* the healthcare sector as their place of work in a sustainable way? Which policies and politics are able to transcend the trichotomy of market-state-commons (Fraser 2017) and how to practically organise them in concrete workplaces? How to synthesise the healthcare needs of people and the emancipatory potential of commons without reproducing gendered divisions of labour, precariousness and exclusions through systems of affective care?

We are approaching this field of a just, sustainable and emancipative future of work in healthcare through a transdisciplinary approach that actively engages professional healthcare practitioners, artists and civil society (unions, social movements) in both, research design and analysis. Our empirical work will start in Switzerland reaching out internationally to cases where commoning of and in health-care is under debate. Based on long-standing research experience of one of the co-authors (S. Thieme) we are also including empirical work in Nepal. Nepal's very high international mobility of (health care) workers and large deployment of community-based health care volunteers at the same time is an interesting case to explore the tensions arising in term of mobility and social justice but also the emancipatory potential of 'commoning' health work (e.g., de Angelis 2017) including the risk of reproducing gendered roles in health care activities and just using volunteers to cover services of general interest (van Dyk and Haubner 2021).

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