

The Social Movement

“Promoting health and safety at the workplace as a part of labour law (1919-1940)?”

By Isabelle Lespinet-Moret, Université Paris 1 Panthéon-Sorbonne, Centre d’histoire sociale des mondes contemporains

PROMOUVOIR LA SANTÉ AU TRAVAIL COMME DROIT SOCIAL
(1919-1940) ?

Isabelle Lespinet-Moret

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“Whereas the League of Nations has for its object the establishment of universal peace, and such a peace can be established only if it is based upon social justice; And whereas conditions of labour exist involving such injustice, hardship and privation to large numbers of people as to produce unrest so great that the peace and harmony of the world are imperilled ; [...] an improvement of those conditions is urgently required: as, for example, by the regulation of the hours of work, [...] the prevention of unemployment, the provision of an adequate living wage, the protection of the worker against sickness, disease and injury arising out of his employment, the protection of children, young persons and women[...].”¹

The conclusions taken from the introduction of the thirteenth part of the Treaty of Versailles emphasise the prerequisite to the establishment of universal peace, on the grounds of social justice, the definition of which, in the present text as well as in many others, is the improvement of living conditions and of working conditions through “respecting the human workforce” and “respecting fair working conditions for all working classes”².

There was no precise definition of social justice in the International Labour Organisation constitution adopted in 1919, however, it was later included in the Declaration of Philadelphia in May 1944, which introduced the principle of strict equality as “all human beings, irrespective of race, creed or sex, have the right to pursue both their material well-being and their spiritual development in conditions of freedom and dignity, of economic security and equal opportunity.”, as put by Alain Supiot³.

In order to improve working conditions, the International Labour Organisation has to think in terms of work hours, salaries, unemployment, social protection, but also about work-related illnesses, work-

¹ ALLIED AND ASSOCIATED POWERS, *Traité de paix entre les puissances alliées et associées et l'Allemagne et protocole signés à Versailles, le 28 juin 1919 - , Treaty of peace between the Allied and Associated Powers and Germany and Protocol signed at Versailles, June 28, 1919*, [s.l.], 1919, p. 193.

² A. THOMAS, « Justice sociale et paix universelle. Réflexions sur un texte », *Revue de Paris*, n° 6, 1924, « Publications du Groupement universitaire pour la Société des Nations », p. 5, 18 et 20.

³ A. SUPIOT, *L'esprit de Philadelphie : la justice sociale face au marché total*, Paris, Éditions du Seuil, 2010, p. 24.

related accidents, and about the exposure of the workers to industrial hazards⁴.

The workers' well-being is thus acknowledged as a fundamental right that the International Labour Organisation has to defend through compensation and prevention.

Thanks to this declaration and to the policies implemented by both the International Labour Office and the International Labour Organisation, the health of workers became part of social laws, on par with social insurance, the reduction of working hours, and trade-unions.

Social justice as encountered in the conclusions of the Treaty of Versailles as well as in the texts written by Albert Thomas, who was the director of the International Labour Office, is inseparable from the universality alluded to by the terms "standardisation of working conditions", "putting a stop to unfair trade practices", or "a human and fair competition"⁵.

In the context of a particularly deadly 19th century, the demands of workers and trade-unions for a right to healthcare met with the concerns of those advocating for a social reform, as they were acutely worried about the differential mortality rate of workers as well as of the risks of the social body collapsing.

Work-related illnesses and accidents are aspects of the social questions that were an early concern on the international scale for employees, employers, trade-unions, insurers, politicians, social advocates, all the while they defended interests that would sometimes converge, and that sometimes would not⁶.

As the international congresses fighting against work-related accidents went by, and thanks to the establishment of national insurance, the concepts of industrial "hazard" and of hygiene and safety were defined, and strategies to combat or deny them were developed⁷.

With the dynamics that were set in motion at the end of the 19th century came the pre-existing demographic angst pertaining to and reinforced by the First World War. War trauma and the idea that war was considered by legislators as a social risk (a thought supported by the development of insurance companies⁸) increased such anxieties. The International Labour Organisation was founded in 1919, both as a response to the various challenges rising in the aftermath of the war and as the outcome of an older dynamic about internalising the social question and social reform. The context of political rivalry between the Western democracies and the USSR aside, the Reconstruction, economic crises, rationalization, the increase in productivity, and work intensification left their mark in the economic context of the interwar period.

⁴ALLIED AND ASSOCIATED POWERS, *Traité de paix entre les puissances alliées et associées et l'Allemagne...*, *op. cit.*, p. 205.

⁵A. THOMAS, « Justice sociale et paix universelle... », art. cité, p. 5, 19 et 20.

⁶ P. WEINDLING, « Social medicine at the League of Nations Health Organisation and the International Labour Office Compared », in P. WEINDLING (dir.), *International Health Organisations and Movements, 1918-1939*, Cambridge, Cambridge University Press, « Cambridge History of Medicine », 1995, p. 134-153 ; A. RASMUSSEN, « L'hygiène en congrès (1852-1912) : circulation et configurations internationales », in P. BOURDELAIS (dir.), *Les hygiénistes : enjeux, modèles et pratiques (XVIII^e-XX^e siècles)*, Paris, Belin, « Modernités », 2001, p. 213-239; C. SELLERS et J. MELLING, « Towards a Transnational Industrial-Hazard History: Charting the Circulation of Workplace Dangers, Debates and Expertise », *The British Journal for the History of Science*, vol. 45, n° 3, 2012, p. 401-424 ; I. LESPINET-MORET, « Les risques du métier. Des congrès internationaux à l'Organisation internationale du travail, politiques et représentations transnationales en matière d'accidents du travail, 1889-1939 », in T. LE ROUX (dir.), *Risques industriels, une histoire longue (fin XVIII^e-fin XIX^e siècles)*, Rennes, Presses universitaires de Rennes, 2015, p. 117-133.

⁷C. OMNES et L. PITTI (dir.), *Cultures du risque au travail et pratiques de prévention au XX^e siècle : la France au regard des pays voisins*, Rennes, Presses universitaires de Rennes, 2009 ; A.-S. BRUNO, E. GERKENS, N. HATZFELD et C. OMNES, « Une santé négociée ou les limites de la gestion assurantielle du risque professionnel. La France au regard d'autres pays industrialisés (XIX^e-XX^e siècles) », in C. COURTET et M. GOLLAC (dir.), *Risques au travail. La santé négociée*, Paris, La Découverte, 2012, p. 35-49 ; C. MORICEAU, « Les perceptions des risques au travail dans la seconde moitié du XIX^e siècle : entre connaissance, déni et prévention », *Revue d'histoire moderne et contemporaine*, vol. 56, n° 1, 2009, p. 11-27.

⁸ A. RASMUSSEN, « Protéger la société de la guerre : de l'assistance aux droits sur la nation », *Revue d'histoire de la protection sociale*, n° 9, 2016, p. 12 ; V. VIET, *La santé en guerre, 1914-1918 : une politique pionnière en univers incertain*, Paris, Presses de Sciences Po, 2015.

This triggered several social transformations which in turn caused the observers to pay particular attention to the “human factor”, not only to the well-being of workers, but also to the optimisation of this factor⁹.

This period is also marked by the readjustment between Europe and the other continents, which sparked the need for these new social politics in terms of employment protection legislation and of fair competition when it came to production, to the extent of which the risk of “social dumping¹⁰” was not unheard of.

The point of this article is to show how the politic of healthcare in the workplace was included in the work regulation and national insurance program, in the context of a quest for social justice.

It is based on the primary sources of the International Labour Organisation, especially those coming from their Occupational health and safety service, on the investigations of the International Labour Office about pathologies, on missions carried out by civil servants, on the archives of expert committees, but also on letters exchanged with trade-unions, with federations of employers, and on the archives of various international organisations and foundations with an interest in occupational hygiene.

The publications of the International Labour Office and of their contemporaries were cross-referenced with these sources.

This research is part of a study on how the International Labour Organisation and the International Labour Office operated via the department of health and safety, by the observational process of historical anthropology and sociology of an international institution, through the lens of occupational health.

Investigating occupational health was made possible through the study of all the pathologies that had been examined or discussed from the 1920s to the 1940s, which permitted the observation of the priorities, struggles, and the reluctance encountered about for each and every one of them, and to consider whether health would stand the test of tripartism.

The principle of social justice was studied by the International Labour Office and the International Labour Organisation, cross-referencing two fields that reinvented themselves: that of the international organisations, and that of health and safety in the workplace. As such, a particular emphasis was put on transnational circulation and structures, while drawing a particular attention to gender studies.

We will see how the concept of health is seen as a fundamental right in the work of the International Labour Office, an idea supported by another key statement which was instrumental in the creation of the International Labour Organisation as soon as in 1919: “The labour of a human being is not a commodity or article of commerce¹¹.”

Regarding the health of workers, it is about making sure that their physical and mental well-being is respected through the monitoring of their work environment, and the regulations and laws pertaining to their working conditions, as well as through occupational health and compensations¹².

Although the programme devised by the International Labour Office was meant to be universal, it also aimed to take into account the differences and inequalities between the member States as far as practical, economic, and social conditions were concerned, hence a paradoxical strain between means, interests, and goals.

Observing and providing scientific information on the questions of occupational health, a prerequisite to a fair social reform

⁹ Y. COHEN, « Lorsque le facteur humain paraît (1890-1920) : esquisse de l’histoire d’une préoccupation collective », *La lettre de la Maison française d’Oxford*, n° 9, 1998, p. 59-78 ; A. RABINBACH, *Le moteur humain : l’énergie, la fatigue et les origines de la modernité*, Paris, La Fabrique, 2004 [1992] ; T. CAYET, « Travailler à la marge : le Bureau international du travail et l’organisation scientifique du travail (1923-1933) », *Le Mouvement social*, n° 228, 2009, p. 39-56.

¹⁰A. THOMAS, « Justice sociale et paix universelle... », art. cité, p. 20.

¹¹ALLIED AND ASSOCIATED POWERS, *Traité de paix entre les puissances alliées et associées et l’Allemagne...*, *op. cit.*, p. 212.

¹² I. LESPINET-MORET, « Hygiène industrielle, santé au travail, l’OIT productrice de normes, 1919-1939 », in I. LESPINET-MORET et V. VIET(dir.), *L’Organisation internationale du travail : origine, développement, avenir*, Rennes, Presses universitaires de Rennes, 2011, p. 63-75.

During the first session of the International Labour Conference (ILC), a recommendation bade the International Labour Office to create an occupational health unit made to the likeness of a public health department that would “enter into direct relations with the Departments dealing with industrial health in the different countries”, and the corresponding proposition made by the Commission on Unhealthy Activities and Operations was voted unanimously¹³.

Albert Thomas rapidly created this department in March 1920, and for him, the aim of this unit was to study and protect the workers’ health, the first director general of the International Labour office having had interest in such a part¹⁴ of labour reform since he had been in office as French Minister of Armaments¹⁵. Milanese occupational health physician Luigi Carozzi was put in charge, and he organised a voluntaristic and strengthened department. An auxiliary department was created to deal with work safety and hazard prevention under the supervision of Friedrich Ritzmann¹⁶, a former factory inspector, then under a Norwegian engineer named David Vaage¹⁷.

The rivalry between those two different approaches of health, that is to say work-related diseases and work-related accidents, and between those two professional world, meaning occupational health physicians on the one hand, and inspectors and engineers on the other hand was indeed a thing in Dr. Carozzi’s department.

Between 1920 and 1940, three to eleven people were employed by the Occupational health department. They were doctors, with one of them being specialised in occupational fatigue, a psychiatrist, factory or health and safety inspectors, and engineers, who served as editors and heads of department, clerks, two shorthand typists, and a translator.

Two elements are characteristics of this department that was an average one for the International Labour Office: employees are all highly qualified as well as able to speak multiple languages. Moreover, the female employees are overqualified for the positions they have been given, as seen with the example of Jessie Macrae’s career: an editor and a translator from 1922 to 1940, she first worked in the department’s subdivision before being given tenure after a period of five years¹⁸.

As the available resources of the Occupational health department were scarce, they had to seek the assistance of a correspondence commission for non specialised occupational health, and that of numerous highly specialised sub-committees such as the occupational fatigue committee, or the work-related accidents committee. The relevance of the nomination of experts or of representatives from trade-unions and federations was much debated, however, according to the principle of tripartism,

¹³ *Compte rendu des travaux de la 1^{re} session de la Conférence internationale du travail*, Washington, 1919.

¹⁴ Luigi Carozzi, né en 1880, est docteur en médecine. Il publie de nombreuses études sur les maladies professionnelles à partir des observations faites lorsqu’il était médecin du travail à la clinique du travail de Milan, puis inspecteur-médecin du travail au ministère italien de l’Armement. Secrétaire du Comité permanent d’étude des maladies professionnelles en vue du congrès international de 1906, il tisse un réseau dense de liens avec des médecins du travail du monde entier. Voir I. Lespinet-Moret, « Projet global, politique internationale, l’OIT et la santé des travailleurs, 1919-1939 », mémoire d’habilitation à diriger les recherches, Université d’Évry, 2015, p. 10-22.

¹⁵ A. BLASZKIEWICZ-MAISON, *Albert Thomas : le socialisme en guerre 1914-1918*, Rennes, Presses universitaires de Rennes, 2015.

¹⁶ Friedrich Ritzmann, born in 1876, was a factory inspector then director of the work legislation division of the Ministry of Labour of the State of Bade. He began working for the International Labour Office in December 1921 where he was in charge of work and safety subsection until he retired in 1933. See *ibid.*, p. 47-51.

¹⁷ David Vaage, Born in 1888, he was the only Norwegian working for the International Labour Office in the inter-wars. A mining engineer, he worked in several European countries, before he began to work for the International Labour Office in the work and safety subsection. He took over when F. Ritzmann left, until 1940. After the war, he then remained in the Montreal team and continued working on matters pertaining to work and safety. See *ibid.*, p. 51-53.

¹⁸ For Jessie Macrae, see *ibid.*, p. 27-34. Jessie Macrae’s situation is similar to the ones studied by Françoise Thébaud in *Une traversée du siècle, Marguerite Thibert, une femme engagée et fonctionnaire internationale*, Paris, Belin, 2017.

Albert Thomas and the board of the International Labour Office settled for nominating experts who would be able to produce scientifically supported reports.

The correspondence commission and the specialised committees contributed to the internationalisation of health questions, as numerous experts from several countries were involved. In addition to this, the development of a transnational knowledge on occupational health and safety was made possible, thanks to the various inputs in terms of experience and the sharing of knowledge by experts from each country.¹⁹

Internationalisation, however, remains almost exclusively European in the 1920s, before becoming transatlantic. From the 1920s to the 1940s, the Asian and African continents are underrepresented in terms of expertise.

The International Labour Office's aim is to scientifically study the professional world, industrial production and social relationships, a goal seen as an essential prerequisite to the legislative mission of the International Labour Organisation and designed for fairness and rationality purposes pertaining to the reform.

In a 1934 leaflet summing up its missions, Luigi Carozzi presented the Occupational health and safety department as a scientific laboratory because of its investigational activities²⁰.

Investigation consists in directing missions, conducting bibliographic research, collecting regulations and laws, field surveys and laboratory studies that are passed on or translated, human experience... that are either directly done, or entrusted to other official national organisations.

Information can be backed up by figures, or consisting in a descriptive narration based on observations made on the field, and can even take on an iconographic form.

The focus is put on work-related diseases, various forms of poisoning, hazardous work, work-related accidents, and social security systems.

Businesses, farmers, workers, assessors, engineers, work inspectors, trade-unions, insurance companies, occupational health hospitals and clinics, and physicians, all are represented through the conducted surveys, which embody the most important part of the activity of the International Labour Office's Occupational health and safety department.

Since the department does not have its own laboratory, it delegates observational surveys, or retrieves, translates, and compares physiological, bacteriological, and psychometric studies conducted in hospitals, clinics, and universities specialised on work-related pathologies.

In this case, the collection and the diffusion of exogenous data by the department fulfil its scientific mission.

As such, the International Labour Office takes responsibilities for the published conclusions of its experts, or causes controversy, as seen in the case about white lead opposing the Union of Painters to the Düsseldorf Chamber of Commerce, each party arguing with the other using contradictory expert medical assessments. In this particular case, the International Labour Office feigned impartiality and published the two papers before solving the problem in a third report²¹.

Local and national research as well as research coming from a hospital or an institute are then translated and made available to a public of expert, enabling comparisons between the member States, the International Labour Office acting as a knowledge agora.

For International Labour Office civil servants, the missions provide numerous opportunities: carrying out investigations and completing field observations, taking part in international congresses, but also visiting factories, workshops, and safety museums in order to gather pieces of information. This contributes to the creation of a transnational knowledge that would benefit from the fact that civil

¹⁹ S. KOTT, « Une "communauté épistémique" du social ? Experts de l'OIT et internationalisation des politiques sociales dans l'entre-deux-guerres », *Genèses*, n° 71, 2008, p. 26-46.

²⁰ L. CAROZZI, *L'Organisation internationale du travail et la santé des travailleurs*, Genève, ILO, 1934.

²¹ *Interdiction de l'emploi de la céruse dans la peinture ; mémoire de l'union des ouvriers peintres, vernisseurs et badigeonneurs d'Allemagne : documentation pour la discussion de la troisième Conférence internationale du travail*, Genève, 1921, « Études et documents, série F (Hygiène industrielle) », 1921 ; *Emploi de la céruse dans l'industrie de la peinture : mémoire de la chambre de commerce de Düsseldorf*, « Études et documents, série F (Hygiène industrielle) », 1921 ; *La céruse : documentation réunie par le Bureau international du travail sur l'emploi de la céruse dans l'industrie de la peinture*, « Études et documents, série F (Hygiène industrielle) », 1927.

servants on a mission do comparative work on the same subject and on the same risks in several countries. Visiting such places enables the observation of safety measures taken in order to prevent work-related accidents, or the lack thereof, and production methods, with a particular focus on industrial processes, the products used, and on the work environment.

As for the investigations, policy officers must observe a strict scientific objectivity, the latter guaranteeing social justice. In spite of this, choices are made through preferences. In addition to choosing the option that seems to be the more feasible in terms of hygiene and safety, some of the choices made are ideological. In this regard, several missions carried out by inspectors or engineers of the International Labour Office hygiene and safety department have a tendency to promote the communications of the employers' association Safety-First.

The products of the investigations are reports for internal use only, but also publications in the different periodical reviews of the department (for instance *Chroniques industrielles*, *Encyclopédie d'hygiène industrielle*, « Études et documents, série F »), in the *International Labour Review*, or in national reviews specialised in occupational health²².

However, for financial reasons mostly, only a few missions give rise to the publication of papers.

By their very nature, a lot of missions end in reports that are given to the head of department, the latter using them in order to lay the groundwork for the technical commissions during the International Labour Conference sessions.

“... in all those factories, I observed men and things, and I saw the hard work of men.”

The direct and indirect studies of the International Labour Office's Health and safety department display an important knowledge of the workers, their working conditions, and their structures from the branch to the workshop as well as in and out of work, which is an ambitious project²³.

However, the impossibility to represent every existing worker acts as a limit to the observation, with the need to focus on a subject or pathology.

This knowledge stems from the conclusions that occupational health experts draw from studies documenting the tasks of workers, and that were brought together by engineers or inspectors.

The aim of these observations is to denounce the dangers threatening human life while putting the stress on relevant experiences to safeguard it.

Despite the global aspect of its project and its Universalist aim, the Occupational health and safety department does not focus on all workers, leaving aside farming and cultivation, intellectual services and occupations, and sailors and migrants to whom some units of the International Labour Office and conventions are dedicated. Amongst the industry workers, the most frequently represented jobs in the studies between the 1920s and the 1930s are painters, miners, and stonemasons, who were the first to be exposed to lead poisoning, pneumoconiosis, and silicosis²⁴.

During the interwar period, the Occupational health and safety department's attention was particularly focused on lead poisoning and silicosis. Despite Carozzi acknowledging occupational cancers as dangerous, their study seemed marginal in the International Labour Office, and did not give rise to the preparation of conventions and recommendations before the Second World War, as fighting against them was considered more difficult, with the fear of dividing the department's efforts.²⁵ Sailors too were considered an at-risk category, as they were under specific international laws.

Nevertheless, the Occupational Health and safety department does not really do anything for them, an exception being made for the age requirement for becoming an apprentice sailor, and about the “venereal peril” in collaboration with the LON.

²²L. CAROZZI, « La médecine du travail en URSS : rapport sur sa mission (août 1935) », *La médecine du travail*, n° 2, 1937, p. 1-84.

²³The subhead quotation is taken from the archives of the Bureau international du travail [ABIT], G 900/20/3, Mission Fabesch en Grande-Bretagne, 1928.

²⁴J. RAINHORN (dir.), *Santé et travail à la mine, XIX^e-XX^e siècle*, Lille, Septentrion, 2014 ; P.-A. ROSENTHAL (dir.), *Silicosis: A World History*, Baltimore, Johns Hopkins University Press, 2017.

²⁵L. CAROZZI, *Cancer professionnel et Organisation internationale du travail*, Actes de l'Union internationale contre le cancer, [Bruxelles], n° 1, vol. II, 1937.

Along with the painters and the stonemasons, miners were considered one of the most at-risk categories, some in relation to work-related diseases, the others in relation to illnesses and accidents.

The different studies published by the *Chronique de la sécurité industrielle*, « Études et documents » or la *Revue internationale du travail* classify them either by occupation (“miners”, “workers in contact with aniline”, “railroad workers”), pathologies (“lead poisoning”, “pneumoconiosis”, “silicosis”, “anthrax”), or by processes and industries (“white lead in paint”, “paint spray guns”, “use of acetylene”²⁶).

The emphasis is put on the work environment, on the product, or on the industrial process leading to the disease or the accident. Middle aged workers form the core of the test subjects, as the youngest or the oldest workers are not documented on: hence, the question of age not being relevant in the studies conducted on diseases or accidents. The depiction of the workers is essentially theoretical and anonymous. This was in all likelihood the result of the way the engineers and physicians investigated and conducted their studies, observing the occupational diseases of the workers who had suffered a prolonged exposure to such and such product when the illness broke out.

For the same reasons, such a representation generally does not take women into account.

Most of the studies are focused on a category of workers, or on a given pathology, disregarding genders.

However, some of them focus on an essentially feminine job, or on women working in unhealthy industries. Surveys on work-related accidents are mostly about men, except for the investigation on the machine press, which offered readers a very gendered and discriminating version of work-related accidents.²⁷

In the surveys, workers are depicted as knowledgeable about their jobs, with skills and expertise, but more or less capable to put safety regulations in practice. Some studies depict them at work, their crafts, and their savoir-faire, most notably in the case of painters. However, most of the time, it is their working environment, the incriminated chemical, and the economic situation that are documented, while men and women tend to be erased from the big picture. This is particularly noticeable about the studies and reports made on the anthrax’s infectious spores: tanners and dressers are nowhere mentioned in it²⁸.

The same goes for mercurialism and the secretage of felt hats: hatters are only represented thanks to their union, which demanded a survey. Despite the fact that words like “negligent” and “risky behaviour” sometimes appeared in some surveys on work-related diseases and accidents, there is generally no systematic denigration of the workers’ behaviour.

One of the authors wrote: “It is necessary that workers, who are not, generally speaking, fond of safety measures, familiarise themselves with the many machines they work on while coming and going from one factory to the other²⁹”.

Usually, researchers are appreciative of the hard working, job-efficient working man, highlighting the skilled and knowledgeable worker, while attributing accidents to subcontracting, and to the instability and unfamiliarity of teams between themselves, or between workers and supervisors.

The question of the adequacy between the workers and their jobs was of a growing importance in the 1930s, as a result of research on psychometric and professional orientation becoming more available.

²⁶ « Les accidents dans les mines de charbon des États-Unis et du Royaume-Uni : accidents », *Revue internationale du travail*, vol. 5, n° 1, 1922, p. 141-146 ; *Cancer de la vessie chez les ouvriers travaillant dans les fabriques d’aniline*, « Études et documents, série F (Hygiène industrielle), n° 1 », Genève, BIT, 1921 ; *L’Attelage automatique et la sécurité des travailleurs des chemins de fer : rapport sur la statistique des accidents survenus au cours de l’accrochage et du décrochage des wagons*, « Études et documents, série F bis, (Sécurité), n° 1 », Genève, BIT, 1924 (sur ce sujet, voir l’article de L. Piguet dans ce numéro) ; « Un mémorandum sur les empoisonnements saturnins : hygiène industrielle », *Revue internationale du travail*, vol. 2, n° 2-3, 1921, p. 250-252 ; *La sécurité dans la production et l’utilisation de l’acétylène*, « Études et documents, série F bis (Sécurité), n° 6 », Genève, BIT, 1931.

²⁷ *La protection des ouvriers travaillant aux presses à métaux*, « Études et documents, série F bis (Sécurité), n° 4 », Genève, BIT, 1930.

²⁸ *La prévention du charbon dans les tanneries*, « Études et documents, série F (Hygiène industrielle), n° 7 », Genève, BIT, 1923.

²⁹ ABIT, G900/20/3, « Mission Fabesch en Belgique, dans le bassin de Londres et dans le Nord de la France », 1928.

The awareness about the “human factor” as evoked in psychological studies did show extremely seldom in surveys during missions, as the notions of responsibility and education were more frequently used in order to tackle the human dimension of work-related accidents.

The researchers tend to attribute these notions to tripartism, and to the necessity to tackle both the fight against work-related accidents, and safety measures.

The question of whether the workers or their employers are responsible for work-related accidents or work-related diseases is not entirely answered by the surveys or studies done by the International Labour Office.

There are many points of view, for lack of a coherent debate on the liability of workers and employers, in relation to this universal objective and tripartite compromise. The speech of most of the engineers of the health and safety department on workers and their relationship with safety measures is an intermediary one. The aim is not to stigmatise the workers about their carelessness, their recklessness, or even their alcoholism, but to put the safety measures in relation to the economic context: whether or not they are paid on a piecework basis, in a technical context (a simple, reliable, and solid piece of protection), and first and foremost, in a context of personnel management (to inform, create relationships based on trust, and to adapt both men and their workstations to fit).

Some attitudes are observed and analysed in the workers’ behaviours: the relationship to cleanliness, alcoholism, and education. If the lack of hygiene of a workplace and alcoholism are pointed out, the aim is to link the first to poverty, and to depict the second as a refuge, instead of morally condemning and mocking them.³⁰

Among the health objectives in the workplace, the International Labour Office tackled new problems in relation to work-related accidents and diseases. The notion of “mental wellbeing” completes that of occupational health.

Research are done on occupational fatigue by Victor Dhers, one of Luigi Carozzi’s finest colleagues, who invested four years in them, while writing a doctorate on the scale to measure work fatigue.

Mental fatigue is also tackled, with the recruitment of Arnold Stocker, a psychiatrist. Nevertheless, surveys on mental fatigue remain few compared to those on physiological fatigue.

However, the Occupational health and safety department and its director elaborated on the notion of “wellbeing” in the workplace as the main goal of social justice, while including the idea of professional orientation as a key notion in terms of recruitment, most notably during the Inter-American congress on mental health of 1935.³¹

The lack of the representation of women in work-related diseases and accidents

Surveys on work-related diseases and accidents pertaining to female workers are fewer than those pertaining to male workers. It could either be seen as obliviousness from the researchers, or as an invisibility of female workers, as Karen Messing and other female researchers working on social security and female workers of another period pointed it out³².

This can partly be explained by the fact that the Health and safety department only sends men out to complete missions. The occupational health department only once sent a capable woman to the field: Jessie Macrae.

³⁰ *La céruse : documentation réunie par le Bureau international du travail sur l'emploi de la céruse dans l'industrie de la peinture*, « Études et documents, série F (Hygiène industrielle), n° 8 », Genève, BIT, 1927.

³¹ ABIT, HY 1000/65/3, Service d'hygiène et sécurité, « Ligue brésilienne d'hygiène mentale, congrès inter-américain, Rio de Janeiro », 1935.

³² K. MESSING, *La santé des travailleuses. La science est-elle aveugle ?*, Toulouse, Octares, 2000 ; B. STUDER, R. WECKER et G. SUTTER, *Die « schutzbedürftige Frau »*. Zur Konstruktion von Geschlecht durch Mutterschaftsversicherung, Nachtarbeitsverbot und Sonderschutzgesetzgebung, Zurich, Chronos, 2001, et tout récemment : E. BORIS, D. HOEHTKER, S. ZIMMERMANN et ILO (dir.), *Women's ILO: transnational networks, Global Labour Standards, and Gender Equity, 1919 to Present*, Leyde-Boston, Brill, Studies in global social history, n° 32, 2018.

Carozzi tasked Marguerite Thibert and Jessie Macrae to investigate the diet of workers during the 1930s crisis³³: this was the one and only field survey of the International Labour Office led by female researchers.

The invisibility of work-related accidents and occupational diseases can also be explained by the inequalities between men and women on the labour market and in terms of national insurance, as shown in Noel Whiteside (for the UK) and Cristina Borderias (for Spain)'s studies, despite the importance of the female workforce in the textile and fashion industries for instance³⁴.

Some surveys exclusively focusing on women were published as reports in an International Labour Office or in an Occupational Hygiene department review, and were written by physicians. See for instance Rajani Kanta Das' report on female workers in India, published in the *International Labour Review*.³⁵

Some of them were also written by female inspectors, such as the one published by Constance Smith in England, in *Occupational hygiene and the International Labour Organisation* in 1923 in the "Studies and documents" series. Most of the time, these articles end up in the "notes on occupational hygiene" section, and are summed up and translated by Jessie Macrae from a survey made in the country in question. This is the case for the "New York's Joint Committee for female workers in clothing manufactures" note, or for the quite broad survey on women in manufacturing in USSR, which covered the sectors they were in, their salaries, their working hours and social legislation³⁶.

Surveys on the feminine workforce remain subjected to the Women's labour service ran by Marguerite Thibert³⁷.

When a survey covers the health of women, it is either tackled through laws, an institution, or maternity, as it is the case of some studies on women's occupational health in Spain, in India especially, in Japan, and in China. The study on women's work in Japan is an exogenous work published in the *International Labour Review* in 1929. It was launched after a resolution taken by the ILC in 1925, which aimed to lead investigations in the Asian member States of the International Labour Organisation, because of their economic growth on an international scale³⁸.

The International Labour Organisation has a particular interest in studying women, and the legislation that protects them, in developing countries as shown by Eileen Boris³⁹.

The inequalities affecting them are easier to understand for Westerners, as they denounce the ways and laws they found behind the times as compared to Europe or Northern America.

³³ Archives of the LON (Geneva), Office d'hygiène LON, « Correspondence Respecting a Series on Public Health in Europe for Publication in the Survey », carton R 5885/8A/4560/4560.

³⁴ N. WHITESIDE, « Chômage et inaptitude en Grande-Bretagne de la fin du XIX^e siècle aux années trente », in C. OMNES et A.-S. BRUNO (dir.), *Les mains inutiles : inaptitude au travail et emploi en Europe*, Paris, Belin, 2004, p. 224-247 ; C. BORDERIAS, « Le travail féminin en Espagne dans le premier tiers du XX^e siècle : réalités et représentations d'une transition », in N. HATZFELD, M. PIGENET et X. VIGNA (dir.), *Travail, travailleurs et ouvriers d'Europe au XX^e siècle*, Dijon, Éditions universitaires de Dijon, 2016, p. 197-213.

³⁵ R. KANTADAS, « Le travail des femmes dans l'Inde. I », *Revue internationale du travail*, vol. 24, n° 4, 1931, p. 396-432.

³⁶ « Le Conseil paritaire d'hygiène dans l'industrie de la confection pour femmes à New York : hygiène industrielle », *Revue internationale du travail*, vol. 5, 1922, p. 128-133 ; « Le travail et la protection des femmes dans l'industrie russe », *Revue internationale du travail*, vol. 20, n° 4, 1929, p. 541-569 ; *L'Organisation internationale du travail et le travail des femmes*, Genève, BIT, 1926.

³⁷ F. THEBAUD, *Une traversée du siècle...*, op. cit. ; ID., « Réseaux réformateurs et politiques du travail féminin, l'OIT au prisme de la carrière et des engagements de Marguerite Thibert », in I. LESPINET-MORET et V. VIET (dir.), *L'Organisation internationale du travail : origine, développement, avenir*, op. cit., p. 27-37.

³⁸ R. KANTADAS, « Le travail des femmes dans l'Inde. II », *Revue internationale du travail*, vol. 24, n° 5, 1931, p. 564-603. Sur les relations entre l'Inde et l'OIT, se reporter à M. HERREN, « Global Corporatism after the First World War and the Indian Case », in S. KOTT et J. DROUX (dir.), *Globalizing Social Rights. The International Labour Organization and beyond*, Basingstoke, Palgrave Macmillan, 2013, p. 137-153.

³⁹ E. BORIS, « Difference's Other: the ILO and "Women in Developing Countries" », in J. M. JENSEN et N. LICHTENSTEIN (dir.), *The ILO from Geneva to the Pacific Rim, West Meets East*, Basingstoke, Palgrave Macmillan, 2015, p. 134-158.

The sanitary situation of women is much less documented than that of men in general, and it is usually linked with maternity. The situation of colonised populations, of those victim of forced labour, and of racially discriminated workers is even less visible, in terms of occupational health and hygiene⁴⁰, while the inequities endured by female workers in developing countries undergoing industrialisation are denounced thanks to the reports of the International Labour Office.

Establishing norms in terms of occupational health in order to guarantee the physical and mental well-being of male and female workers?

One of the aims of the first session of the ILC that took place in Washington in October 1919 was to tackle occupational hygiene, as it pertained to three out of five questions on its agenda.

These questions are addressed through the employment of women and children, night work, unhealthy industries, and the ban on using white phosphorus in the matchmaking industry. This protection policy does not have the same symbolical or political meaning as the eight-hour day that was also debated during the same session, as the questions on hygiene are seen as extremely technical.

However, occupational health and hygiene were a key preoccupation of the first session of the ILC not only due to the fact that there was a demography worry in the aftermath of the First World War, but also because these questions had been studied for quite a time and were consensual and had led, before the war, to the first international conventions signed according to the International Association for Labour Legislation⁴¹. The Washington Conference paved the way for the reforms pertaining to the preservation of the health of male and female workers alike. Health had to be internationally legislated, first and foremost for female and children workers, and for everyone else. Hazardous products are recognised as such, and specific laws and a ban on their usage are discussed. Night work is also under scrutiny and recognised as a global health hazard, even if the legislation decided upon is limited to female and teenage workers. Maternal and child protection also prompts the question of the notion of work exposure, than can then be used for other workers and in other contexts.

The norms internationally voted are generally below what the Occupational Hygiene and safety department of the International Labour Office had envisioned, as recommendations and conventions have to have at *minima* two-third of the votes and necessitate a consensus or compromise.

The conventions that were the most easily voted generally pertained to maternity, the protection of women and miners, hence the first conventions voted during the 1919 ILC⁴².

Some are granted, “thanks” to the refusal to vote of some federations who simply slip away instead of voting.

The only legislation voted in the 1930s pertaining to occupational hygiene was about the employment of women in all sorts of underground work and mining.

Voted in 1935, this law (n°45) states that “no female person, independently of her age, can be employed to work underground in mining”. The vote for this law is unanimous, as it corresponds to the main and most consensual representation of women’s work, and as it clearly helps the countries trying to impeach women’s work, in order to protect the population’s health, move their agenda forward.

Moreover, the economic context around this law makes so that a lot of people are favourable towards men’s work at the cost of women’s work, which is seen as more and more illegitimate. Nevertheless, the International Labour Office and Carozzi’s department do not approve of such positions, hence their refusal, in 1932, to investigate on the necessity of women’s work.

⁴⁰ J. P. DAUGHTON, « ILO Expertise and Colonial Violence in the Interwar Period », in S. KOTT et J. DROUX (dir.), *Globalizing Social Rights...*, op. cit., p. 85-97 ; D. MAUL, *Human Rights, Development and Decolonization: The International Labour Organization, 1940-1970*, Genève, ILO, 2012.

⁴¹ S. KOTT, « From transnational Reformist Network to International Organization: The International Association for Labour Legislation and the International Labour Organization 1900-1930 », in D. RODIGNO, STRUCK et J. VOGEL (dir.), *Shaping the Transnational Sphere*, New York, Berghahn, 2015, p. 239-259.

⁴² Convention C003 – Convention (n° 3) on the maternal protection, 1919. Convention C004 – Convention (n° 4) on night work (women), 1919. N. NATCHKOVA et C. SCHOENI, « L’Organisation internationale du travail, les féministes et les réseaux d’expertes, les enjeux d’une politique protectrice (1919-1934) », in I. LESPINET-MORET et V. VIET (dir.), *L’Organisation internationale du travail : origine, développement, avenir*, op. cit., p. 39-51.

Health and safety inspection is a key element in fighting work-related accidents, hygiene and safety being without a doubt one of the most important elements of such mission, along with the legal protection of workers. In 1919, the first session of the ILC established the fifth recommendation, which encouraged the member States to create “not only a system of efficient factory inspection, but also in addition thereto a Government service especially charged with the duty of safeguarding the health of the workers”.⁴³

On the agenda of the 1923 ILC, health and safety inspection was the subject of a recommendation which defined its general principles. A large portion of the text provided by the Occupational hygiene and safety department at the occasion of the 1921 session is used in the twentieth recommendation on health and safety inspection, the latter pertaining to the general principles for the organisation of the inspection services destined to ensure the implementation of the rules and laws protecting the workers. It highlights, in its preamble, the “special and urgent importance for the physical, moral, and intellectual welfare of the workers”, and states that:

“The Constitution of the International Labour Organisation includes [...] that each State should make provision for a system of inspection in which women should take part, in order to ensure the enforcement of the laws and regulations for the protection of the workers.”⁴⁴

Questions on security are steady, perhaps even more than those on occupational diseases, in the agenda of the ILC. As such, they are debated again in 1928, with the prevention of work-related accidents, the protection of the workers loading and unloading boats, and the prevention of horse and cart accidents in the railroad industry.

The 1929 session of the ILC led to the vote of recommendation 31 on the prevention of work-related accidents, in which health and safety inspection plays a key role. The general study of the prevention of work-related accidents is also the source for a recommendation on machinery safety systems (n°32)⁴⁵. The worry about social justice is implicit in the preliminary declaration of the recommendation.

Whereas industrial accidents not only cause suffering and distress among workers and their families, but also represent an important material loss to society in general.⁴⁶

Dockers and workers in rail and sea transport, construction workers, and miners, are people who, during this period, benefit from conventions about occupational health. They are exposed to industrial hazard, and are represented by very strong and efficient trade-unions, which hold an important economic and political power. Female workers, less organised, and workers in colonial situations or in forced labour, are, for their part, put at a disadvantage as they are not represented by trade-unions of their own.

As a whole, the analysis of the conventions and recommendations voted from the 1920s to the 1940s shows that work-related accidents were more far more prevented and compensated than work-related diseases. Fighting work-related accidents is seen as tolerable by employers in tripartite negotiations, the financial interest winning them, whereas in the case of occupational diseases, for reasons such as the duration of exposure to hazards, work-related diseases that trigger “a posteriori”, predispositions, and difficulties of diagnosis, compromises are more difficult to obtain, hence the fewer conventions agreed on.

Universalism, or reality principle?

Many times, the universalism of the International Labour Organisation policies came across the social and economic reality of a country or a period of crisis, which questioned social justice if it is to be considered as an egalitarian principle. Thus, the economic situation of some countries in the interwar

⁴³ Recommendation R005 – Recommendation (n° 5) on labour inspection (health and safety), 1919.

⁴⁴ Recommendation R020 – Recommendation (n° 20) on labour inspection, 1923.

⁴⁵ Recommendation R032 – Recommendation (n° 32) on power-driven machinery, 1929.

⁴⁶ Recommendation R031 – Recommendation (n° 31) on the prevention of industrial accidents, 1929.

does not enable them to adopt the same standards as Germany, Great Britain, or France, especially in terms of health, as Leda Papastefanaki demonstrates it for Greece⁴⁷.

However, the policy implemented by the International Labour Organisation and the technical help of the International Labour Office are paving the way towards these standards. The complex situation of colonies in the International Labour Organisation, depending on their relationship with their home country, causes a great many situations and compromises on the general policy of work and social security, as it does in the particular case of occupational health⁴⁸.

The analysis of the surveys, reports, and publications of the International Labour Office on the situation of male and female workers shows a difference in treatment in terms of social security and of access to the labour market. There is a distinction made on genders, and male and female workers in a colonial situation are not on equal footing with European or Americans male workers, be it in their day-to-day reality, in the way they are handled by the institution, or about the policies on the agenda.

“Standards” are questioned in the several phases of their elaboration, according to the representation of male and female workers, in light of the way they are represented by trade-unions in the tripartite debate, and according to the interest of a country in relation to employment. The agenda of reforms on work-related diseases and accidents, and on occupational medicine and occupational health inspection as the Occupational Health and safety department develops it, is put to the test when faced with tripartism⁴⁹.

Either in the setting of the meetings of the International Labour Office’s board of directors, or during the conferences and commissions preparing the texts for the conventions and recommendations, the debate is heated and negotiations are vital. The result often falls short of what the Office had envisioned in its reports in terms of social progress, which means the tripartite debate regularly ends up in the lower half of expectations because of the oppositions, most of the time of federations, but also of countries (with an alliance of delegations) when there is an economic stake for several delegations of the same country.

The first confrontation happens during the meeting of the International Labour Office’s board of directors, as the definition of the day’s agenda opens the possibilities for legislation. Trade-unions are often on the side of the Office, and with governments’ representatives most of the time.

They united against employers’ delegates, as those vigorously defend their economic interests in the International Labour Organisation.

Confrontations often sum up as “social justice” against “economic interests”. In some cases, the economic interests of employers or of a country are in agreement with the laws in favour of health, as seen for the recognition of silicosis in South Africa in 1930. The ratio of power between the delegations is also found in the joint commission within the ILC tasked with preparing the text of conventions and recommendations, and has its importance in the Conference during debates and votes. Votes are cast according to principles and moral values, depending on employment, financial gains, and on the markets that need preserving. They are also cast according to the balance of the questions on the agenda: in this regard, the disease caused by anthrax was eclipsed by white lead poisoning, as they both appeared on the meeting’s agenda at the occasion of the same session.

Towards a better social justice thanks to the recognition of the right to occupational health?

⁴⁷ L. PAPAȘTEFANAKI, « Politics, Modernization and Public Health in Greece. The Case of Occupational Health, 1900-1940 », in C. PROMITZER, T. SEVASTI et T. MARIUS(dir.), *Health, Hygiene and Eugenics in Southerneastern Europe to 1945*, Budapest, Central European University Press, 2011, p. 165-192.

⁴⁸ S. ZIMMERMANN, « “Special Circumstances” in Geneva: The ILO and the World of Non-Metropolitan in the Interwar », in J. VAN DAELE, M. RODRÍGUEZ GARCÍA, G. VANGOETHEM et M. VAN DERLINDEN(dir.), *ILO Histories: Essays on the International Labour Organization and its Impact on the World During the Twentieth Century*, Berne, Peter Lang, 2010, p. 221-250.

⁴⁹ The program for reforms as seen in the proposition of the day’s agenda in the minutes of the board directors, the correspondence between the committees and L. Carozzi and the reports for the technical commission of the ILC sessions. We can also refer to L. Carozzi’s publications during his Genevese period and to the official leaflet: L. CAROZZI, *L’Organisation internationale du travail et la santé des travailleurs*, Genève, ILO, 1934.

Other international organisations are interested in public health, therefore also potentially in the health of workers, and use it as a springboard for the diffusion of social justice. As such, the Health Organisation of the LON (studied by Iris Borowy⁵⁰), the international committee of the League of Red Cross Societies, and the Rockefeller Foundation⁵¹ are sometimes solicited by the Occupational Safety and Health Department of the International Labour Organisation, or request its help on questions pertaining to disabled veterans, tuberculosis, housing salubrity, cancers...⁵².

Sometimes, the organisations engage in teamwork, but most of the time, they compete against each other. The budget of the International Labour Organisation depends on the LON, and sometimes on the Rockefeller Foundation as it is strongly involved in health questions, and seeks to define its scope of intervention, that is to say the health of workers, all the while paying attention that justice or global health care do not encroach on its field of expertise and action.

Whatever “health” encompasses, for instance the decrease of working hours, prevention or compensation of work-related accidents or diseases, maternal and child protection, health and safety inspection or medical inspection, we can see that the 1920s and the 1930s lay the groundwork for reforms that will never be questioned, foundations on which our modern occupational healthcare is still being built.

Admittedly, most of the reforms pertaining to the health of female workers are seen under the light of maternity, and when those reforms are genderless, they pass as recommendations rather than as conventions. When conventions are agreed on, they pertain to jobs that are considered dangerous, often in relation to a strong representation by trade-unions, and with exceptions and exemptions.

As these recommendations and conventions require consensus, they are always the outcome of a compromise, and consequently a minimum without necessarily being the worst socially available option. However, it seems to me that these conventions and recommendations give male and female workers an access to a fundamental right, that of health as a preservation of their lives, of their social, moral, and physical integrity. In this respect, the International Labour Organisation, through reforms pertaining to the prevention or the compensations of occupational pathologies and work-related accidents, acts as a tool of social justice in the day-to-day life of the workers that are protected by its conventions and recommendations, as long as these are ratified and implemented.

However, social justice is not the same for everybody, as a great number of male and female workers are kept out of the implemented legislation due to them being bonded, forced, or colonised workers, or find themselves invisible in a production system. In time, the scope of the reforms made can widen to include new social classes of employees who were not necessarily at the heart of the social reform movement, and bring about and spread this social justice.

Nowadays, legal experts underline the importance of the soft law that the recommendations were, as they functioned as a tool in order to pave the way for a democratisation of reforms that did not happen immediately⁵³. While in theory, the founding principles of the International Labour Organisation are class joint effort and universalism, such things as corporatist interest, class structures, and national competition are a reality. Albert Thomas aims to create a tripartite organisation that would gain independence from governments or the interests of a given group, an objective that is not fully attained

⁵⁰I. BOROWY et W. GRUNER (eds), *Facing illness in troubled times : health in Europe in the interwar years, 1918-1939*, Francfort-sur-le-Main, Peter Lang, 2005 ; I. BOROWY , *Coming to terms with world health : the League of Nations Health Organisation, 1921-1946*, Francfort-sur-le-Main, Peter Lang, 2009.

⁵¹L. TOURNES, « La fondation Rockefeller et la naissance de l’universalisme philanthropique américain », *Critique internationale*, vol. 35, n° 2, 2007, p. 173-197 ;L. TOURNES, « La philanthropie américaine, la Société des Nations et la coproduction d’un ordre international (1919-1946) », *Relations internationales*, vol. 151, n° 3, 2013, p. 25-36.

⁵²Some examples of cross-reference archives :ABIT, HY 301 « Relations Croix-Rouge et OIT, Service d’hygiène industrielle » ; ANU, R 839/12 B, Office d’hygiène SDN, « SDN, Négociations avec Fondation Rockefeller 1922-1927 », 1920-1927 ; ANU, 5885/8A/4313/6092, Office d’hygiène SDN, « Occupational cancer sub-committee, First session, resolutions », 1928.

⁵³J.-C. JAVILLIER, B. GERNIGON, G. P. POLITAKIS et INTERNATIONAL LABOUR ORGANIZATION, « Les recommandations internationales du travail ; instruments mal exploités ou maillon faible du système normatif ? », in *Les normes internationales du travail : un patrimoine pour l’avenir. Mélanges en l’honneur de Nicolas Valticos*, Genève, ILO, 2004, p. 497-525.

by the end of the 1930s. Some of these conventions and recommendations are completely in tune with the studies led beforehand by the International Labour Office, for instance about white lead, health and safety inspection, security systems on machinery, or the safety of dockworkers.

Others come long after, as the surveys dealing with these investigations had been completed in the 1920s or the 1930s. As a result, cancers do not appear in the interwar conventions and recommendations, or in the glossary of work-related diseases constituted in 1925 and revised in 1934, even though surveys were very thoroughly done at the end of the 1920s. The convention on occupational cancers is only adopted in 1974⁵⁴.

Questions still unanswered pertain to the number and the geographical breakdown of workers protected by this body of laws, but also, to some extent, to its ratification. In certain cases, we can see that both social dialogue and tripartism are stuck in a rut, for instance when some subjects are postponed year after year, or are solved *a minima* in order to get a consensus. This might well be the limitations of the ILC. Nevertheless, the gap (whether it be one, two, or three decades) between the studies, the reports of the International Labour Office, and the development of new standards emphasises the efficiency of the information given by the Office, which serves social justice on the medium or long term. The ideal of justice and day-to-day reality merge, adding, in a way, to a consensus appearing as a neutralisation of the ideological phenomenon. Through production regulation and social relationships, the International Labour Office defends a liberal social justice. The strain between the principles of universalism and of social justice promoted by the International Labour Organisation is made visible through the filter of occupational health, and so is the political, economic, and social day-to-day reality experienced by workers worldwide, when labour standards are developed. In addition to this, the topic of occupational health, as are all topics studied by the International Labour Organisation, is addressed within the framework of tripartism, which can be at the same time a guarantee of social justice, and a hindrance to it⁵⁵. Nevertheless, this quest for social justice had been, within the scope of the International Labour Organisation, largely initiated for the health of workers, despite the fact that such a quest is yet to be completed.

⁵⁴International Labour Conference, *C139 Occupational Cancer Convention, 1974*, Genève, ILO, 1974.

⁵⁵ M. LOUIS, *Qu'est-ce qu'une bonne représentation ? L'Organisation internationale du travail de 1919 à nos jours*, Paris, Dalloz, 2016.