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Chapter

Beyond Health and Safety at Work: Reflections on Biopolitics in Occupational Health as an Important Component of International Health Security

Mendes Luciano

Abstract

The general objective in this chapter is to reflect on health and safety at work based on biopolitics and biopower. The intention will be to clarify unequal processes in health and safety at work. In addition to occupational health, occupational health and safety actions aim to increase control over workers' bodies, as well as reduce costs in the work process. The intention is still to establish a dialogue with the French philosopher Michel Foucault and with the Italian philosopher Giorgio Agamben, both discussing the consequences of biopolitics and biopower in industrial society modern. The proposed reflections go beyond the benefits of occupational health and safety at work, as they aim to understand the centrality of life in industrial organizations. It is important and necessary to minimize the negative effects of inequality in health and safety at work. Only then will there be a reduction or elimination of health and safety risks at work.

Keywords: occupational health, safety at work, biopolitics, biopower

1. Introduction

Occupational medicine emerged in England in the first half of the nineteenth century during the Industrial Revolution. With the frequent number of illnesses and deaths in the workplace, occupational medicine emerges as a form of intervention and minimizing the damage caused by occupational diseases. A classic case is that of Robert Dernham, owner of a textile industry, who sought out Doctor Robert Baker to find out how he could minimize cases of illness and death in the workplace. Baker told Dernham to invite a doctor to periodically visit the workplace to find out what could be done preventively to reduce cases of illness and death [1].

It did not take long for occupational medical services to emerge in various industries. The expansion of medical services in industrial rather than solve or minimize the problems of disease and death in the workplace, enabled a level of dependency of workers and their families of medical services. With the inefficiency of public health services, especially in peripheral countries, medical services in

industrial companies have become an important factor for the dependence of the worker in relation to the industry [2].

The concern to provide medical services to workers also becomes a concern of the International Labor Organization (ILO). In 1953, the ILO creates a document that generates guidelines on the “protection of workers’ health.” In 1954, the ILO convened a group of experts to create general guidelines on “Occupational Medical Services,” which in 1958 was replaced by “Occupational Health Services”. In the ILO document, the Occupational Health Services must: (a) ensure the protection of workers against all risks that harm their health and that may result from their work and the conditions in which it is carried out; (b) to contribute to the physical and mental adaptation of the worker, in particular by the suitability of the work and its placement in workplaces corresponding to their skills; and (c) contribute to the establishment and maintenance of the highest possible level of physical and mental well-being of workers [3].

During and after the Second World War, many industries suffered from cases of illness, but mainly from deaths in the workplace. The tension produced by the war significantly increased the number of deaths in industries, where the actions of doctors alone limited the containment of deaths and illnesses. It is in this context that occupational health appears, mainly in large industries, through a multidisciplinary team that comprised doctors, nurses, psychologists, sociologists, engineers and nutritionists. With this, the emphasis on occupational health becomes hygiene and the work environment [4].

It did not take long for the occupational health movement to undergo a series of changes and influences. Despite the multidisciplinary perspective, the participation of workers in the occupational health movement was still peripheral. As a result, in the 1960s, a series of demonstrations took place, mainly in developed countries, for greater participation by workers in actions on health and safety at work [5]. From that time on, legislation on health and safety at work began to emerge, as occurred with Italy in 1970 with the enactment of the Law known as the “Workers’ Statute.” This law required, among many other actions, the participation of workers in the surveillance of health and safety at work actions and also the independent inspection actions of the industry [6]. Many developed countries, such as England, Sweden, France and Norway, for example, had their Labor Laws enacted and in all of them there were rights and guarantees of health and safety at work.

Occupational health and safety appear as elements not only of occupational health, but as effective actions to control and maintain work processes. In addition to the legal aspects, health and safety at work become normative. Prescriptive work becomes central to industries, as they aim to reduce the indicators of accidents and diseases in the workplace. Prescriptive work integrates two fundamental components: working conditions (physical environment and socioeconomic conditions) and prescriptions (norms, procedures and rules). But prescriptive work is far from real work. What is prescribed is not what actually happens. For this reason, even with the spread of health and safety standards at work, accidents, illnesses and deaths caused by work are still occurring and increasing in recent years [7].

According to data from the International Labor Organization (ILO) more than 2.7 million people die from occupational accidents. There are over 370 million people who suffer non-fatal accidents and are on leave for 4 days or more from work. Accidents at work generate an economic cost of about 4% of the Global Gross Domestic Product per year. These data show that advances in health and safety at work policies and actions have not had a positive impact on the work environment [8]. At this point, it is necessary to discuss the political dimension of this process and make evident the inequalities in relation to health and safety at work. As the ILO report itself shows, the countries that suffer most from deaths, accidents

and illnesses at work are the poor countries. And it is not only due to an unfavorable economic condition, as many of these countries have rapidly industrialized, receiving many international industries, which seek low social and environmental regulations [9]. But it is the question of the value of human life [10].

Who deserves to live and who can die. Where regulations must be met and where those regulations must not be met. In view of these inequalities in relation to actions on health and safety at work, subsequent theoretical discussions take place. And an important aspect in this path will be the discussions about biopolitics and biopower carried out by Michel Foucault and Giorgio Agamben, which show this political process and power over life, generating different values about human lives. Thus, the general objective of this chapter is to reflect on health and safety at work from biopolitics and biopower, showing that there is an evident contribution to the discussions on International Health Security. Therefore, initially it will be important to present some methodological explanations. Then, the theoretical discussions on health and safety at work. Soon after, to present the ideas of biopolitics and biopower in Michel Foucault and Giorgio Agamben, highlighting the central aspects of health and safety at work practices. Finally, some final considerations.

2. Research methods

This text is characterized by a bibliographic essay [11], written from a bibliographic survey on the topic of Health and Safety at Work. The focus of this text was to understand Health and Safety at Work as an important perspective for International Health Security. As a result, papers were selected that discussed, at the international level, health and safety at work, bringing a history of the development of health and safety within organizations. In this history, actions in health and safety at work were taken into account since the emergence of the industrial system, as well as the nomenclatures on health and safety at work and the linear periods of time in which actions were developed. Although only one paper was cited in each period, the bibliographic survey made it possible to validate the information among the papers cited in the text.

Subsequent to this linear path on the evolution of health and safety practices at work in organizations, the second part was developed through a reading of health and safety at work based on the concepts of biopolitics and biopower by Michel Foucault and Giorgio Agamben. In this part, a survey was made on the texts of Foucault and Agamben that deal with the concepts of biopolitics and biopower, relating them to the discussions on Health and Safety at Work. The intention was to show that the rapid development of Health and Safety at Work and that it made an important contribution to International Health Security were linked to changes in the policy of capitalist countries. Biopolitics and biopower are the basis of International Health Security and are reflected in actions on Health and Safety at Work.

3. Health and safety at work

In this part, the various actions on health and safety at work, nor the various safety and ergonomic standards created for the work environment will not be explored. The intention will be to conduct a comprehensive discussion on the topic with a view to understanding the intricacies of health and safety at work actions. Thus, some actions on health and safety at work will be presented but with the intention only of understanding its intricacies. The focus will be the description and not the prescription that is established in health and safety at work.

Occupational health and safety are terms linked to occupational health and have expanded the way illnesses and accidents are understood in the work environment [12]. Work-related risks are no longer seen only from a physical and chemical perspective and have included biological, ergonomic and psychosocial perspectives [13]. In addition, illnesses are no longer seen only as occupational illnesses that were generated by the work environment and started to include work-related disease and illnesses aggravated by work [14]. These expansions in the way of understanding diseases and accidents accompanied changes in the forms of production and management of industries and organizations [15]. From the industry managed in the Taylorism-Fordist model to flexible production (Toyotas' model), the risks related to work have changed [16].

It was for this reason that the risks of accidents, deaths and illnesses in the work environment started to be quantified and qualified based on technical and management attributes. The strategies to contain risks involved diagnoses of work and organizational environments (risk assessment) that generated strategies to mitigate and contain these risks [17]. Quantitative methods are used, to a large extent, for hygiene actions at work. And qualitative methods for actions in safety at work. Despite the human benefits existing in the various actions in health and safety at work, the focus is still on technical attributes and not human attributes. This focus generates a gap between prescribed work and real work, precisely because human beings tend to adapt work to their conditions of execution [18].

This gap between prescribed work and real work is also reflected in the technical attributes related to the management of health and safety at work. The containment of a risk can generate new risks, as there is a complexity in the working conditions and in the activities developed. For example, the use of personal protective equipment may generate some type of allergy in the worker, precisely because the technical attribute of mitigating a specific risk was thought of, but not in adapting the material to the human organism. In addition, what could be called the minimum acceptable level of risk at work may not trigger a problem in the short term, but be responsible for illnesses, accidents or deaths in the long term. For example, exposure to a certain chemical element may not be harmful in sporadic exposures, but it is a dangerous element precisely because it is accumulated in the human organism. Actions in health and safety at work invalidate the individual aspects of workers, always taking into account aspects related to the majority. The human being continues to be adapted to the work environment and not the other way around. For this reason, health and safety at work actions tend to focus on physical, chemical, biological and ergonomic risks and very little on psychosocial risks. This is because these psychosocial risks are linked to individual attributes, which do not concentrate most cases [19].

With this, it is not only the gap between prescribed work and real work that highlights the problems generated in health and safety at work, but also the problems of unequal treatment of these actions. This does not minimize the importance and existence of actions in health and safety at work but leads to some reflections that are equally important. If accidents, deaths and work-related illnesses continue to happen, then there is something unsaid about the rules and practices aimed at health and safety at work. There is a level of non-compliance with these prescribed actions, which escapes reflections on the number of accidents, deaths and illnesses in the workplace. These inequalities and this level of non-compliance are linked to a broader factor, which is the life of individuals. One might think that the central concern is with life, but there are other factors linked to work in industries and organizations that better explain investments in health and safety at work, as well as inequalities in the actions carried out [20].

Investments in health and safety at work aim to reduce or minimize the costs of accidents, deaths and illnesses generated in the work environment. For this reason, the focus has always been on those risks generated in the work environment, marginalizing work-related disease and illnesses aggravated by work. Like many actions in health and safety at work, they show a minimum level of tolerance to physical, chemical, biological, ergonomic and psychosocial risks, since the total elimination of risk is somewhat illusory [21]. But what is central to this discussion is the value on the lives of these individuals. What hierarchical level are they in the industry or organization, what kind of risks are they exposed to, whether the role in the industry or organization is essential or not, whether the costs generated by accidents, illnesses and deaths are high or not and if following the rules is more advantageous or if working illegally is more favorable (not for the individual but for the industry or organization) [22]. It is this analysis related to inequality in actions on health and safety at work that the next part of this chapter will address. Both Foucault and Agamben reflect on the political level of life, which is a central element in health and safety at work.

4. Biopolitics and biopower in Foucault and Agamben: reflections about the health and safety at work

The political conception of life is not something that arises in today's society. At the time of the Principalities, this political conception of life was constituted from death. The sovereign had the right to dispose of the life of his subjects. Of course, it was not an unlimited right, since this right was constituted from the actions of subjects who transgressed the rules or generated dishonor to kings or princes [23]. In these circumstances, the sovereign's right was to make people die and let them live. This right was derived from the ancient "*patria potesta*," where the Roman father of the family had the right to dispose of the lives of his wife, children and slaves, since he had given them. Despite the strength that the sovereign's right had in relation to his subjects, the Reigns and Principalities were disappearing during the history of civilizations. This allowed for the emergence of another form of policy on life, much more linked to the promotion and care of life than to its finitude and ability to make people die [24].

In the mid-seventeenth century, wide-ranging discussions on the role of the modern state began to emerge. The focus becomes the various investments that could be made to attract and retain individuals in their territories. The actions at the State level were to promote life, through extensive investments in public health, in improving the quality of life and in improving the economic and social condition. Concerns within the states were focused on basic sanitation, urban cleaning, urban infrastructure and health care. In the midst of the emergence of public health, the use of statistics was of central importance [25].

It was possible to assess, based on statistical data, for example, the number of births, the number of deaths, the most common diseases and the migration of people in regions or states. Statistics were so important that even today they are used to generate a level of normalization on diseases, accidents and deaths, not only in society as a whole, but also in industries and organizations. Statistics made it possible to create strategies and actions to contain problems related to the health and safety of the population. The central role of the modern state will be to make people live and let them die, which is the reverse of the sovereign's power [26].

Political actions on the life of the population can demonstrate a level of humanity and care toward individuals. But the exact opposite is starting to happen. Actions

at the State level move quickly away from normalization processes on health conditions, birth and mortality rates, infection and contamination flows for body discipline. This discipline of the glass was important to generate the strength of the industrial system, since the entire production system depended on the labor of the workers [27]. The transformation of docile and useful bodies also involved caring for life. In its eagerness to care for, protect and manage the population's living conditions, the State ends up intensifying the processes of violence. This is because the recognition of what could be called the good life is directly linked to the bad life. It is this inequality that projects the existence of the best living conditions, as the worst living conditions must also be recognized [28].

It is this inequality, this social hierarchy, that will function in government over life. The basis for this inequality will be established, during the nineteenth century, on the theory of biology, particularly on Darwinism. It is from the hierarchy of species, from the struggle for life between species, from the selection that eliminates the least able that a hierarchy over the population is also constituted. That same base that, within the State, was able to institute racism and war [29].

Hierarchical relations within the population and the justifications for genocide in war are at the basis of social Darwinism. It is this inequality that will produce the "making a living," the one considered most apt and who are at the top of the social hierarchy, and the "letting die" for the least able and who are at the bottom of the social hierarchy [30]. The concern with those at the bottom of the social hierarchy occurs only when the costs of "letting it die" are higher and have a direct impact on the industrial system [31]. When the profit is diminished by accidents, deaths and illnesses generated in the work environment, then the actions of "letting live" and not "making it live" are exercised.

That is why the normalization process is important in health and safety at work, because despite generating docile bodies and adapted to the production system, they still generate a way of "letting live." For this reason, too, the prescribed work is distant from real work, as the central concern is not to "make life" for those at the bottom of the social hierarchy, but to establish guidelines that minimize the negative impacts on the industrial system. Accidents, deaths and diseases generate costs for the industrial system and also for the State [32]. Production interruptions, the departure of specialized individuals, sick leave and the hiring of other workers generate large expenses for the industrial system. As well as generating expenses for the State with public health, with disability pensions and with the expansion of hospital systems. All these expenses and costs that burden the capitalist system induce the condition of the prescribed work, in an attempt to establish the discipline of the body, but it remains averse to the human condition [31].

In the midst of this discussion there are differences in life. The Greek term for life as a "naked life" is *Zoé*, which expresses the condition of being alive. The Greek term for "qualified life" is *Bíos*, which expresses the political condition of life. Modernity is based on "*Zoé*" life. It is this politically conceived life that populations are limited [33]. It is on this political conception that it is allowed to kill, maim and fall ill without being guilty of murder, crime or torture. It is this biopolitics that allows us to look at the number of accidents, mutilations or illnesses in the world without blaming the capitalist system or entrepreneurs for this daily genocide. The normalization and standardization processes except the responsibilities for those events considered to be exceptional or pathological [10]. The prescribed work generates a level of non-responsibility and an attempt to adapt human beings to work processes and not the other way around. In other words, work processes and work organization are not altered to better adapt to human factors [34].

The intensification of the processes of biopolitics and biopower, which are exercised over the population, made *Zoé* and *Bíos* take a different form from that

constituted by the Greeks. Biopolitics appropriated Zoé and introduced it to the political condition. This naked and vital life was consumed by political bodies, which started to manage, organize and normalize it. Modernly, Bíos was marginalized, preventing individuals from having dominion over their own living conditions. As a result, the derivations of Bíos were marginalized in today's society: bíos theórétikos (contemplative life), bíos apolaustikós (life of pleasure) and bíos politikos (political life) [35].

Zoé was just a manifestation of the lives of individuals and never entered the political realm. The Greeks had the ability to separate oikos (domestic sphere) and polis (political sphere). Zoé belonged to the domestic sphere and was never within the political condition. Bíos, on the other hand, belonged to the political sphere and led the Greek subject to an active life. Bíos allowed the Greek subject to participate in the actions and decisions of the polis. It made the Greek subject capable of political struggles, the pursuit of pleasures and the choice of a contemplative life. When modernity is understood, it is exactly that active life that has been lost [36].

The modern subject has long lost the ability to control his life (Zoé). Now it is the capitalist system, norms of health and safety at work and management in organizations that determine how it should live and act, how it should be and how it must comply. It is this process of mortification of the human being that has been instituted in modern society [37].

But the question that remains is: would an adaptation of work processes to human conditions not have a positive impact on the capitalist system, generating greater profits and lower social costs? Maybe the answer would be "yes," but as the good living condition is only verified on the bad living condition, then the best strategy is to maintain this inequality, no longer as a "make you die" condition, as it generates costs to the system, but with conditions to "let live."

5. Conclusions: reflections on occupational health

It is visible that the discussions on occupational health and also on health and safety at work have advanced a lot in recent years. Everything that has been done to minimize the negative impacts of the industrial system on society is commendable. Much remains to be done, as the rates of accidents, deaths and illnesses related to work remain high. Here, the contradiction between investments in occupational health and the number of accidents, deaths and illnesses at work is already evident, which makes it evident that something is not correct.

Again, it is necessary to repeat that this chapter is not against actions of health and safety at work, but the reflections instituted here aim to shed light on the problem, with the hope that all human life is treated as Bíos (qualified life) and as Zoé (naked life), so that you have respect and responsibility for all lives. The reflections developed here aim to make it clear that in addition to being naked, it is hierarchical and generates uneven living conditions. Only by shedding light on these findings can we fight the processes that maintain these conditions of hierarchy and inequality.

Life starts to be managed, controlled, and normalized, but not for the sole and exclusive good of the subject, but for the good of the capitalist system. Perhaps if accidents, deaths, and illnesses at work did not generate costs for the capitalist system, the right to health and safety at work would follow social inequalities. As these accidents, deaths and illnesses cause costs for the capitalist system and for the States, then investment becomes necessary. Here the standardization processes come in to safeguard the lives of workers, but what results is the negligence of the system in cases of accident and death.

There is a risk of killing and maiming, without legal and social penalties for these deaths and mutilations. The work environments also follow this logic, as the level of unhealthy and dangerous on the factory floor is much higher than in the office. Control over ergonomic, chemical, physical, and biological aspects is much greater in the office than on the factory floor. Although the actions in health and safety at work are, for the most part, focused on the factory floor, perhaps due to the greatest risks, they are still exercised from top to bottom, without the knowledge of the real work performed. This creates a gap between the norm and real work, which sets the precedent for accidents, deaths, and illnesses to continue happening and existing.

For this reason, reflect on biopolitics or this qualified life or the processes of social inequality that one can have health and safety at work actions really concerned with human lives. This will generate more effective contributions to International Health Security. Life needs to stop being politically appropriate. Life needs to return to being just a condition of the subject's existence. It is necessary to have respect and responsibility toward individuals in a society. Only in this way can one think about how to adapt work processes and work organization to the human conditions of the worker. As long as these inequalities and hierarchies are not recognized, the prescribed work will have a central role, since it excepts responsibilities, leaving real work at the mercy of its conditions of production and the fate of destiny.

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