Politics Of Health And Safety

anurag mehra and sandeep agarwal

The unequal contract between labour and capital under the hegemony of capitalism results in the neglect of the workplace environment leading to innumerable hazards to the health of workers. The capitalist class and it's associates, like scientists, technocrats and doctors, who have monopolised the knowledge pertaining to work processes and it's consequences for the working class, have also successfully promoted a model that deals with the problem of health and safety as an individualistic and not a social phenomenon. The working class on the other hand has failed to counter this ideology, especially in backward capitalist countries, because their social and economic conditions do not permit them to go beyond their struggle for better wages.

The authors are members of the Health and Safety Group, Bombay.

Work Relations and Occupational Health

". . . labour is the workers' own life activity, the manifestation of his own life and this activity he sells to another person to secure the necessary means of subsistence. Thus his life activity is for him only a means to enable him to exist. He works in order to live. He does not even reckon labour as a part of his life, it is rather a sacrifice of his life ' . (Marx)

The social (contract) between labour and capital grants to the owners of capital the right to maximise their profits at the cost of labour. But to the workers, it guarantees only the means to reproduce their labour power, that is, their capacity to work. The worker is thus reduced to an apppendage in the production process, yet another part of the profit making machinery that must be kept 'running' smoothly. For the worker it is not a question just of wages but of his whole experience of work which is hazardous, stressful and monotonous and leads to his physical and spiritual impoverishment. It is at this point of confrontation that labour struggles for better working conditions and organisation of work, and capital tries to minimise its cost of production by minimising its investment in health and safety and restructuring of work, thereby making it more monotonous and less skilled.

The unequal nature of this contract in favour of capital can be clearly seen from the fact that workers have little control over the conditions of work provided to them. At the point of selling their labour power workers lose a large measure of control over their health. They are ensured only wages, not the guarantee of healthy working conditions. In resisting this direct sale of health included in the sale of labour power, the working class struggles against the hegemony of capital at the workplace. Under conditions of commodification of labour power, of which health is a part, any working class demand related to occupational health is a positive assertion of its humanity.

Redefining Occupational Health

We will now examine how capital's definition of occupational health is incorporated in the outlook of bourgeois medicine itself - which lays a claim to being value free, objective and socially neutral.

But first let us look at some of the assumptions of modern medicine itself. The concept of a disease bases itself on the idea that disease is a result of biological agents and their assaults upon the body. The centre of conceptual focus is the organism. The social conditions - poverty, underdevelopment and the consequent everyday living conditions — under which diseases spread, biological pathogens grow and attack malnourished bodies are rarely the point of a doctor's attention. Likewise, this has led to the concept of technological intervention upon the body— drugs, thereby, medical aids — to destroy or cure diseases. Medicine thus believes that with more and more medical technology it can cure or control a diseased body. The social conditions themselves are not touched as the primary causatives; rather their study and elimination is not a doctor's forte.

Within this context of medical ideology then, a disease is reduced to its biological symptoms and cure is reduced to a set of technological tools. The social environment of human beings who suffer, is thought to have very little to do with disease and disability. Therefore health is seen in the individual not exhibiting any overt biological symptoms of a disease. The focus is on the individual, his body which has remained functional in doing what is expected of it, despite adverse conditions.

The medico-technical definition of occupational health then, would have us believe that a worker's health is merely his capability to be functional in performing his work. Indeed its origins lie directly in current medical ideology, presented above, which defines health only as an absence of disease or

disability rather than as a positive state of well being. Such an approach inevitably leads to obscuring the large range of damaging conditions to which workers are exposed but to which they have, by sheer necessity, adapted in a very perverse manner in the sense of somehow managing to live with them. But more than this a definition of occupational health of this sort serves a profoundly political purpose. It serves to absolve capital and management of their responsibility in creation of so much misery at the workplace which according to some medically 'established' notions, can be declared non-medical and hence not relating to health at all.

Our purpose here, then, is to point out that we should reject this idea of occupational health and replace it by a more comprehensive and broad notion of health which transcends the narrow idea that ill health is something that can be obviously seen and that which generally requires serious medical intervention. It is only then that long range health disorders, problems of work-derived stress and anxiety, the not so immediately apparent evey-day discomfort and alienation of the workplace, monotony and repititiveness, a lack of creative exercise and the intensity of work will become problems of occupational health. It is only this that will take occupational health beyond the realms of conventional toxicology, industrial hygiene, safety engineering and even so called industrial psychology.

All this brings us to the definitive thesis that the question of occupational health and safety is not primarily a matter of technical definitions nor is its resolution a matter of relevant control technology. It is primarily a question of the social relations of production which finally determine the social conditions of work and thus in a very direct way an outcome of the existing balance of class forces.

In essence, therefore, the question of what constitutes occupational health, its status, and recognition, primarily arise out of the process of class struggle and not out of any technical notion of health or the availability of advanced technologies. And so it follows that a resolution of this quesition is possible only through class struggle where immediate manifestations are the working class struggles for better working conditions. The struggle for better and shorter working hours and working conditions is therefore identical with the struggle for the achievement of health in relation to work.

Having thus established our conception of occupational health, we should proceed to examine some of the ways in which reality on this issue is distorted and falsified.

The Scientificity of Safety Standards

In this regard it is illuminating to examine an instance of how a dehumanised 'science' has as its content, quite explicitly, a partisan point of view in favour of 'Capital'. The 'science' under examination is industrial toxicology in general and the so called 'safety limits' for various industrial chemicals in particular. In professional terminology it is more commonly referred to as 'Threshold Limit Value' - TLV for short. Essentially it refers to that average concentration of chemical present in the environs of the worker beyond which it becomes dangerous to the worker's health — calculated by assuming a daily dosage of fixed exposure time. The dubious nature of this concept can be demonstrated at a number of levels. At the level of ideology the whole notion of such a quantifiable concept arises from a top-down approach to health, wherein the effort is to bring down the chemical concentration of exposure to acceptable limits rather than its exact reverse where the effort is to keep the level of exposure as near zero as possible. This will be clearly seen when we, later on, examine the history ot TLVs in USA.

Above and beyond this, the decision as to what constitutes a health danger in the long and short run, the method of assesment and quantification are all extremely suspect. It would perhaps be correct to state that with management-oriented professional experts the values obtained would be much higher hence more damaging to health than those obtained by a bottom upwards approach. The USSR presents a completely obverse case in this respect when compared to USA, in regard to safety limits. The attempt here is to keep concentrations as low as possible with stringent requirements on the 'Maximum Allowable Concentration' (MAC) In fact, in the USA, the lobbying that accompanies the acceptance of a legal limit, clearly brings out the political nature of the compromise the TLV represents, rather than being an objective and scientific concentration value. As an illustrative case study (quoted in Berman 1978) the history of the asbestos safety standards in USA serves to substantiate the points made above. The National Institute of Occupational Safety and Health (NIOSH) after screening through scientific data recommends a safety limit. Public hearings are then held to debate and decide upon an enforceable and permanant standard. This is the normal, time consuming and expensive procedure that is followed.

Since the 1920s the asbestos manufacturing industry has been aware of the hazards of asbestos and its connection to asbestosis and lung cancer. This however has not deterred the industry in expanding and promoting the use of asbestos even till today. The hazard is compounded by the fact that workers carry home with them asbestos dust and fibres on their clothes and person which can then affect sections of the public. The first propaganda strategy the industry adopted was to promote medical research to dispute asbestos hazards. A number of studies and data therein was suppressed and distorted till 1955 when the connection between cancer and asbestos was unequivocally established. Very promptly scientists from all of the biggest manufacturing establishments disputed this without citing any evidence to the contrary. In fact, till 1960, 63 papers on the health hazards of asbestos were published. Of these 52, which were published independently of industry, showed a positive connection between asbestos and cancer, and the rest 11 studies sponsored by industry presented opposite conclusions. The independent studies remained in scientific and technical journals, inaccessible to the public at large, and the major decisions on standards were left to the industry and a compliant government.

In 1970, with the passage of Occupational Safety and Health Act (OSHA) and the public furore created by some enlightened professionals, some scientists independent of the industry recommended a standard of 2 fibres/cm^3 of air (not larger than 5 mm in length for 8 hrs. a day). Many pressed for a total ban on the use of asbestos. In this atmostphere, since industry based denials of the hazards no longer had public credibility, the strategy was changed. The industry gradually took over financial control of most of the research relating to asbestos in a bid to monopolise all research and thereby minimise critcism of asbestos use. There was a sudden spate in publicity and the flow of funds, leaving hardly any asbestos research untouched by industry control. And even though the industry continued to flout the safety limits, even in the public eye, pressure was brought upon the government by labour to accept the standard of 2 fibres. The US government caught between the pressures of industry and pre-labour lobbies, declared 5 fibres as a temporary standard and initiated public hearings for fixing a permanent one as industry representatives at the hearings claimed that many US plants would have to be shut down if the lower standard of 2 fibres was accepted. The government hurriedly asked a private consultant to study the health effects of concentrations ranging from 2 to 30 fibres and the cost of reducing concentrations to industry. The cost of lives of the workers and the public were not considered but more than that "such economic calculations were to become a permanent part of the standards making '. The government policy was that "the cost to employer of meeting any new occupational health standards must fall within an economic range acceptable to industry". The accepted standard of 5 fibres was reduced to 2 fibres as pressure mounted but by now the NIOSH had recommended a safety limit of 0.1 fibres (1976).

Industry has reacted in many ways to these regulations. Many firms have sold over. Some others have shifted over to Mexico, Taiwan and South Korea where there are no legal limits to asbestos pollution. Many companies have paid out fabulous sums of money as compensation through lawsuits. However the president of one of the companies persisted in insisting that the problem was a technological one 'This is an industrial hygiene problem, not a problem of the public. (Berman 1978).

At the level of soundness of concept, there are numerous laws in the notion of a TLV. For instance, it does not cater to workers who may be hypersensitive to certain chemicals or who are genetically deficient in withstanding the onslaught of such workplace pollutants. The calculation assumes that the people at risk are all healthy young men, rather than women of childbearing age and elder people who have already suffered serious damage to their health. A further examination of the methods of assesment reveals even more significant facts which are, more often than not, relegated to the realm of more scientific controversy. TLVs are commonly arrived at by controlled experimentation on rats, rabbits and the like, and the consequent statistical analysis of the experimental data. These are then extended to apply to human guniea pigs - an extrapolation that has no basis whatever other than the fact that it is chosen as a basis precisely because none other exists, and one is needed to legitimise a certain level of workplace hazards if industrial production is to remain economically feasible. An illustration will make this clear. The teratogen 'thalidomide' dose required to effect a mouse is 31 mg/kg. of body weight whereas that for a human being is 0.5 - 1.0 mg/kg of body weight. If the mouse dose is extended on the body weight basis to apply to human beings, consequences can be disastrous. Still there exist a millions of chemicals for which this distinction may not be known so precisely. They must be taking their daily toll in laborateries and factories. Moreover, TLVs refer to concentrations of isolated chemicals

individually. The synergistic effects, that can result by a mixing of a number of chemicals together are not incorporated into the concept thereby making it even less representative of the hazards at the workplace.

The sanctity of science thus bestowed upon such concepts as TLVs is rather the attempt to project, as socially neutral and objective, knowledge which is overtly political.

Occupational Disease :

Yet another example of the ideological influence, in occupational health, of capital can be seen clearly when it comes to defining what constitutes an occupational disease. For a disease to qualify as being work-derived, the normal bourgeois provision in law is to prove that the disease has exclusive and unequivocal work-related origins. This indeed is a monumental task. Often it is impossible to perform since there are many diseases, not necessarily occupational, which have a lot of symptoms in common with the occupational disease. The confusion between Byssinnosis (a disease derived from inhalation of cotton dust; it affects the lungs and the respiratory system) and chronic lungs disease, is a classic example. Company doctors or management oriented safety staff have often used this confusion to mask the hazardous and disease producing effects of contaminated cotton dust. One medical inspector of factories commented, "All those with respiratory troubles in a textile mill need not necessarily be the victims of byssinnosis. Their standards of nutrition and living environment and habits may have caused the disease, which may appear like byssinnosis." (quoted in Berman, 1978). That this confusion is to some extent objective, is not derived. The above statement as a matter of facts may not be wrong in itself. The point however is that it is the starting assumption of all pre management studies.

Another ploy employed by the management is to simply give the disease a different name. In this process the blame of the disease is shifted from the condition of work to the person suffering from it. An American doctor, for instance, has this to say about byssinosis. It is best described as a 'symptom complex' rather than a disease in the usual sense. We feel that this term may be preferable, first, in order not to unduly alarm the workers as we attempt to protect their health; and secondly, to help avoid unfair designation of cotton as an unduly hazardous material for use in the textile industry, raising the fear the engineering control of it may be costly and that it may be better, therefore, to switch to some less costly material. (Quoted in Berman, 1978). The intention to protect cotton manufacturers profits at the expense of the workers' health could not be clearer. And it is also clear that the choice whether byssinosis is a disease or not, becomes a matter of political outlook, not just scientific information.

Some Aspects Of Industrial Accidents

Management theories of accident, which pose as objective sciences, are a sophisticated mixture of fact and fiction. Despite numerous variations, one theme is central to them - that workers' carelessness is mainly responsible for the majority of injuries at the workplace; that the sole capability and initiative to undertake preventive measures lies with the management. Safety, as such finds little attention in management circles. We will examine some aspects of these theories and their practical and ideological role.

The extreme form of such an outlook can be seen in the behavioural models of accident causation. The reason for accidents are thus seen in the accident-proneness of individual workers. Accident-proneness a phrase carved sometime in the early twenties, immediately became popular among industrial psychologists who claimed that workers are doomed to be tension and anxiety ridden, and therefore liable to carelessness at the workplace. Industrial psychologists, at great pains, have defined various kinds of nervous disorders existent in workers and their co-relation with actual incidence of injuries. *(Table overleaf)*

In spite of the usage of sophisticated psychological terminology, this theory very faithfully reflects the inherent attitudes of owners and managements, that workers are ignorant, careless, destructive and inferior. One does not find many overt references to such models today.

Another model pictures accidents as a culmination chain of multiple events. It is claimed that there is no single identifiable reason for accidents but a host of factors operating simultaneously. Safety films are made which depict situations that make an accident look really like an accidental occurance. A machine goes out of order. A maintainance person tests the machine, opens the guard and then leaves it running while going for a cup of tea. The cleaner passes by, accidentally dropping some piece of scrap on the gangway. An unsuspecting office clerk hurriedly crossing the gangway, steps over the scrap piece, trips and lands his hand into the unguarded running machine. Then a question is raised wisely as to who is responsible for the injury. The movie usually ends with prescriptions amounting to less carelessness and

Occupational Syndrome	Clinical or Dynamic Diagnosis Associated
Accident Syndrome	Impulsive characters anxiety reaction
Moonlighting	Compulsive personality, often with marital problems
Pulmonary insufficiency ("pneumoconiosis", "emphysema", "chronic bronchitis")	Depressive reaction, anxiety reaction, psychophysiological reaction (asthma)
Women employees	Physiological cycles
Grievance proneness	Paranoid personality, compulsive personality, depressive reaction.

Source : Powles, W. E. and W. D. Ross. "Industrial and Occupational Psychiarty" in American Handbook of Phychiatry, Basic Books, 1966

more safety consciousness on the part of workers. There are obvious ideological purposes which explanations of this kind serve. To a worker, it obscures the fact that most accidents occur because of unsafe work design, unguarded machines, faulty equipment and high work intensity. It also absolves the management of its responsibility. More than that it puts the blame on the workers, thereby preventing any protest on their part.

H. W. Heinrich, a US expert, did a massive study of 75,000 accidents and concluded that a distinction should be made between accidents and injuries. All accidents, according to him, do not lead to injuries. On the contrary they go unnoticed till a major injury is caused. He estimated that for every major injury, there are 29 minor injuries and 300 accidents without causing injuries. He, while advocating preventive measures, classified about 88 percent of the 75,000 accidents as caused primarily by "unsafe action" (unsafe action is defined as a departure from the established work procedure). The percentage thus classified can very widely depending on the investigators opinion about the extent to which physical conditions reasonably need to be modified to prevent injury. This choice is clearly political for technically, it is impossible to have a sharp dividing line. Cases which are normally identified as blatant examples of unsafe action on the part of workers can also be seen in the context of improper safety training on the one hand and increasing work intensity, monotony, fatigue, alienation on the other.

Safety engineers strongly advocate their case before the managements by professing that it is cheaper to prevent accidents in the long run. Terms like 'loss control' and 'damage control' are used to give this notion a scientific sanctity. It is maintained that accidents not only cause injuries, but also loss of property, loss of man and machine hours, stoppage of work etc.; the management therefore must invest in preventing accidents out of there own wish because they will profit by this. This is a major argument given by industries to project their self interest in taking up safety measures. Needless to say, at its very outset, their dehumanizing calculation betrays its ideological character. Cheysler Corporation of US actually did this calculation and concluded that with the costs of an accident. In a country like India, since compensation is negligible, there is no reason for companies to install safety measures, unless strong union pressures exist.

The problematic of accidents can be questioned at yet another level. Accidents are defined as notifiable only when the injured worker does not report for work within 48 hours (in India). This is in keeping with a bourgeois notion of health which believes in funcitonality, fatigue, sprains, aches, nicks, cuts, burns, minor eye injuries, loss of consciousness-all these form an important part of working life but are never included in accident figures. It is not surprising that even by conservative estimates, if these injuries are accounted for, accident, figures will multiply at least tenfold. These aspects of quality of work are of prime concern for the workers. Cuts on hands during assembly, muscular strain and aches due to improper work-place design, specks of dust in the eye during grinding may go unnoticed by those who

don't work with machines directly. The present design of workplace is machine-centred, directed towards maximization of productivity. Even though a more safety-oriented design may not cost much the outlook sometimes of the designer and industrial engineers does not permit them to give importance to safety. Workers, of course, are not granted any role in the design activity.

The present day managements try to impress upon the workers and the public at large that workplace health hazards have been reduced drastically with improved technologies and automation of production. Accident statistics are offered to confirm this. But such innocuous claims, in fact, serve a distinctive ideological function. Long range health hazards, problems of stress and monotony, the quality of working life, all are kept into the background while displaying of glittering success in accident control. By hiding long term health hazards, management attempts to lend credibility to the gradualist theory of occupational hazards, where slow technological changes are seen as determining factors in reduction of health hazards.

Management Monopolony over Information

Thus one of the ways in which Capital seeks to secure its domination over labour is by monopolising and controlling the flow of information relating to work. This is also true of information regarding health hazards and safety, especially if such knowledge can become a threat to profit.

As a case of outright concealment of true facts, the beryllium industry in the US provides a typical example. For almost twenty years industry and the Atomic Energy Commission had claimed worker exposure to berylium was harmless. Only after the death of a worker was this notion challenged. One of the pioneers of occupational medicine Dr. Alice Hamilton wrote of her findings, "With rare exceptions, industry and insurance companies withhold data on occupational disease—its character and incidence. This fact has great influence on the acquiring of knowledge of industrial illness in other as well as the beryllium-using industry in the US". The conclusions placed responsibility for beryllium poisoning with private industrialists. One of her own students wrote, "A few consultant doctors and industrial hygienists, by their publications, talks at professional societies and appearances in court, appear to have been used by some members of the beryllium industry to further what are considered legitimate economic ends." (Hardy, 1965).

We have seen in the case of asbestosis, the active dissemination of false information and aggressive promotion of research to generate this kind of information by the industry to dispute the actual hazards which were becoming known to the scientific community. In cases where adverse opinion is not strong, companies prefer to keep silent on the hazards of materials in use. For example, in two Mexican border towns employees of the US firm Amatex, engaged in the manufacture of asbestos, heard about the hazards from news accounts and not from their employer. (Castlemen and Vera, 1982). Nearer home, in Bombay, a fertiliser unit uses casual workers to perform necessary tasks in the most polluted points in the plant — where even regular workers refuse to tread. Apart from the very weak position of casual labourers, their ignorance and illiteracy helps the management in stifling whatever little resistance they may have to offer in the face of such barbaric assignments. The plants continue to pollute heavily but at the expense of a number of casual worker fatalities. Another example of the political helplessness and the exploitation of ignorance of contract workers is in the textile industry where they handle waste or clean machinery - both operations where cotton dust exposure is the highest. And according to the medical inspector of factories, 'This way quite a large group of textile workers prone to byssinosis go undetected. It is precisely ignorance of this kind, deliberately perpetrated by managements, that allows them to violate health and safety regulations blatantly.'

This practice of concealment, of cultivations of systematic disinformation, stems from a more general philosophical outlook of the management - the concept that workers have to be managed and controlled. Braverman's seminal critique of the capitalist organisation of work sums up the essence of the process, "It becomes essential for the capitalist, that control over the labour process pass from the hands of the worker into his own. This transition represents itself in history as the progressive alienation of the process of production from the worker and to the capitalist it presents itself as the problem of management" (Braverman, 1979).

The effects of 'scientific' management on the working class are manifold. Firstly the origins of work related stress lie in the deskilling of the worker, the destruction of his craft and the consequent division of labour wherein he performs monotonous, repititive operations; the seperation of execution and conception of work leads to a management monopoly over creativity. Even more

significantly it has led to the isolation of the worker behind an information barrier. His awareness and natural curiosity with regard to his work have been bullied into an indifference towards the science of his skill. Since he no longer participates in the totality of the process of production but only as a component part, he no longer feels the necessity of knowledge other than learning the most basic operations. The worker, who at one time, had his own craft journals, today needs the help of the professional to decipher the mysterious language of technology, medicine and law.

Management monopoly over knowledge is acquired at a more sophisticated level through the control over the specialities such as occupational medicine industrial hyiegene and safety engineering. One of the major political functions of such disciplines has been to mask overtly political knowledge as being socially neutral. The dominant ideology that the management inculcates within these disciplines is its own. This is made easier by the fact that most doctors are recruited to industry from private practice and start out with the anti-worker attitudes common to their class background. Furthermore by according them a low status in the management hierarchy of power, their urge for identification and conformity with management views and practice is intensified. Knowledge, thus restricted through these mechanisms in the hands of a pre-capital class becomes an instrument of power and manipulation. As one spokesman of the industry put it in relation to workers' health : Our aim is " to keep a check of the workers' health while telling them as little as possible." (Berman, 1978)

The Ideological Function of Law

It is a common feature of bourgeois governments to enact laws which are progressive in content but which are never implemented properly. A number of reasons can account for this.

Firstly, such legislation and this is true for a number of regulations also, significantly those relating to health and safety - remains largely unimplemented because the enforcement agencies created to implement them are given very few powers. Whatever little exists as an enforcement structure is not only class based but also corrupt and bureaucratic. But that is only a part of the story. The second, and more important reason lies in the protective function of state in bringing such legislation into force. It projects the state as an authority which is above all classes and legally legitimises a certain level of anti-working class institutions and activities. It also helps to establish a certain measure of control over information and data which aids the state in regualting the issue in question in favour of capital (which it dominantly represents). To give an obvious analogy the state intervenes to 'protect' tribals with its whole machinery of police, forest officers and magistrates, from the clutches of 'extremists'. This protective function need not be carried out so forcefully and at times, offering the illusion of 'progressiveness' is enough to contain protest movements which in fact may be demanding much more.

Even though progressive legislation relating to health and safety in India or even elsewhere, represents an advantage to the working class and is often used by activists to their gain, the structure of factories inspectorate, its powers, the status of occupational health and safety legislation as well as regulations. bear out above aspects of such regulations. At the level of legislation an important point needs to be made. Such 'progressive' legislation is often flaunted in propaganda for its pro-worker content while not mentioning that pretty little is actually being done to enforce it. Minimum wages are therefore paid on paper; thousands of bonded labourers are released every year and the nation has perhaps the cleanest and safest factories in the world !

Health and Safety Policy : US vs Sweden

The most incisive demonstration that health and safety issues are political comes from a comparison of the ways in which different governments with different ideologies respond to such issues.

As Navarro rightly asserts, it is class conflict and the balance of forces berween capital and labour that dictate the policies of a nation - states, rather than any technical state of development in the knowledge of related disciplines or the attitudes of professional experts or the socalled 'national character traits'. An analytical comparison of two countries namely US and Sweden will make this clear. (Navarro, 1983)

From 1932 to 1976 the Social Democratic Party has been in power in Sweden even though in its own internal configurations there occurred changes from mild, legalistic evolution towards socialism to that of social reformism with the framework of capitalism it remained quite responsive to the pressures of the working-class and the middle, clerical and professional classes. On this situation capital has sacrificed its stinginess in short-term matters to sateguard its long-term profitability.

Consequently workers have a far greater control over their work in most respects and notably they are

adhered to. Managements tend to listen to factory inspectors and implement their suggestions for fear of closure.

In contrast, in US, almost every indictment by the factory inspector is hauled to court: The antagonism between state safety agencies and the industry is sharp and clear. And quite often owners get away with safety violations either for free or for an amount which is much less than that required for preventive measures.

These differences stem not, contary to what American Professor Kelman says, from the assertive nature of American people and their respect for individual rights, as against the much more cowed down and submissive-to-authority Swedish counterpart, but from the differences in the political outlook of the two regimes and the relative proximity to labour and capital.

There are some distinctive features in the above comparison. In Sweden the working class has acted as a coherent whole, in forcing the government to pass a large number of health legislations, and has consistently favoured the formation of laws and acts rather than indulge in private agreements with the owners at the level of the enterprise or craft. On the other hand, in the US the mode of individual agreement is prevalent which effectively neutralises the collective bargaining power of labour as a class. Even in the official setting of standards it is lobbying and bargaining that decide the level of compromise rather than a collective pressure from the working class. And to complement this on floor and plant level Swedish workers have much greater powers including the refusal to work and much greater access to the enforcement agencies than their American counterpart.

Monetary Demands and Occupational Hazards and Safety

Whenever labour demands betterment of working conditions, capital's standard response is to bargain by offering monetary benefits in exchange for that irreversible loss of health. This strategy followed by managements is straight forward since the cost of such compensatory payments is often far lower than the cost to actually improve the working conditions. For instance an extremely dirty asbestos plant in the US was fined a paltry 210 dollars for having violated the OSHA standards by a large margin ! (Berman 1978).

The relationship of monetary demands and health and safety demands becomes very complex at the level of organised struggle by the working class. To begin with, therefore, a distinction must be made between health and safety demands which talk of changing the actual working conditions and health and safety **related** demands which propose some other mode of exchange, i.e. stake a claim in the form the incentives or benefits in lieu of the occupational hazards. The myth that management perpetuates is to confuse between the two and in the ultimate analysis substitute the latter for the former. In promoting this myth capital exploits a number of other falsely held beliefs, for instance the inevitability of pollution and hazards as being inherent to all kinds of technology. The natural implication is that the only way in which hazards can be paid for is by monetary compensation. By making monetary benefits and allowances the exclusive point of bargaining, managements use compensation ideology firstly, to save on costs and secondly to contain more authentic and dangerous forms of working class protests. Altogether, it gives to the management a licence to pour out its hazards and effluents into the work environment. By institutionalising discontent over health and safety within the framework of its own ideology, Capital seeks to assert its ideological hegemony.

Unfortunately this ideology of compensation and insurance, which seeks to blur the distinction between when compensation should be demanded and when not, breeds quite easily in labour surplus economies of the Third World and the West. In the under-developed countries where wages are meagre, unemployment and consequent job insecurity looms large, the working class is often forced into positions of weakness. In such a milieu even the demand for minimal compensation payments can be a militant victory for workers. However, in nations like the US too unions have to fight against the fear of loss of job. But wages are not that meagre and militant union laedership, rank and file activist and the workers themselves have insisted on actual changes in working conditions. An enlightened working class has insisted on compensation as a minimal demand and a change in working conditions as an ultimate objective. This and only this will ensure that Capital cannot indulge in the unbridled purchase of health of labouring human beings.

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(Contd. on page 125)

Table VIII

	Description of Injury	Percentage of loss of earning capacity.
1.	Loss of thumb	30
2.	Loss of thumb and its metacarpal bone.	40
3.	Amputation from 20.32 cms from tip of acroman to less than 11.43 cms. below tip of olecranon.	70
4.	Amputation below hip with stump not exceeding 12.70 cms. in length measured from tip of great trechanter.	80
5.	Crullotine loss of tip of middle finger without loss of bone	4

Source : Workmen's Compersation Act, 1923

Notes

1. It is assumed that there are 300 working days to the year. For this period on an average 8 persons died every 3 days. The number of deaths in Maharashtra and Uttar Pradesh respectively over these 6 years is 866 and 639.
2. For all fatalities i.e. 1405 per year, works out to average of 14 deaths every 3 days.
3. The large number of cases in Karnataka are those of silicosis from the gold mines at Kolar gold fields, where studies as early as 1947 showed a high incidence (44%) of workers affected by silicosis. The fact that a large number of cases are reported and compensated shows how widespread the disease is, as well as indicates an active workers' organisation and a functioning occupational health faculty. Further investigation is called for.
4. Estimate of this for this industry nationally = Workers employed in this industry x 0.5 x % of workers affected in sample study ÷ 100.

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Jean D'Cunha
Empress Estate
Govandi Road, Chembur
Bombay 400 071

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Sandeep Agarwal
405/B-39 Yogi Nagar,
Borivili (W) Bombay 400 092