Chapter 11

The Price of Care: Sociality and Intermediary Networks of Kerala Migrant Care Workers in Israel

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Abstract

This study contextualises the intricate dynamics between intermediate networks and societal ties among migrant care workers from Kerala in Israel. The study sheds light on the larger concerns within the global care economy and emphasises the need for just changes to protect migrant workers' rights and wellbeing by exposing a complex interaction of power, belonging and exploitation. In spite of regulations, illegal placement fees persist, due to a variety of complex reasons, including government complicity and lack of a bilateral agreement between India and Israel. International social networks are crucial in offering support, a sense of belonging, the circulation of information, and addressing mental health among migrant care workers. Additionally, these networks impart legitimacy to hiring procedures, thus shaping the power dynamics and obfuscating the distinction between ethical and exploitative behaviour. Malayali migrant care workers utilise community-building activities and weekend get-togethers as spaces to negotiate their cultural freedom and practise and recreate a sense of belonging in foreign lands.

The global care workforce, inclusive of care and non-care workers and domestic workers in care and non-care sectors, amounts to 381 million workers, incorporating almost 11.5%

of the total global employment (ILO, 2019). Reports suggest that the growth of nuclear families and single-headed households, changes in demographic patterns, growth of women's employment and socioeconomic and environmental transformations contribute to the increased demand for care workers in what is called a "care deficit", especially in high-income countries. Worldwide in 2015, 2.1 billion individuals, including children, infants and the elderly, were in need of care, and this number is expected to rise to 2.3 billion by 2030 (ILO, 2018). Ideally, the gap in the labour market in meeting these demands could be bridged by doubling the investments in education, health and social work sectors to create additional jobs.[21] However, labour migration, driven by income differentials and working conditions, has been an overriding feature of the global healthcare labour market. In high income and OECD countries, the healthcare workforce constitutes almost 10 to 15 per cent of total employment (OECD, 2019; Addati, 2019). They unintentionally become part and parcel of the global care chains, wherein a network of care relations is established amongst intermediary relations constituted by left-behind families and the new communities and families that the migrants provide care for.

The construction of these global care networks and spaces is highly dynamic and gendered. At least 65% of the workforce in the global care sector are women, most of whom are concentrated in the Americas, Europe and Central Asia (*Women at Work in G20 Countries: Progress and Policy Action*, 2019). Much of the literature focusing on paid and unpaid care work from these regions illustrates how certain conditions of employment in these settings, such as the relationality factor of care work, could weaken the bargaining positions of care workers, often leading to low wages, working overtime, lower

21 Radical approach to taxation has been advocated as a way forward in funding the large-scale healthcare needs in the care economy in high income countries. This includes recommendations for a more progressive and transparent tax structure, taxing the wealthy more than consumption or work, making care occupation tax-free and recognising care expenses as tax deductions (Elson, 2017).

social security benefits, deteriorating working and living conditions, and even a "care pay penalty"[22] of 4 to 40 percent (ILO, 2018; Hasson & Dagan Buzaglo, 2019; Yaron, 2016). Even within formal care settings, working conditions and pay levels highly depend on the coverage and quality of care services in the receiving country and the compensatory role played by domestic work in the absence of care in the sending country (ILO, 2013).

The care economy is one of the primary sectors where feminisation of the workforce has been the rule, although with regional, sectoral and occupational variations (Shannon et al., 2019). While female participation in the care workforce ranges from 79 percent to 93 percent in Europe, Central Asia and the Americas, male and female workforce participation is almost evenly divided in African and Arab states (ILO, 2018). Feminist economists with a socialist underpinning strongly advocate for the need to steer away from market-based, exploitative and volunteer modes of care work, and instead ideate towards a state-regulated or overseen care sector with quality professional care and fair wages (Connelly et al., 2018; Müller, 2019)

In the specific case of Israel, since the 1990s, the care deficit has been widening for a range of reasons, including changes in demography and higher life expectancy rates thanks to biomedical innovations (Hasson & Dagan Buzaglo,

22 Care pay penalty is the gap in hourly wages that is not connected to differences in skills, experience, qualifications or credentials; it varies from country to country, rendering care workers extremely poorly paid. For instance, in the United States, the penalty could amount to 14.2 percent for female and 10.6 percent for male care workers. Other countries where there is higher pay penalty for female care workers include Mexico, France, Hungary and Canada. Although the pay penalty affects both men and women, it is more pronounced among women care workers. In contrast, countries like Sweden and Germany have care premiums for women amounting to between 9 and 12 percent of their hourly wages. Some of the reasons for the pay penalty include the lack of recognition for unpaid care work and the undervaluation of paid care work.

2019). In effect, there has been an exodus of international labour to the country to make up much of its care, domestic, agriculture and construction sectors, particularly from transnational labour exporting hubs in South and Southeast Asia and Eastern Europe. Within South Asia, most of the migrant labourers to Israel hail from mainly three countries, namely, India, Nepal and Sri Lanka (ILO, 2021). Given that the Indian diaspora and export of labour has far-reaching effects on local and global political economies (Gevorkyan, 2022), the intimate spaces of care work offer interesting and imaginative landscapes for analysis. This paper is an attempt to answer the hard-hitting questions of how intermediary networks involving participants in the care economy shape, evolve or resist the transnational landscape of care work connecting India and Israel. Over the course of two months, the researcher spoke to fifteen migrants from Kerala who are currently working in Israel, via digital communication platforms, to understand the various facets of temporary overseas migration and intermediary networks they deal with.

Israel as a Labour-Importing Country

Since the 1990s, there has been a striking escalation in the number of migrant workers seeking employment in Israel (Bartram, 1998; Shamir, 2013). The formalised care sector is the single largest employment generator for transnational labour in Israel, followed by the agricultural sector and now increasingly by the construction sector (PIBA, 2023). Israel's opening up to the import of labour is as much a social issue as it is a political endeavour. Construction jobs that were earlier filled by Palestinian workers are now being taken up by migrant labourers from South and Southeast Asia and Eastern Europe in what is seen as Israel's efforts to minimise labour market access to Palestinians (Fatima, 2023; Petersburg, 2023).

Right from the time Israel opened up its labour market to overseas workers, the process was privatised and contracted by private brokering agencies (Lebovitch & Friedman, 2013).

Although the exploitative nature of the practice and its future consequences have been flagged by NGOs and CSOs working on migrant labour rights in the country, there are tremendous gaps in the justice and legal systems in enforcing the law and battling unfair practices. Litigation and advocacy efforts have led to bilateral agreements with Bulgaria, Romania and Thailand regarding the agricultural and construction sectors, yet the large numbers of migrant workers in the care sector reinforces the need to widen the scope of these agreements (Raijman & Kushnirovich, 2019). Nevertheless, new industries, including the hotel and institutional nursing sectors, are also being brought under such agreements, which were traditionally not accessible to migrant workers (PIBA, 2023). This could be taken as a sign of the government warming to the idea of overseeing overseas labour imports; however, with the current scope and depth of the issue in the care sector there is an urgent need to extend such institutional cover to the migrant care workforce as well (Raijman, 2020). This is, perhaps, symptomatic of the fact that careworkers in Israel, as in many other Western countries, endure the double disadvantage of being marginalised in the labour market, and caring for those who are marginal to public discourse and lack consumer power.

For instance, the national expenditure on long-term care in Israel is 1.4% of the GDP, which is similar to that of other OECD countries. However, the non-universal coverage and high expenditure points to the issue of low efficiency levels for long-term care in the country (Chernichovsky et al., 2017). This essentially translates to low long-term care benefits, limited services, dependence of formal care systems on low-paid and untrained migrant care workers, and, more often than not, collusion between care agencies and government departments to cover up the economic extortion from, and poor working conditions of, migrant care workers. All of this contributes to an ongoing shortage in quality long-term care in the country (Hasson & Dagan Buzaglo, 2019).

The National Long-Term Care Program, amended in early 2018 by the Israeli government, expands the guidelines

for elderly care and outsourcing of care to overseas temporary labourers. It endeavours to expand public spending and increase the amount of benefit and allocation of resources for services to further ease the economic and care burden on households (Bank of Israel, 2018). Although the policy acknowledges the challenges faced by caregivers, including lack of privacy and caring for employers with mental illnesses, there is no specific policy mechanism proposed to address these issues, which also include poor pay and working conditions.

To put things in perspective, it is important to consider the enormity of the care economy in Israel as the largest employer for both legal and illegal[23] migrant labourers. By the end of 2022, the total number of foreign workers staying in Israel was a record 136,056, of which 18.5% were staying and working illegally. More than half of the total 110,890 legal migrant workers were employed in the care sector[24]. It is also the highest employer of women migrants in the country. After Filipinos, who constitute almost a third of all migrant care workers, Indians are the second highest migrant community, working through legal and illegal means in the formalised care economy of Israel (PIBA, 2023).

With bilateral agreements in place, there is an increasing proportion of overseas labour reaching Israel through government-facilitated processes every year. In 2022, of all the legal foreign workers in Israel, 47% arrived as part of bilateral agreements or implementation company arrangements (PIBA, 2023; Raijman & Kushnirovich, 2019). In 2022, bilateral agreements were initiated in new areas such as the hotel and institutional nursing industries with the Philippines, Nepal and Georgia. This led to an additional 1020 foreign workers being legally employed in the nursing institution sector (PIBA, 2023).

23 13,251 out of 18,136 illegal foreign workers were also working in the care sector by the end of 2022

24 59,254 individuals out of 110,890 (53%)

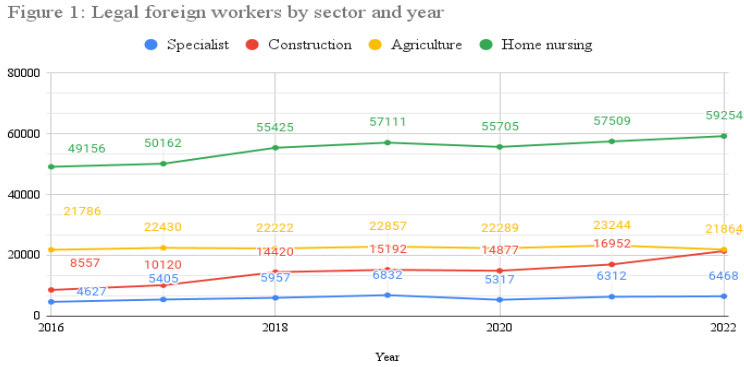

Figure 1: Legal foreign workers by sector and year. *(Source: Population and Immigration Authority, Government of Israel)*

Sourcing care workers from developing, particularly low-income, countries is critical to the survival and buttressing of social and healthcare systems and moderating the cost of living crisis in Israel (*The Jerusalem Post*, 2023; IDI, 2022).

Kerala as a Labour-Exporting State

Since the mid-2000s, the decline in labour imports from the Philippines has coincided with a steady increase from South Asian countries such as India, Nepal and Sri Lanka (Lim, 2015). There are certain advantages that Indians as a labour-exporting society offer to the transnational care market. Indian care workers generally speak sufficient levels of English, are tech-savvy, and have a higher level of education (Walton-Roberts & Rajan, 2020). History is also a favourable factor, as the Indian cities of Mumbai, Kochi and Kolkata hosted several thousand Jews, especially during a time when antisemitic persecution was underway elsewhere in the world.

Specifically for the Indian state of Kerala, known for its education, health and overall human development outcomes, and being heavily dependent on remittances (Sunny et al., 20202), Israel holds a special place in the religious

consciousness of the Abrahamic communities. 18.3% of the Kerala population are Christians, comprising both protestant and catholic belief systems, who hold the sanctity of the Holy Land of Israel very close to the heart. There are migrant workers from other parts of India, but the Malayali (Keralite) community in Israel has a wide-ranging network and social capital mediated by the priest community and migrant Jews from Kochi.

Departing from the generalised and dominant narrative of commodifying domestic and care work, recent narratives, specifically situated in the Filipino community, subvert such black and white perspectives about labour migration (Liebelt, 2011). Therefore, migration studies on some of the largest migrant communities and diasporas reveal the need for a nuanced approach to understanding not just the motivations, processes and consequences of such endeavours, but also the paradoxical experiences and lived realities within the caregivers' intimate networks.

The Specific Case of Live-in Care Work

The home is a dynamic site of care work, characterised by the close proximity of caregiver and the dependent and other intermediary agents, including relatives and other domestic workers. Because of the special nature of the workspace, more often than not, migrant careworkers are isolated and unable to participate in workers' organisations and unions, especially given that they are situated in alien settings. Lack of collectivisation can adversely impact the bargaining power of care workers to demand better pay and living conditions, or grievance redressals (Rogalewski & Florek, 2020).

As care work is relational, the caregiver and dependent often enter into an emotional relationship (Kartupelis, 2020), leaving the caregiver unable to deny services in the face of inadequate working/ living conditions or pay. They also become reluctant to go on strike or leave care recipients in the absence of a replacement, which puts them in a difficult

position to claim rights, a relationship akin to kinship through deep personal connections (Liebelt, 2011).

In addition, all is not well in the highly unregulated care system in Israel, where the welfare of the careworker solely depends on the nature of the family they are allotted (Kav LaOved, 2018). There is a contradictory state of affairs within the confined spaces of these homes, wherein even while caregivers are performing extremely intimate forms of labour, they are constantly put under state surveillance, given the threat they pose as foreign nationals to the ethno-racial state building process in Israel (Brown, 2017). Consequently, terms of employment are disproportionately in favour of the employer, leaving the migrant careworker highly vulnerable in a skewed power relationship. Visa extension and stay of migrant careworkers are solely dependent on their ability to find an employer, which legally binds the caregiver to the employer in a complex set of regulations (Kav LaOved, 2023). When it comes to the legal and justice systems, the employers have the upper hand in terms of the familiarity and believability in the event of a complaint forwarded by the caregiver. Working in intimate, gendered, sexualised and highly racialised environments for live-in careworkers requires safeguards against potential physical, emotional and sexual abuse (Kav LaOved, 2019, 2022: Lebovitch, 2013: Lim, 2015).

Intermediary Networks and Dynamics: Brokers and "Modern Slavery"

Getting in touch with an employment broker is the first concrete step taken by a prospective migrant labourer to access the migrant labour market of Israel. Legally, a manpower agency is not allowed to charge more than 3,677 NIS from careworkers for visa arrangements and travel (PIBA, 2017). However, the prevalence of a placement fee and employment brokerage in Israel's overseas labour market falls somewhat in a grey area, where the state hardly intervenes. Employment brokers and care agencies are part of a multi-million-shekel

industry operating at home and abroad and imposing illegal brokers' fees on prospective candidates; dubbed "modern slavery" by the Israeli Supreme Court (Lazareva, 2023). Such networks are found to recruit care workers from countries such as the Philippines, India, Sri Lanka, Nepal, Uzbekistan, Moldova and Ukraine.

In the last decade or so, in a bid to make the processes more transparent and accessible, several legal changes have been introduced to regulate the system. However, the heavy extortion of Indian careworkers continues unabated, with brokers' fees ranging anywhere from $5,000 to $25,000, mainly for two reasons: a) the absence of a bilateral agreement between India and Israel; and b) the conniving effect of the nexus between employment brokers and government departments in Israel (personal communication, 2023). The latest survey from Kav LaOved, an NGO advocating for the rights of migrant labourers in Israel, shows that the average brokerage fee is $10,688, a jump of almost $3000 from previous years. The fact that despite governmental interventions, manpower agencies continue to extract millions of shekels from prospective migrant workers, is evidence of the nefarious connections they have established within political and economic power structures in Israel and source countries (Kav LaOved, 2017).

Given that the manpower agencies in Israel work through multiple layers of secrecy, which hides the money trail and establishes confidential and intimate networks through caregiving community members themselves, who speak the same language as the new recruitee, there is an added pressure on the newcomer to not report the illegal fee (Kav LaOved, 2019). The agents of the network could work in multiple ways, including via illegal Indian migrants in Israel or local non-migrants in India—all enabling and sustaining the influence and function of the Israeli manpower agencies and their counterparts in India. The fact that illegal placement fees are illegal only on paper is an extension of the lobbying power of manpower agencies and the conniving role played by government officials through bribery and corruption. It

is interesting that this exploitative system that has gone unchecked for so long, in fact, survives through a vertical and horizontal hegemonic legitimacy, enabled by agents from both top and bottom. It is encouraging that there is a bilateral agreement in the offing, between India and Israel, in the construction and nursing sectors, to bring an additional ten thousand migrant workers to Israel (Fatima, 2023). However, it is worrying that even within the existing agreements that are expected to safeguard the rights of the migrant workers, the practice of paying placement fees is still rampant.

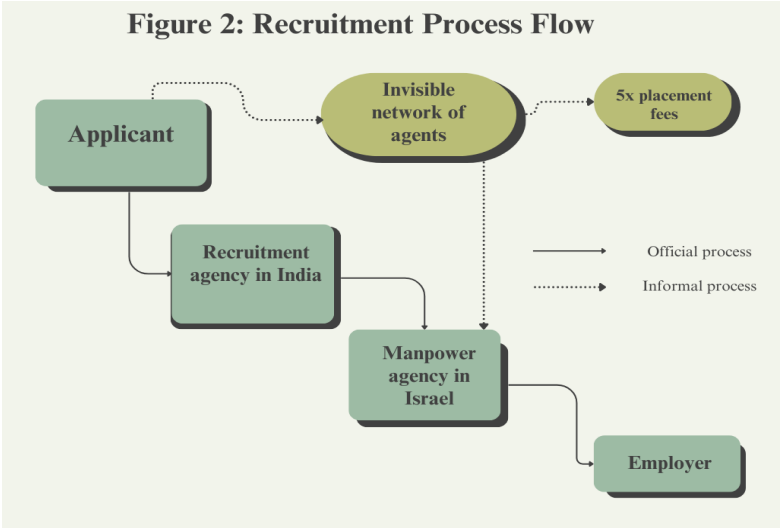

Figure 2: Recruitment process flow

A third and perhaps more effective reason as to why new recruits are ready to pay the fee, concerns the credentials, or the lack thereof, of migrant workers who seek care employment in Israel's relatively high-income labour market. Unlike institutional nursing jobs in Israel and elsewhere, live-in careworkers do not have to furnish proof of their educational and professional qualifications, leaving the door wide open for anybody who can afford the broker's fee to enter the overseas labour market of Israel (Personal Communication, 2023). In fact, several respondents answered

favourably regarding the unregulated system, with a backdoor entry which does not put a bar on age, gender or qualifications, and allowing them to gain access to attractive and relatively better paid jobs in Israel. Although many participants did not respond positively to the exorbitant sum of the broker's fee to be paid initially, others deemed it a safe investment for better life and economic opportunities.

Overseas Community Networks as Islands of Belonging

Alongside state policies, the wage gap between sending and receiving countries, and the demand for cheap labour, there is the additional influence of migration networks that play a pivotal role in enabling overseas labour migration (Lim, 2015). Despite the prevalence of overwhelming sociopolitical and economic structures in India, the larger sociological determinant of cross-border migration flows is the ethnolinguistic networks prospective migrant workers have access to in the receiving countries (Jones & Sha, 2020). Therefore, the intersections of belonging, identity and community become important in shaping the experiences of migrant careworkers in Israel.

The nature of live-in care jobs could be isolating and alienating for migrant careworkers when living away from families for extended periods of time. Most overseas careworkers find themselves connecting to members of their linguistic or ethnic communities in order to feel rooted to their culture and identity (Brown, 2017). Indian migrant communities in Israel are no different, and different linguistic communities tend to host their own weekend get-togethers and outings to connect with compatriots from their home states. Given that the cultural diversity in India works through ethnolinguistic dimensions, most Indian migrant workers find communities that they can connect to on the basis of

their mother tongue. The Malayali[25] migrant careworkers in Israel whom the researcher spoke to confirmed a system that has been followed to retain their traditions in what could be termed a transnational practice of culture and religion.

A large majority of foreign workers adjust to the cultural differences and feeling of isolation through these linguistically and culturally mediated networks. These networks meet regularly during weekends to socialise and for recreational activities, including playing sport and watching movies together, and return to their respective workplaces by the end of the weekend (personal communication, 2023). Food is central to these get-togethers, wherein a large feast is usually prepared by different members of the community. Recreational drinking, conversations and storytelling shaded by nostalgia and homesickness are characteristic of such weekend meetings. Several studies have been conducted on cultural celebrations and festivals as a quintessential feature of the migrant life, and this is not uncommon for the Malayali care workers in Israel too.

The gatherings are usually held in apartments, specifically rented for the weekend for such occasions, and the cost is shared amongst the community members. Coordinated by experienced community members, the access to these activities is restricted, in practice, to acquaintances and friends, making social capital and maintenance of community relations important for a sense of belonging. In effect, these recreational gatherings become sites of cultural experience, nostalgic practice and reaffirmation of belonging to specific ethnolinguistic communities.

These gatherings are also exclusive in that they are occupation-specific. Israelis of Indian origin, or other members of the Indian diaspora in Israel, are not welcome to these groups, which stands in stark contrast to the cultural integration the former undergo. The time between arrival of the community members and their departure to their

25 Malayali is a person who speaks Malayalam and, in this context, denotes persons hailing from Kerala

respective workplaces after the weekend could be termed a reproduction of space of cultural expression. In essence, these gatherings could be termed temporal and geographical islands of belonging.

These spaces also have their inherent political relations, which are different from that of their home states. Despite various existing socioeconomic and political hierarchies back home in terms of caste, class and gender, the newfound migrant communities of belonging serve as a new site of reconfiguring erstwhile hierarchies. Although the definitive dimensions of these reconfigurations are not thoroughly explored in this chapter, all the respondents pointed at the specific aspects of experience and relations with the care agency as important determinants.

Power relations within the weekend get-togethers are shaped by access, acceptability, and compliance. There is a level of acceptability that each community member must achieve by adhering to community norms which some respondents dubbed "coercive". However, the moral and ethical sensibilities and practices of these islands of belonging is slightly adapted and has noticeable differences from the acceptable norms back home. For instance, there is an indifferent acceptability of close friendships and romantic relationships among careworkers despite their marital status, which is rather uncommon and even frowned upon in Kerala society. The purported sanctity of marital relationships and family is not seen as divergent to these extra-marital and mostly secretive relationships, but as factors complementing and, even to some extent, facilitating the maintenance of family relations back home. These communities act as family away from family in all senses, akin to the formation of a new type of kinship through deep personal ties (Liebelt, 2011).

The sense of community is a substantial remedial factor in the mental health of migrant workers. Anxiety, depression, fear of job loss, economic insecurity and separation are common issues that many migrant temporary workers suffer from (Hasan et al., 2021). These issues are more or

less addressed through being part of a community of fellow migrants who can relate to them more than the families back home. It is important to maintain cordial ties with these community members for the sake of social capital. Most newcomers lack extensive knowledge of labour rights, labour legalities and migrant work regimes in Israel so that they are inclined to maintain these connections as support systems, including for timely circulation of important information. These networks are equally crucial in deriving support emotionally, legally, and sometimes financially in the event of an emergency.

A few respondents recounted how the experienced members of the community helped to initiate grievance petitions to manpower agencies and government departments on various occasions, including abuse. One respondent, a female caregiver, remembers that the members of her fellow Keralites in the community helped fundraise for an emergency surgery that her spouse had to undergo back home. Nevertheless, there were a few young respondents who did not agree with the system and conduct of the community groups, as they were "dated", "repressive", and "preachy" towards younger caregivers. However, they concurred with the fact that showing up for weekend meetings was the only way to maintain a sense of community in Israel.

Many experienced members of the community have good working relations with the manpower agency and are able to facilitate connections with prospective candidates for care work. The acceptability and social capital of these senior members are crucial in instilling trust among newcomers and prospectives to pay the placement fee. More often than not, the senior members look out for prospective employees from their home community and leverage common roots to establish trust through personal networks. Within the institutionalised migration regimes, they occupy a "grey space" wherein they operate as an invisible network (Lim, 2015), legitimising the middle-men or agents involved in the recruitment process and the illegal placement fees charged by them. Some respondents commented that these connections helped them distinguish

legitimate offers from fraudulent ones, unlike some cases where caregivers were promised higher wages and charged exorbitant placement fees, essentially pushing them into a debt trap (personal communication, 2023). These networks, which are inclusive of both legal and illegal migrants, are important determinants of the continued flow of careworkers from the source countries. The actual process of recruitment is very complex and shrouded in secrecy, given the intricate and invisible networks of both a personal and impersonal nature at play.

The Image-making of *Pravasi* in Israel

Israel in itself holds tremendous social and cultural capital among Christians of Kerala, who constitute about 18.38% of the total population in the state (Zachariah, 2016). Although specific statistics of migrant caregivers' religious affiliations are not available, all the respondents the researcher spoke with confirmed the significance of the "Holy Land" being a factor in their decision to migrate to Israel for work. The Syrian Christian community in particular attributes significance to Israel as the Holy Land, due to the centrality of the Old Testament to their belief systems[26].

The Malayalam word *pravasi*, with its roots in Sanskrit, translates to migrant. *Pravasi* has myriad connotations that are extensively portrayed in pop culture, literature and theatre in Kerala. The image of *pravasi* is one that is constantly changing and yet stereotypically rooted. Some of the inherent connotations include vanity that comes with perceived high income and status; popularity and respect that comes with the

26 Syrian Christians in Kerala claim a history of 2000 years, tracing their origin back to the historical arrival of St Thomas, the apostle of Jesus, in Kodungallur, Kerala in AD 52. The cultural evolution of Christianity in Kerala signals the synergetic influence of Hindu traditions prevalent in Kerala at the time, which could explain the significance of the culture of pilgrimage to holy places among Kerala Christians, which is missing from reformed branches of Christianity in the West (Thomas and George, 2023).

socially imagined hardships that the migrant has undergone, and the social currency of one who is an expert in international matters. Unlike other parts of India where migrants are considered as travellers, linking pleasure with living abroad is alien to Kerala society which, until recently, predominantly dealt with Gulf migration.

The image of a *pravasi* from Israel is a relatively new concept for Keralites as the bulk of its migrant returnees are linked to the Gulf region. Several studies have probed the reintegration of migrant returnees to Kerala and what it means for their mental health (Afsal and Reshmi, 2020; Khan et al., 2023. However, the phenomenon has not been studied from the perspective of temporary careworkers in the context of Israel as a desired and "promised" land for Christians. Most caregivers the researcher spoke to were rather apprehensive about the economic security once they are back in their home state, something that they share with the Gulf returnees. However, temporary careworkers returning from Israel are reported to undergo shame, stigma and belittling for the intimate forms of labour they perform as migrants. There is much scope for future research on the mental health and social perception of migrants returning to Kerala from Israel, in a society that wholeheartedly projects Gulf returnees as the builders of Kerala's fortune.

When asked about their connection to religiosity, it was rather interesting to learn that religious practices were mostly confined to private spaces, as opposed to their public practice of religious faith in Kerala. Although many historically and biblically significant sites closely linked to Jesus Christ are in Israel, all the senior caregivers responded that they had been to the Church of the Holy Sepulchre only once or twice during their entire stay. Consequently, the mystical appeal of working in a land which is intricately linked to their religious faith was rendered a part of their imagination alone.

Conclusions

Migration at the intersection of labour and care, when examined through the perspective of transnational care interlinkages, presents a case for nuanced investigation. As a labour-exporting state from the Global South, Kerala offers an interesting case study of the motivations, mechanisations, processes and consequences of transnational landscape of care, which is a highly racialised, gendered and sexualised sector of work. The pervasiveness of exploitation in the system has to be seen as a symptom of the larger decay in the global care chains wherein low income and poor communities from the Global South continue to be victimised and harassed by proxies of wealthy governments. The restrictions and inaccessibility of labour rights and surveillance imposed by the state of Israel, which is focused on its ethno-racial nation building, are projected through privatised agencies and employers as the closest units of contact. Malayali migrant careworkers negotiate their sociality, religiosity and culture through community-building exercises that translate to a physical and imaginative space to practise culture, tackle the challenges of isolation and build support networks. Experienced community members also aid newcomers, cultivating trust and legitimising recruitment processes which can be exploitative in nature. Regardless, this interplay of networks sustains the flow of careworkers, serving as temporal and geographical anchors of belonging within new alliances and kinship structures. The image-making of "pravasi" in the context of Israel's care economy reflects Malayali's hypocritical duality of faith and stigma, which also forms part and parcel of the global care economy.

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