

Biopolitics, Occupational Health and State Power: The Marginalization of Sick Workers in China

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Abstract

This article endeavours to address the experience of Chinese workers with occupational disease as an instantiation of Agamben's notion of *homo sacer* – the ultimate biopolitical subject whose life is located outside the “normal” political, economic and cultural practices and, hence, is rendered largely silent and unintelligible in the public realm. It argues that the victimization of the occupationally sick worker has become almost a blind spot at the centre of governmentality insofar as the specific set of social regulations and power relations has created a “double ambivalence” among the victims who are constantly and disturbingly caught in between the public and private, the productive and unproductive, and the culturally normative and the culturally deviant. Such experiences of marginality contribute to the understanding of the biopolitical nature of contemporary Chinese state power, which adopts extensive “stability maintenance” (*weiwen*) measures to reduce resisters to a state of “bare life” susceptible to the rule of exception.

Keywords: biopolitics; *homo sacer*; Chinese workers; state power; stability maintenance; rule of exception; occupational disease

Compared to the plethora of work on Chinese labour, there is a relative paucity of scholarly work in English on the problem of occupational disease. In the available literature, more attention has been paid to industrial accidents which lead to death and injuries.¹ Such a disparity in scholarly attention might make it all too easy to underestimate the price paid by Chinese workers who suffer from occupational diseases. Although there are no clear figures indicating the economic costs incurred, a senior health official has warned that both occupational illnesses and injuries cost China 100 billion yuan annually (US\$12.5 billion) in direct losses; the indirect costs could double the figure to 200 billion yuan (US\$25

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1 For example, Wright 2004, 2007; Homer 2009. Notable exceptions include Leung and Pun 2009; Chen, Meei-shia, and Chan 2010; and Brown and O'Rourke 2003. Supplementing these academic publications are several NGO reports, namely, China Labour Bulletin 2005, 2010; Globalization Monitor 2009; and Lam 2001.

billion).² The same report reveals that both costs equal 6 per cent of national GDP, which is 33 per cent higher than that of the global economic burden of occupational illnesses and accidents (4 per cent). The number of workers with an occupational disease is on the rise every year, with pneumoconiosis and industrial poisoning constituting about nine-tenths of all occupational diseases.³

However, the lack of scholarly concern with occupationally sick workers is not a charge I wish to press here. Rather, it points to a social phenomenon that even though there are well-proven medical grounds concerning the incurability of most occupational diseases and an awareness of the plight of the victims and their families, workers with an occupational disease seem to be a scotoma (i.e. blind spot) at the centre of governmentality. The key argument of this article is that the affected workers are constructed as an unwanted people via the confluence of various biopolitical techniques. These techniques create a “double ambivalence” among the victims who are caught – constantly and disturbingly – in between the public and the private, the productive and unproductive, and the culturally normative and the culturally deviant.

This article uses the concept of *homo sacer*, as highlighted in the works of Giorgio Agamben, to analyse how such a public scotoma is biopolitically constructed.⁴ Literally meaning “sacred man,” *homo sacer* refers to a category of outlawed person who may be killed without the killer incurring any punishment, but yet who may not be honoured as a sacrifice. *Homo sacer* thus refers to “the remainder of the destroyed political *bios*,”⁵ and represents a form of life which is seriously damaged and stripped of its political significance. Agamben argues that in modern governmental rationality, “bare life” by no means exists outside state power. Rather, as Ewa Ziarek succinctly puts it, bare life is captured by the political in a double way: “first, in the form of the exclusion from the polis ... and, second, in the form of the unlimited exposure to violation, which does not count as a ‘crime’.”⁶ Hence, *homo sacer* can be said to occupy “a zone of indistinction” in between beast and man,⁷ a realm Agamben coins the “state of exception.” Rather than “a dictatorship,” Agamben writes that the state of exception refers to “a space devoid of law, a zone of anomie in which all legal determinations – and above all the very distinction between public and private – are deactivated.”⁸ At the heart of the sovereign’s power, thus, is the power to “ban,”

2 Yu, Wenlan 2009.

3 Beijing Yilian 2011.

4 Agamben 1998; 2005.

5 Ziarek 2008, 90. Here, the meaning of *homo sacer* is understood in juxtaposition with two ancient Greek terms: *zoe* and *bios*, both of which roughly mean “life.” *Zoe* refers to natural, biological life, which is “the simple fact of living common to all living beings.” *Bios*, on the other hand, connotes a good life lived in accordance with particular rights and dignities of citizenship, which can be fully realized only in the political realm (the polis). Agamben 1998, 1–7.

6 Ziarek 2008, 90.

7 Agamben 1998, 170; Diken and Lausten 2002.

8 Agamben 2005, 50.

which determines who is included in the polis and who is condemned to *homo sacer*.⁹

To support these arguments, a qualitative inquiry was made to solicit the subjective experiences of workers afflicted with occupational disease. This approach has been adopted by scholars who have examined how such victims faced institutional obstacles in their pursuit of compensation in the United States and Australia.¹⁰ As to my concern in exploring the workers' physical and social suffering, one can cite the work of Arthur McIvor and Ronnie Johnston, who conducted interviews with Scottish coal miners and examined the effects and coping strategies associated with pneumoconiosis.¹¹ Whatever systemic shortcomings and subjective suffering these studies have identified, workers with an occupational disease are generally portrayed as "victims" in society. This article, however, endeavours to illustrate how afflicted workers are eventually constructed as a taboo people (and not "victims") who are viewed as a threat to the social stability of the existing power structure, and are hence subjected to sovereign violence. By way of conclusion, this article also attempts to illuminate the nature of biopower under the Chinese official phrase of "stability maintenance," which refers to the extra-legal strategies used deliberately to reduce resisters to a "bare life," leaving them susceptible to the rule of exception, and potentially, excessive violence.

Biopower and Stability Maintenance

Following Foucault, biopower refers to a specific set of social regulations and power relations which bring "life and its mechanisms into the realm of explicit calculation and made knowledge/power an agent of transformation of human life."¹² Along this line, China scholars have examined various biopolitical technologies deployed to denounce "uncivilized" human conduct and thus produce a manageable "population," and have declared that the rationale behind these technologies rests upon claims to "scientific truth."¹³ Susan Greenhalgh and Edwin Winckler, for example, argue that China's population policies have directly or indirectly shaped the desires, beliefs, interests and aspirations of the "population" without cultivating a consciousness for democracy and autonomy.¹⁴ Others point to the underlying pattern of biopolitics, which has created two distinctive sets of social and population norms at two different periods of time: during the Maoist period (1949–76), people were expected to be the passive objects of administrative intervention; since the post-1978 reform period, they must be

9 Agamben 1998, 110.

10 Calvey and Jansz 2005; Kosny et al. 2012.

11 McIvor and Johnston 2002.

12 Foucault 1998, 143.

13 Sigley 2009.

14 Greenhalgh and Winckler 2005, 23.

“high-quality” (*gao suzhi* 高素质) subjects adaptive to the competitive global environment.¹⁵

The appropriation of the discourse of *suzhi* (素质) thus represents the hegemonic strategy of the state to produce status and identify people who are recognized as “civilized” and therefore more competent at adapting to the socialist market economy without causing chaos to governance.¹⁶ However, the increasing bureaucratization of the market and the lack of a vibrant civil society have led to more frequent occurrences of politically contentious disputes in which resisters are increasingly portrayed as “uncivilized” and subjected to an array of biopolitical techniques and practices. For example, persistent petitioners in Beijing are regarded as dissidents, or even mentally disturbed.¹⁷ Repressive measures such as arbitrary detainment, house arrest, or being put into “black jails,” are particularly targeted at political dissidents and human rights activists whose actions are interpreted as “troublemaking” and disruptive to the harmony of society.¹⁸ Observers have also noted that when confronted, the state tends not to enforce the rule of law, but instead adopts “stability maintenance” measures aimed at lowering the level of reports of “incidents” and maintaining a facade of stability.¹⁹ A key term both in the official lexicon and public discourse since the 2008 Beijing Olympics, “stability maintenance” refers to the myriad extra-legal measures used to suppress resistance, including heavy internet and media censorship, illegal house arrests and beatings, and the harassment of blacklisted troublemakers.²⁰ The tendency towards rule by exception (rather than rule of law) became more explicit when the proportion of the budget allocated to “maintaining [domestic] stability” exceeded that allocated to national defence in 2010.²¹ Recent analyses further suggest how these budgets have opened up a national market for stability maintenance, involving the issuing of bonuses to local staff for resolving “incidents” and the hiring of private enterprises to stop petitioners.²²

This article examines how occupational disease sufferers fail to be categorized as “normal” in the population. Many are self-described as “without *suzhi*,” a taboo people akin to *homo sacer*. Rather than being charged legally, the victims are subject to control strategies employed in the name of “stability maintenance.”

15 Sigley 2009, 538; see also Anagnost 2004.

16 Kipnis 2006.

17 In March 2009, an interview with a psychiatrist, Sun Dongdong from Peking University, was widely circulated on the internet. In that interview, Sun claimed that 99% of persistent petitioners were paranoid and mentally disturbed, and should be forcibly sent to mental hospitals to keep them from disrupting social order.

18 Zhu 2011.

19 Béja 2011; Chen, Xi 2013.

20 Zhu identifies both the reward (compensation) and punishment (repression) components inherent in stability maintenance measures. The present article, however, only emphasizes the latter component. See Zhu 2011, 135.

21 Reuters. 2011. “China internal security spending jumps past army budget,” <http://www.reuters.com/article/2011/03/05/china-unrest-idUSTOE72400920110305>. Accessed on 4 July 2014.

22 Doyou 2012; Yu, Jie 2012.

Before proceeding further, several facts must be presented. First, the two types of occupational disease covered in the present study – pneumoconiosis²³ and cadmium poisoning²⁴ – are incurable chronic diseases. Both diseases can have long latent periods, depending on the pathogenicity and the level of exposure to the contaminants. For instance, it generally takes between five and 20 years from the time of first exposure before the symptoms of pneumoconiosis manifest.²⁵ As for cadmium poisoning, there are no known pathological patterns; however, our fieldwork findings suggest that workers exhibit early stage symptoms of poisoning after two to three years of work. There are no effective cures for the two diseases; sufferers can only take steps to inhibit the progression of the disease, alleviate their pain and discomfort, and hopefully lengthen their survival time.

On the surface, the rights of occupational disease victims are legally protected. But, as will be seen later, the laws and regulations pertinent to the occupational health and safety system have indeed created insurmountable institutional obstacles for sick workers. Consequently, they are usually deprived of any legal recourse or protection supposedly offered by the state.

Another important issue to note about the victims of these particular occupational diseases is that most of them look normal and healthy. Their illnesses are not immediately visible to others, but once detected or revealed, their status deteriorates quickly in concrete and measureable ways.²⁶ For instance, they will be discriminated against in the current job market which expects the whole population to participate fully in the competitive market-driven economy. Ill-health hinders sufferers from performing basic cultural roles, such as being the breadwinner of the family, or the mother of healthy babies. It is therefore common for them to conceal their “patient” identity in order to avoid being marginalized in the economic and cultural realms.

Empirically, this article is based on a corpus of primary data, both qualitative (N = 107) and quantitative (N = 635), solicited from a convenient sample comprising peasant-workers suffering from either workplace-induced pneumoconiosis or cadmium poisoning. With the help of two Hong Kong-based NGOs (China Labour Force and Globalization Monitor (GM)), I was able to contact informants in Guangdong, Hunan, Sichuan and Chongqing between February 2010 and June 2012. The quantitative research component refers to a questionnaire survey,²⁷ whereas the qualitative component refers to eight field visits to

23 Pneumoconiosis is a chronic respiratory disease caused by the inhalation of mineral dust over a long period of time. This article covers two common forms of pneumoconiosis in China. One is commonly known as “black lung disease,” or “coal miner’s pneumoconiosis;” the other is silicosis which afflicts workers in high-dust industries such as gemstone and jade processing, and Japanese-style mat manufacturing.

24 Cadmium is a carcinogenic heavy metal. The material is chiefly used in the manufacturing of nickel cadmium batteries.

25 China Labour Bulletin 2010, 8.

26 A similar point has been raised by Draus, Roddy and Greenwald 2010 in the case of the marginalization of drug addicts.

27 The survey covered four domains: i) disease, ii) compensation, iii) family, and iv) health-related quality of life. Among the 635 completed questionnaires, 193 were returned by coal miners (male); 186 by

the Chinese cities mentioned, during which I conducted household interviews, group interviews and focus groups.²⁸

Between the Public and the Private

Is occupational disease a public matter such that the victims are protected by law, and the state bears the ultimate moral responsibility? Or, is it a private, (inter)personal matter such that both the costs of and moral responsibility for the disease should be borne by the employee, or shared in one way or another by both the employee and employer? At first sight, it is not a private matter as a specific set of laws and regulations has been in place since the 2000s pertinent to the diagnosis and classification of occupational diseases and the calculation of compensation benefits.²⁹ However, the distinction between the public and private becomes blurred as underlying these laws and regulations is the principle of employer liability. This means that the employer is held responsible by law, even if no fault attaches to him/her, to uphold protection measures in the workplace and to compensate an employee at prescribed rates for any injury suffered by the employee while at work.³⁰ Stemming from this principle, the proof of a current “labour relationship” with the employer becomes essential in relation to the payment of occupational disease benefits. As such, what appears to be a public issue becomes more akin to a(n) (inter) personal matter.

Evidently, such a legal framework has led to a strong motivation on the part of the employer to minimize his/her responsibility to the occupational disease victims or simply to shrug off his/her liability for compensation. Employers are well aware that once sick workers have left the company, it is much more difficult for them to obtain compensation. This was borne out by informants who commonly reported difficulties in getting their employers to hand over all the necessary documents that could prove the labour relationship. Employers often refuse

footnote continued

gemstone/jewellery workers (male); 48 by Japanese-style mat workers (male and female); and 208 by cadmium poisoned workers (female). Dozens of healthy peasant-workers were also asked to fill in the questionnaire to act as a control group.

- 28 The length of field visits ranged from one to seven days. All of the visits to the cities in Guangdong province, including Shenzhen and Huizhou, were completed within one day. As to the visits to the cities in Hunan province (Lianyuen), Sichuan province (Luzhou), and Chongqing municipality (Liangping, Zongxian and Kaijiang), five–seven day trips were made. Among the 107 informants I talked with, 35 were coal miners, 28 were gemstone/jewellery workers, 35 were cadmium poisoned workers and 9 were Japanese-style mat workers.
- 29 Current laws and regulations include the Law on Prevention and Cures of Occupational Diseases; Management Regulations for Diagnosis and Assessment of Occupational Diseases; the Work-Related Injury Insurance Regulations; and the Regulations on the Classification of Work-Related Injuries.
- 30 Mouton and Voirin 1979, 474. It should be noted that other countries with more concerns on labour rights, such as the US, Japan and Germany, also adopt this principle; however, their compensation systems are supplemented by national (or federal) and industrial-based insurances. Other countries which adopt employer’s liability as the main compensation principle, like China, include India and Nepal.

to provide workers with copies of these documents, or simply deny that the workers have ever worked for them. Many former gemstone/jewellery workers also recalled that after the company had arranged for physical examinations of all workers, it then refused to let the workers know the results of these examinations. At the same time, these workers became aware that more and more employees were being sacked with no obvious justification. Employers sacked employees for “reasons” such as violating company rules or because their particular job skills were no longer required, or else they forced them to resign by telling them that they had to transfer to a less stressful position which had yet to be created. A Hunan-based jewellery worker told me in Shenzhen about his painful experiences, which involved the police breaking into his home and then interrogating him at the police station:

A group of policemen suddenly broke into my home. They had documents suggesting that I was operating a company ... They took me to the police station, and accused me of operating a business organization without a licence ... The documents were obviously fake! ... [Afterwards,] [m]y boss sacked me. He said that I had breached the Labour Contract Law. He said that my contract does not allow me to set up my own business ... Of course, everything was made up. They could do whatever they wanted to wrong you!³¹

Stories solicited from fieldwork revealed that when workers ignored orders to leave, the company usually resorted to brutal measures, such as deploying burly security guards to remove them physically from company premises. Some employers attempted to make deals with the workers by offering them minuscule compensation payments and asking them to return home to take care of their health. One employer even bribed some medical professionals to persuade cadmium-poisoned workers to leave the company. As one worker recalled:

[In 2004,] [w]hen many workers were diagnosed as suffering from over-exposure to cadmium, we experienced a high level of panic. Everyone during that time thought that we would die very soon ... We protested and refused to work ... They [the company] later attempted to soothe the workers’ nerves, and hired some [medical] professionals from Beijing to deliver a talk to us ... They told us that the cadmium in our bodies would be eventually excreted by drinking more water! ... So, what we needed to do was to quit the job, go back home, and take a rest ... We know now that this was all lies! But, many did believe the company [and the professionals from Beijing] and signed the [job termination] agreement and returned home.³²

Even when the labour relationship has been proved, employers may disagree that the occupational illness is caused by poor working conditions. Whenever disputes of this kind arise between the employer and employee, the worker’s quest for compensation is forced to take a long-winded detour and turns into a labour dispute, which is then mediated by arbitrators from the local Labour Dispute Arbitration Committee (LDAC). Being a state-backed administrative body, the LDAC often rules in favour of the employer, or asks the employee to accept a level of compensation far less than what it would be if it were pursued via the normal legal procedures. If the employee disagrees with the arbitration

31 Interview with Mr Liu ZW, born 1970, Shenzhen, 26 May 2011.

32 Interview with Ms Sun DS, born 1972, Huizhou, 20 May 2010.

ruling, he may file a lawsuit against the employing unit in a local court and seek a judicial ruling. If the local court agrees with the original arbitration ruling, the employee may have final recourse to appeal the ruling in a higher court. Evidently, all these complicated and time-consuming administrative and judicial procedures constitute virtually insuperable obstacles to most occupational disease sufferers.

Even for workers who possess the requisite employment records and choose to file their cases in court, information gathered during fieldwork suggests that employers deploy different ways to exert pressure on victims to limit their claims. For example, a group of four coal miners suffering from pneumoconiosis in Hunan revealed during interviews that their employer persuaded them to accept a small amount of compensation by saying that he would never pay the level of benefits ruled on by the court. Even in cases where the court finally judges in favour of the employees, employers adopt all means possible to evade their legal responsibilities to the victims. For example, they might file the company for bankruptcy, close the company down, change legal ownership, or even move to another place and re-open for business under a different name.

In Hunan, coal mine owners adopted the tactic of delaying payment by telling affected workers that the company did not have enough money to pay their compensation. According to one coal miner, his boss even persuaded sick workers to continue working for the company until it had enough cash to pay the compensation.³³ In Guangdong, an owner of a jewellery company used the tactic of dividing the lump sum compensation ruled on by the court into monthly payments, and suggested that payment be spread over five years. Needless to say, there have also been instances of employers simply refusing to compensate sick or injured workers despite a court ruling, and cases where the sick or injured workers failed even to locate their previous employers.

The case for the poisoned workers was even more complicated. The court originally ruled in 2004 that the company had to pay 300 yuan per month to each sick worker for the purchase of health supplements. However, instead the company gave calcium tablets and milk powder to the workers each month and claimed that these “health supplements” were worth 300 yuan. These “supplements” turned out to be of low quality as the cadmium-poisoned women later found out: the calcium tablets were “inedible” and the milk powder contained melamine,³⁴ which led many to suffer from kidney stones.³⁵

33 Interview with Mr Qiu CS, born 1961, Lianyuen, 3 July 2011.

34 It was discovered in 2008 that milk suppliers had been adding melamine to boost the protein readings of their milk.

35 My survey indicated that 28.5% of the cadmium-poisoned workers said that “yes,” they were suffering from kidney stones; 50.2% indicated that they were “not sure;” and 21.3% indicated “no.” Among those who said that they were suffering from kidney stones, 44.2% “agreed” that the disease was caused by the milk powder they had acquired from their employer, and only 4.7% “disagreed” that the milk powder was the cause.

The above findings illustrate the situations that commonly confront occupational disease victims. Although the law exists to protect them, the rights of the occupational disease victims are ignored, if not exploited, according to the actual same law. They are virtually experiencing a state of exception within which the law is – in Agamben’s terminology – “in force without signifying,” and consequently, “all the legal determinations” with the very distinction between public and private become invalid.

Between the Productive and the Unproductive

Living with an incurable disease, or a victim of disease, inevitably creates a serious financial burden for a peasant’s household. During the interviews, all respondents reported that their illness had adversely affected their normal work lives. For example, pneumoconiosis victims often found it difficult to work for other gemstone/jewellery companies or coal mines as they could not pass the pre-employment health checks. Most of the former gemstone/jewellery workers who had returned to rural areas after developing symptoms of pneumoconiosis revealed that they could no longer handle farm work which demanded heavy physical exertion. The cadmium-poisoned women reported that their physical pain and frequent respiratory tract infections prevented them from engaging in any full-time paid employment. At first sight, these sick workers have no choice but to consider themselves unproductive in society; however, in reality, their experiences of the economic world are far more ambivalent.

Under the state-promoted discourse of *suzhi*, to suffer from an incurable occupational disease would not only manifest in a physical trait, but also infer a moral inferiority in the victim’s body. Sigley has rightly pinpointed that *suzhi* – in its most extreme form – functions as “a measure of human value which ... constructs a hierarchy of worthiness and utility (of ‘low’ and ‘high’ quality, for instance).”³⁶ It was common for respondents to describe themselves as “useless,” “rubbish people” (*feiren* 廢人), or “neither human nor ghost” (*ren buxiang ren, gui buxiang gui* 人不像人, 鬼不像鬼). All respondents, in one way or another, referred to their low worth and low productive value to their family in particular and society in general. For example, a cadmium-poisoned woman stated emotionally:

I feel like I am of no use. I did not have much schooling when I was young. Then, I went out to work. I made no money and it turned out that I made myself ill ... We are exactly a group of people in society without quality ... I have now become a burden to my family. My husband did not say anything, but I know that he dislikes it ... I feel that my health is deteriorating rapidly year by year. And, I sometimes feel very scared. I sometimes dare not think about what will happen in the future.³⁷

36 Sigley 2009, 539; original brackets.

37 Interview with Ms Tang RH, born 1971, Huizhou, 8 June 2011.

My survey findings further reveal that most of the sick workers were in serious debt.³⁸ This explains why respondents often lamented that they could not afford “high quality” education for their children. Their narratives implied that they were worried about the intergenerational transfer of “low quality” (as well as “low worth”), as the *suzhi*-based stratification system in post-socialist China is closely linked to academic attainment.³⁹

However, the occupational disease victims’ subjective perception of being of “low quality” owing to an inability to move upwards socially only portrays one side of the story. Unlike many who are occupationally injured, most occupationally sick workers appear normal and healthy. The fact that they are unable to work and produce normally has indeed created a social marginality in which many of their neighbours, relatives and friends would consider them not as “victims,” but more often as “strange” (*qiguai* 奇怪). Occupationally sick workers are further marginalized as many of those who do return to their rural homes do not receive welfare benefits from the state, such as the minimum livelihood protection (*dibao* 低保), unlike those families who have a member who has been injured or who has died on the job. This phenomenon is related to what has been discussed before, that occupational disease is caught in between the public and private within the existing legal framework. Against this biopolitical backdrop, both sick workers and welfare authorities usually fail to convince each other that an occupational disease victim who looks physically sound should depend on state welfare rather than seek compensation from his/her employer, as stipulated by law, or should simply return to the market:

I did try to tell my neighbours that I am sick. But, they just said, “You lie. You are quite chubby. You look very healthy. How can you be sick?” ... [However,] [w]hen they saw that I just could not carry heavy loads ... that I tired easily, and it was hard to catch my breath when doing farm work, they began to believe that I was actually sick.⁴⁰

Consequently, sick workers find it difficult to decide whether to expose or conceal their illness as either way they are unable to avoid economic exclusion. A small proportion of the gemstone/jewellery workers surveyed who had received a sizeable compensation (18.3 per cent who received 300,000 yuan or more) choose to set up their own small businesses, such as stores selling construction materials or groceries. Others, who worked for enterprises, tended to conceal their illness as they knew they would be dismissed if the employer found out that they were sick. Others were engaged in informal jobs, such as hourly-paid construction work,

38 In the survey, the patient groups showed higher proportions of being in debt, and higher debt levels, than their control counterparts. More concrete findings are shown below:

	Coal miner		Gemstone/ jewellery worker		Cadmium- poisoned worker	
	patient	control	patient	control	patient	control
Reported debt	63.8%	55.4%	57.2%	32.8%	44.7%	34.5%
Range of debt (yuan)	8,700– 200,000	300– 35,300	7,000– 320,000	1,200– 53,000	5,000– 21,200	500– 20,000

39 Bakken 2000.

40 Interview with Ms Huang XM, born 1969, Luzhou, 11 June 2012.

which did not require any medical certification of well-being. One former gemstone worker in Shenzhen who suffers from pneumoconiosis remarked:

Employers now are clever. When they hire someone, they need you to pass through a body check. Once they know that you suffer from an occupational disease, they will refuse to hire you. They know that they would be held responsible for the medical costs involved [as stipulated by law].⁴¹

He then explained that in order to get the security guard job he currently held, he needed to find a fellow townsman (*tongxiang* 同鄉) to help him fake his identity and pass the health check. Other respondents told me that even if the employer did not require a body check at the recruitment stage, their illness, which usually led to frequent sick leave, would quickly arouse the concern or even the dissatisfaction of the employer. Rather than reveal their illness to the employer, they would simply quit the job.

These experiences thus echo the notion of *homo sacer* in that the lives of sick workers are both external and internal to the world. They are poised to struggle with either participating in a normal working life or accepting their role as a sick person. At the same time, they also encounter the experience of double ambivalence as both identities fail to be understood in society. In other words, they are not recognized by economic and political institutions as a constituency; rather, once their identity as “sick” is exposed, they are deemed to be a kind of deficit or “problem” to be controlled and managed. However, unlike most victims of abject poverty, the plight of occupational sick workers often evokes not sympathy for the sufferers, but rather the sentiment that these individuals are “strange.” Furthermore, unlike committing a crime or suffering from a serious condition such as AIDS or drug addiction, the “problem” of living with an occupational disease often arouses neither fear nor condemnation, but just social neglect and apathy. It is against this background that I observed that most occupational disease victims find themselves caught in between the productive and unproductive in society.

Between the Culturally Normative and the Culturally Deviant

There was a report about Zhang Haichao⁴² that I saw on TV the other day. It was particularly meaningful. A journalist asked Zhang’s son to call Zhang “papa” in front of the camera. His son did so. I feel that Zhang really possesses a sense of humour as he said, “This kid calls me ‘papa’ now; but next year, he may call another man ‘papa’.”⁴³

41 Interview with Mr Li YS, born 1972, Shenzhen, 26 May 2011.

42 Zhang Haichao is the most well-known occupationally acquired pneumoconiosis sufferer in China. In 2009, despite being confirmed as having the illness by several local and national hospitals, Zhang was told he needed a formal diagnosis from a recognized centre, which then diagnosed Zhang with bacterial tuberculosis and not workplace-driven pneumoconiosis. Zhang was deeply angered by the collusion between medical professionals and the factory which resulted in the misdiagnosis. He then took the drastic step of undergoing a thoracotomy at another hospital in Zhengzhou. The operation revealed that the diagnosis was unmistakably pneumoconiosis. *China Labour Bulletin* 2010, 32–33.

43 This quote was a “joke” shared by a pneumoconiosis-inflicted worker over a lunch with a dozen others diagnosed with the same disease in Shenzhen, 26 May 2011.

One aspect of occupational disease which has received almost no attention in the literature is its impact on a sufferer's (in)capability to uphold cultural roles. These impacts are particularly distressful to sufferers as their outlook on life is still deeply guided by the cultural schema emphasizing traditional gender roles. Such cultural schema predisposes that a husband is the figurehead and breadwinner of a family, whereas a wife almost exclusively takes on the reproductive and emotional roles. Such gender-based divisions of labour, albeit less rigid in the post-socialist era than before,⁴⁴ still exert effective sanctions on the Chinese family. Role reversal between spouses, for instance, is relatively rare and generally viewed negatively.⁴⁵ Against this cultural backdrop, occupationally sick workers frequently expressed their deep regret for failing to meet cultural expectations. For example, many respondents suffering from pneumoconiosis admitted that their illness had created insurmountable barriers to fulfilling their culturally normative roles as a husband, a father, a son, or even as a man. A former jewellery worker said that "as a man" (*zou wei yige nanren* 作为一个男人) in his 30s and 40s, one should "do big things" (*gan dashi* 干大事), and achieve success in one's career; however, all that he could manage to do was struggle with his illness in order to just stay alive. Similar sentiments were reiterated in the testimonies of former gemstone/jewellery workers. They lamented how they had failed to give a "better living" or a "hope for the future" to their wives and families. In my interviews with peasants-cum-coal miners in rural areas, the respondents suggested that lung disease, which substantially reduces physical fitness, had lowered their dignity "as a man." One victim-turned-activist working for a Hong Kong NGO elaborated this point to me:

Think about when a peasant can no longer do farm work; a [coal mine] worker can no longer mine coal. Think about how he faces his wife, his kids ... In rural areas, poor health means the loss of productivity; loss of productivity means that you are like a "rubbish person."⁴⁶

The 22 (out of 35) former gemstone/jewellery worker interviewees who had returned home with meagre or no compensation all expressed frustration at being dependent on their wives for their livelihoods in their rural homes. In my fieldwork, an oft-mentioned topic among gemstone/jewellery workers during lunchtime was wives who ran away because of their husband's illness. A couple of well-known cases even involved wives appropriating their husband's compensation and running off with other men. On one occasion, an interviewee mentioned the "joke" quoted at the head of this section, which pointed to the deep sense of bitterness of a sick man for not being able to uphold his roles as husband and father with dignity.

Those peasants who had spent over a decade working in urban areas and then had pursued lawsuits against their employers and the administrative authorities

44 Hsieh and Burgess 1994.

45 Zuo and Bian 2001.

46 Interview with Mr Liu YD, born 1969, Liangping, 19 July 2011.

also experienced strong regret for being poor fathers. For example, one jewellery worker lamented:

I feel sorry for my son. I am just not a good father. When I returned home [to Hunan], we just did not have that kind of [father–son] feeling. He is now 15 years old. I worked outside [in Guangdong] when he was young. When he got older, I spent six to seven years outside pursuing lawsuits. Now, our feeling with each other is very slight. I feel like that I am really not a good father.⁴⁷

Another respondent felt deep remorse for not being able to show the correct filial piety to his mother:

In 2005, I was very sick. I was hospitalized in Guangzhou Municipal People's Hospital ... At that time, I knew my elderly mother in Sichuan was dying. I really wanted to go back home to see her for the last time. You know that we Chinese are very concerned with [the children] accompanying the elderly to finish their final journeys. I was really very, very upset ... As a son, I really felt like that I could not uphold filial piety. But, I could do nothing as I suffer from this illness ... When I got out of the hospital, she had already passed away."⁴⁸

Female workers afflicted with cadmium poisoning found that their physical pain was exacerbated by the mental anguish and social ordeals they experienced because of problems with their pregnancies. I could not hide my shock during the first focus group with a group of cadmium-poisoned women when I found out that a quarter of them had miscarried during the time they had worked at the battery factory. One burst into tears when she said that she had suffered four miscarriages in the workplace. The respondents generally agreed that husbands dislike having an unhealthy wife who has problems having babies. Husbands were likely to end a marriage if they knew that their partner suffered from an occupational disease. Looking healthy, unmarried poisoned women, similar to many pneumoconiosis patients, thus tended to hide their illness from their boyfriends. One victim of cadmium-poisoning, who later became an NGO worker, told me that several former battery workers consistently refused to answer her 'phone calls in order to conceal their illness from their family members.

For those who did manage to have a successful pregnancy, the health of their offspring was usually problematic. Their children often possessed a high susceptibility towards infectious diseases, such as influenza. One respondent choked up with emotion as she revealed that her six-year-old son was recently diagnosed with hydrocephalus – a disease which she believed to be related to her own disease. The cadmium-poisoned women felt unable to exercise their normative cultural roles fully. In addition, they often experienced discrimination from their in-laws and extended family members who blamed them for bringing poor health to the younger generation.

Like the pneumoconiosis patients, cadmium-poisoned workers appear healthy. Consequently, because the community does not understand the nature of the disease, it views the sick women as “strange” rather than as “victims.” In theoretical terms, occupational disease victims can be considered as being placed in a “zone

47 Interview with Mr Liu ZW, born 1970, Shenzhen, 26 May 2011.

48 Interview with Mr Su MG, born 1973, Shenzhen, 26 May 2011.

of indistinction”⁴⁹ and as such are not recognized as a constituency by existing social institutions such as family. In fact, those afflicted with occupational disease are quickly identified as cultural deviants once their status as patients is known.

State Power and the Rule of Exception

So far this article has examined how the character of occupational disease patients is elided between the public and the private, the productive and unproductive, and the culturally normative and deviant in situations where the bio-power inherent in the specific set of social regulations and power relations has been exercised rather efficaciously. Similar to the conditions of bare life, the political life of the occupationally diseased is marginalized as their basic legal rights, material living and social well-being are no longer protected. One consequence is that the marginality experienced by occupationally sick workers seems to have become a blind spot in public concerns on labour. As emphasized before, such a public scotomization does not mean to infer their political exclusion. Rather, Agamben suggests that bare life is the “inner hidden norm” of modern sovereignty, and “gradually begins to coincide with the political realm.”⁵⁰ Calling it a “disjunctive inclusion,” Ziarek explains that bare life “still remains the target of sovereign violence.”⁵¹ My argument is that when occupational disease victims attempt to resist existing social regulations and power relations, they are reduced to *homer sacer* status and, in Agamben’s words, they nakedly confront violence “without any mediation.”⁵²

When discussing the capacities of bare life to subvert sovereign control, Leung and Pun seem to portray a rather optimistic picture.⁵³ In their study of pneumoconiosis patients working in the gemstone industry, they examine the process through which workers’ resistance develops from a single means to multiple means, from single-factory to cross-factory participation, from engaging only in legal action to launching varied collective actions. However, if our gaze extends beyond a single-time, single-place case study, it becomes apparent that the resistance of occupational disease victims is actually rare.

Such a phenomenon can be understood in terms of the ambivalence of the target of resistance. As mentioned before, once employers notice that a worker is suffering from an occupational disease, they will use different means to sack the workers in order to shrug off their responsibility for compensation. In the case of gemstone/jewellery workers, many had received meagre compensation and had signed an agreement with the company that their dispute had been settled. Only a small proportion of workers resorted to legal redress by taking their employer to court. However, as noted above, often the courts rule in favour

49 Diken and Lausten 2002.

50 Agamben 1998, 130.

51 Ziarek 2008, 91.

52 Agamben 1998, 171.

53 Leung and Pun 2009.

of the employers, which can then lead to a convoluted process involving seeking resolution through administrative reviews, pursuing labour dispute arbitration, and taking the case to court again and again. In such cases, neither the employer nor the court seem to be the targets of resistance as everything ostensibly follows the rule of law. But, there were cases where the workers felt that the employer had bought off the court, and that the rulings were unjust. Under such circumstances, ill workers might stage protests in front of the court; reportedly, one such protest at the Haifeng mid-level court lasted for over a year.⁵⁴ However, since everything is done according to the law, sporadic resistance does not possess a “rightful” basis.⁵⁵ The slogan “Demanding a Just Ruling,” usually chanted by resisters during such protests, was essentially more a moral accusation than a discourse that possessed legal substance. This phenomenon evokes the notion of *homo sacer* such that bare life is *not* located outside juridical power and made indifferent to it; rather, *homo sacer* is produced exactly because of the marginalization enforced by the legal framework. It is under such a juridical order of exception that bare life is “exposed and threatened on the threshold in which life and law, outside and inside, become indistinguishable.”⁵⁶

In Hunan, four coal mine workers recounted in interview that they were once approached by a labour arbitrator who offered to help them for free. However, it was eventually discovered that the arbitrator was linked to their employer, as he threatened the workers and tried to intimidate them into accepting a compensation deal that favoured the employer. In Guangdong, victims-turned-activists employed by Hong Kong NGOs complained that they faced constant harassment from the state as they worked to help occupational disease victims. All found themselves blacklisted and were denied visas to go abroad to protest against their former employers during “politically sensitive” periods such as the 2008 Beijing Olympics. State officials put pressure on landlords not to let apartments to a NGO for use as a workers’ centre. When the NGO did hold group meetings at the centre, attendees would come at different times and leave individually or only in small groups. On the few occasions when there was a big group meeting, resident committees informed the police who arrived to question those attending the meetings about their activities. In Haifeng, five gemstone workers suffering from pneumoconiosis protested in front of the court for over a year, demanding that local judges enforce a previous court ruling and force their employer to compensate workers. Their actions of holding up banners and shouting slogans were occasionally met with physical violence from the security guards. On several occasions, workers were seriously bullied. More serious bloodshed occurred in August 2010 when over a hundred cadmium-poisoned workers protested outside the battery factory where they worked in Huizhou. The protestors were beaten up

54 This story was told by four former gemstone workers who came from Haifeng city, Guangdong, to Shenzhen for a focus group meeting on 26 May 2011.

55 “Rightful resistance” is a concept widely applied in the field of contentious grassroots politics in contemporary China. See O’Brien 1996.

56 Agamben 1998, 28.

by mob of around a hundred people of unknown origin. One worker was seriously injured and, along with a dozen others, was subsequently hospitalized. Denying all connection to the mob, the factory refused to pay for any medical expenses, and the workers had to raise funds among themselves in order to pay the hospital bills.

When narrating their experiences of resistance, respondents all emphatically stated that their demands went unheard, that their rights were dispensable, and that their lives were miserable. They lamented that: “No police came after dialling 110”; “No one cares when we go to the police station”; “We called the media, but no journalists came”; and “We looked like neither humans, nor ghosts.” Implicit in the above examples is that the lives of the occupational disease victims are targets of oppression of the biopower through which the state (or the state-backed force) deploys different technologies, including legal and social means, to control the freedom of the governed. This explains why most victims felt that they were deprived of legal recourse through various means, and that they were considered social “problems” both economically and culturally. When the state sees that the resistance of occupationally sick workers poses a threat to the social order, the state exercises its power to “ban,” under which all laws, social regulations and established principles of human conduct are virtually abandoned. Clearly aware of the power to activate such a rule of exception, victims of occupational disease live in the shadow of implicit threats, and behind them all lurks the cruel face of state power – the power to reduce them to a state analogous to that of bare life. The creation of *homo sacer* thus represents the latent power of the state to marginalize, exclude, or even dispose of, unwanted people in the name of growth, progress and development.

Concluding Remarks: Maintaining Stability by Exception

The discussion above portrays sufferers of occupational disease as biopolitical subjects whose lives are located neither inside nor outside “normal” political, economic and cultural practices. These people fail to be categorized as “normal” by society according to the biopolitical idea of *suzhi*. And, in the experience of the sick workers, they are self-described as “without *suzhi*,” “strange,” “useless,” “rubbish people” or “neither human nor ghost.” They are at once both internal and external to society. They occupy a socially constructed and maintained space designated for those who are abnormal, or fundamentally, the other.⁵⁷ And, in front of state power, they are placed in milieus where the law can no longer afford them protection, and are reduced, theoretically speaking, to a state analogous to that of bare life. They become a taboo people who are always vulnerable to policing and violence while simultaneously banished from society by a variety of formal and informal mechanisms of exclusion: legal, economic and social. It

57 Draus, Roddy and Greenwald 2010.

is exactly this biopolitical power to ban and the abandonment of subjects to bare life, which strips them of all basic political rights,⁵⁸ that constitutes the origin of sovereignty in terms of rule by exception. One consequence is that when a small number of victims attempt to resist the power structures, they experience oppression either enforced or endorsed by the state, which cannot be effectively counter-vailed by any possible public means. The experiences of unchecked violence recounted in the personal testimonies of workers with occupational sickness carry wider implications for understanding the biopolitical nature of Chinese state power under the umbrella term of “stability maintenance” at the close of the Hu Jintao 胡锦涛 era (2002–2012).

During my study, both the workers who help occupational disease victims and the victims themselves who struggle to protect their own rights were aware of the ubiquity of “stability maintenance” measures. Their stories reveal how they were deemed “abnormal”; how their plight went unreported in the media; how their complaints were ignored by the police and their actions placed under surveillance; how they were blacklisted, and how, on occasion, they were harassed or even brutally beaten by people whose illegal actions were tacitly permitted by the law. Such uses of “stability maintenance” strategies actually attest to the normalization of both the state of exception and the reduction of resisters to depoliticized actors. The victims are neither imprisoned nor exiled, and are virtually placed in milieus of purported lawlessness where their lives and deaths cease to be of significance.

When the adoption of extra-legal means to control resisters and the defusing of conflict takes priority over the adjudication by law become the norms of governance, the estrangement of occupational disease victims discussed above will become the underlying *nomos* of everyday life, with the (threat of) excessive violence they encounter becoming the rule rather than the exception. The fact that internal security spending exceeded external defence outlay in the state’s 2013 annual budget offers further support for this point.⁵⁹ Very recently, Xi Jinping 习近平 has sent signals that this trend would be reversed, for example by vowing to uphold the constitution and rule of law⁶⁰ and announcing a tentative schedule to close down “black jails.”⁶¹ However, I share the pessimism of some observers that, as long as the central government continues to use “zero incidents” (such as no petition, no strike, and no legal charges against state authority) as the key evaluation criterion of the local government, more budgets will be allocated to “stability maintenance” with the rule by exception becoming more foregrounded.⁶² However, in reality, as shown by the case of occupational disease workers, these control strategies for dealing with “problems” are turning into

58 Agamben 1998, 29.

59 “China hikes defense budget by 10.7%,” *The Hindu*, 6 March 2013, www.thehindu.com/todays-paper/tp-international/china-hikes-defence-budget-by-107/article4480289.ece. Accessed 4 July 2014.

60 Choi 2013.

61 Ford 2013.

62 Doyou 2012; Ford 2013.

spirals of abuse inflicted on the victims of the existing power structures and do not address the underlying social injustice.⁶³

摘要: 本文致力于探讨中国职业病患者的经历, 为阿甘本 (Agamben) 关于“神圣之人” (homo sacer) 的论述提供了一个实例: 作为最典型的生物政治个体, “神圣之人” 被排斥在常规的政治、经济和文化活动之外, 几乎完全从公共领域消失。作者认为, 职业病患者的遭遇是中国政府治理核心之中的一大盲点, 即一套特定的社会规范和权利关系, 使职业病患者陷入共公与私人、有劳力与无劳力、顺应与违背文化规范的“双重矛盾”之中, 受到持续不断的伤害。研究职业病患者的边缘化有助于理解当代中国国家权力在生物政治意义上的本质, 即采取多种“维稳”手段, 使对抗者成为“赤裸生命” (bare life), 沦为例外规则的受害者。

关键词: 生物政治学; “神圣之人” (homo sacer); 国家权力; 维稳; 例外规则; 职业病

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