

2009

In the summer of 2009, the Chinese media extensively reported on the vicissitudes of Zhang Haichao, a twenty-eight-year-old factory worker who willingly underwent a totally unnecessary and dangerous open-chest surgery just to prove he was suffering from pneumoconiosis, a lethal occupational disease that affects the lungs. This was a last resort after all previous attempts to gain the documentation he needed to access compensation and proper health care had been obstructed by corrupt officials and doctors. The 'open-chest case' (开胸事件) was the first high-profile instance of worker health activism in China and played a fundamental role in raising the awareness of the Chinese public of the hidden toll that China's economic boom was taking on sectors of its workforce. This essay reconstructs the chain of events that led to Zhang's momentous decision, as well as the aftermath of the scandal.

Zhang Haichao's 'Open-Chest Case'

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On 22 June 2009, a former factory worker named Zhang Haichao entered the First Affiliated Hospital of Zhengzhou University.¹ On that blistering, humid day, as he walked into the operating room to undergo a surgery that would pry open his chest, he was not aware of the impact this medical procedure would have on Chinese public opinion. As he explained later, entering the operating room, he had a quite simple and straightforward goal: to show how dust accumulates in workers' and miners' lungs as a result of working in China's poorly regulated dust-intensive industries.

In fact, Zhang's surgery was not even necessary, for the diagnosis of pneumoconiosis (尘肺病)—a disease commonly known as 'black lung'—typically demands only a chest x-ray. But Zhang wanted to display something more than the results of a radiology test. He wanted his chest ripped open and the tissue removed and biopsied. He wanted to share the results with the media and open a debate about how workers with black lung should be recognised for their labour and their life and death struggles. When the doctor began the procedure, she made a ten-centimetre incision in his chest and then used a rib spreader to separate the ribs by four to five centimetres, taking a piece of tissue to be biopsied.² The doctor had warned Zhang about the possibility of severe infection and other medical complications, making it clear he may not survive the operation. In his desperate situation, Zhang felt he had no choice: his other options had been exhausted, and his body depleted. As he would later recall: 'Rather than wait to die, it is better to take a gamble.'³ After repeated futile attempts to receive the correct diagnosis of black lung from his corporate bosses and government officials—which would have allowed him to receive compensation for his condition—he devised his own method: the close examination of tissue plucked from his lung. No government official, no mining boss, would be able to deny the results of a tissue biopsy, he reasoned. On the operating table, as the anaesthesia began to take effect, he said to the doctor: 'Please examine the dust on my lung carefully.'⁴

Zhang later said he was ‘lucky’ that day. Six hours later, he woke from this high-risk surgery. The first words he recalls hearing from the doctor were: ‘Congratulations. It is black lung!’ Zhang did not despair over this diagnosis, since proving he had the disease was his goal. With the correct diagnosis in hand, he would finally be entitled to treatment targeted specifically at black lung and able to demand compensation. However, this proved to be only a temporary victory and just the beginning of his ordeal.

Sick Worker, Radicalised

Zhang had started work for Zhendong Abrasive Materials Co. Ltd in 2004 in his hometown, the city of Xinmi, Henan Province. Zhendong manufactures refractory materials, which produce immense amounts of dust. As a frontline worker, Zhang was covered in dust nearly every single day, his only protection being a thin disposable mask. In 2007, he began to develop chest tightness and a wicked cough and, as his symptoms worsened, he departed Zhendong at the end of that year.⁵

At the time of his resignation, Zhang did not know his illness was associated with his work. In 2008 and early 2009, he visited various clinics, including three well-known hospitals in Beijing, where, to his surprise, all the doctors believed he was suffering from black lung, rather than some other disease.⁶ Yet, state regulations did not allow him to receive treatment in any of these hospitals. Because black lung is categorised as an occupational disease, responsibility for treatment rested with his employer. The doctors in Beijing told him to return to Xinmi and seek treatment and compensation from Zhendong.

Zhang Haichao was no stranger to black lung. He had already witnessed how the disease rapidly took the life of one of his closest friends. However, at the young age of twenty-eight, he never expected that he, too, would experience this nightmare. Similarly, he never imagined that the physical pain caused by the disease would be only the first of many struggles that would take him into the bureaucratic labyrinth of the Chinese compensation and treatment system.

Returning to his home city, Zhang was first examined by the Zhengzhou Occupational Disease Prevention and Control Institute (郑州市职业病防治所, ODPCI), a local institution authorised to diagnose occupational diseases in Henan Province.⁷ As with so many factory workers and miners,

he faced what seemed to be an intractable dilemma: just to receive a screening test, he had to prove his previous employment. Zhendong refused to acknowledge any form of past employment and repeatedly rejected his requests to meet with management. Realising there was no room for negotiation with the company, Zhang sought help elsewhere. He learned that once a month the municipal Party secretary of Xinmi met in person with petitioners. Zhang waited seven hours in front of the government building, until he was asked to report his complaint to the secretary. On hearing Zhang's difficulties, the official—kindly, yet craftily—promised Zhang he could be tested at the ODPCI regardless of his lack of proper workplace documentation. Accompanied by several officials, Zhang received his lung test in Zhengzhou on 12 May 2009.

Two weeks later, the test results came as a shock to Zhang. The report was explicit: 'No pneumoconiosis phase 0+; complicated with tuberculosis.' Zhang was filled with anger: 'I was so disappointed! So many prestigious hospitals in Zhengzhou and Beijing confirmed it was black lung, and now they tell me it is tuberculosis!'⁸ The different diagnosis had momentous implications for him. In medical terms, pneumoconiosis is undeniably caused by inhalation of large amounts of dust during long-term work in dust-intensive environments. Had he been diagnosed with that disease, his past employer would surely have been held accountable.⁹ The tuberculosis diagnosis, in contrast, placed the burden of treatment entirely on the patient, who was responsible for all associated expenses.

Zhang asked about his options. Could he contest the result? In a pattern common to so many black lung patients seeking treatment and compensation, he was directed to the next bureaucratic unit, the Zhengzhou Health Bureau. There he was told that he could be retested—for the prohibitive price of 7,000 yuan. Undeterred, Zhang returned with the money only to find that the ODPCI, which issued the tuberculosis misdiagnosis, and the Zhengzhou Health Bureau that was about to test him occupied the same building. Assuming these two bureaus were in cahoots, he immediately lost confidence that the retest would give him the diagnosis he sought, especially after an official, not mincing words, told him: 'Our bureaus have different placards but the same set of personnel. How could we possibly overturn our own conclusion?'¹⁰

Zhang understood precisely what the official was saying. However, while he abandoned any hope for a retest here, he felt emboldened and began to ponder his options. After careful consideration, in June 2009, with the money he had pulled together for the retest, he went to the First

Affiliated Hospital of Zhengzhou University. He has since spoken repeatedly about how he stepped into that hospital in despair and a doctor named Cheng Zhe gave him hope. Based on Zhang's chest x-ray, Cheng was sure he had black lung. As she examined the ODPCI's diagnosis of tuberculosis, she fell silent, and then gave Zhang two options: 'You may [have a] lung puncture or an open-chest surgery. Opening the chest will definitely show the dust, but the risk is high. I do not suggest this course of action.'¹¹ Without a moment's hesitation, Zhang decided on the more radical 'open-chest' surgery. Recalling his decision, he would later say: 'When I insisted on opening my chest to do the lung biopsy, I was not thinking about how much compensation I would get. I did not think I was great. But I needed an explanation!'¹²

After the surgery, although the hospital did not have the authority to diagnose occupational diseases, Zhang's doctor supportively, and somewhat defiantly, wrote 'black lung' on his medical report.¹³ Soon he would get help from two journalists, who turned Zhang's story into a sensational event and pressured the government to respond. By July 2009, government officials at higher levels began to comment on Zhang's case and urged local bureaus to address the situation. On 26 July, Zhang finally received the correct medical diagnosis from the ODPCI, confirming he had phase-III black lung. By the end of the month, the Zhendong company issued a compensation package of an undisclosed value.¹⁴

Nevertheless, Zhang's victory cost him time, energy and resources. His struggle for compensation should not have been so circuitous, so full of government obfuscations, lies and deceptions. Furthermore, as Zhang has noted on many occasions, he saw himself as 'luckier' than many other black lung patients. The obstacles he encountered were, and still are, too common a part of the fight against the exploitative logic of disposability. As the history of black lung activism in China teaches us, too few patients win compensation or some small semblance of social justice. Too many have died. Far too many are waiting to die.

Towards Activism

In the years immediately after his chest was surgically ripped open, Zhang sought more specialised treatments in several places around China. In 2009, he twice received a lung lavage (washing) in the Beidaihe Sanatorium for Chinese Coal Miners, where he was also hired as an 'occupational health and safety liaison'. In 2013, to tackle a complication from pneu-

mothorax (collapsed lung) that nearly took his life, he received a double lung transplant at the Wuxi People's Hospital with the help of Chen Jingyu, a well-known pulmonologist. The lung transplant was a success, although it requires a lifetime of anti-rejection medicines—a daily regime of more than ten tablets costing more than 200 yuan per day.¹⁵

Compared with many workers—and no doubt due to the media coverage of his open-chest surgery—Zhang received significant compensation, but he initially did not reveal the exact amount. Before his double transplant, Zhang wanted to set the record straight and penned a letter to be released in the event he died during the new surgery. The letter disclosed that he had received an astonishing 1.2 million yuan in compensation. It also stated that he was forced by government officials and Zhendong management to conceal this amount and he was made to promise never to sue the Xinmi Epidemic Prevention Clinic for concealing the results of his earlier physical examination, nor the Zhengzhou ODPCI for its earlier misdiagnosis.¹⁶ Zhang later released this letter to the press, because he hoped the level of his compensation would 'become the national standard for pneumoconiosis compensation, and that every worker with pneumoconiosis will get a second chance at life, and give their families a little more security'.¹⁷

This extraordinary settlement hardly covered Zhang's exorbitant medical expenses, which, in fact, would lead to an endless struggle with debt. To pay off these debts, he sought employment but was turned away repeatedly because of his medical history. In June 2013, months after his lung transplant, Zhang borrowed some more money and subcontracted a bus to drive in his hometown of Xinmi. Every day his bus encircled the town eight times, stopping at twenty-nine stations in urban and rural areas, covering a distance of 248 kilometres. He drove twelve hours a day and nearly thirty days a month. He earned an average of only 5,000 yuan a month—barely enough to make the monthly payments for his lung transplant.

As he retreated to the life of a bus driver, he would still occasionally appear in public. His desperate, self-mutilating act of defiance in 2009 had turned him into the most well-known sick worker in the country, among the public at large and, more crucially, among black lung patients. Zhang bought himself a computer and started connecting with worker patients in other places. After years of devouring China's various labour regulations, he would step into the public realm as an activist, speaking for and defending black lung patients involved in labour disputes. For

example, in 2012, Zhang appeared in a court in Zhejiang Province to support a lawsuit brought by another black lung patient. Towards the end of the proceedings, he angrily addressed everyone present: ‘Doesn’t the Chinese public have the right to know about their own health?’¹⁸

Zhang proceeded to travel around the country to support other patients’ petitions and, since 2011, he has volunteered for the charity Love Save Pneumoconiosis (大爱清尘, LSP). Over the years, he received more than 2,000 phone calls from fellow patients and helped hundreds of them win lawsuits. As the representative for the LSP in Henan Province, Zhang visited more than 500 patients and sent out over 200 ventilators.¹⁹ He witnessed over 400 deaths, including four workers who also received compensation from the Zhendong company at the time of his open-chest surgery.

These experiences left Zhang with mixed feelings. On 22 June 2018, Zhang wrote on his social media account: ‘It has been nine years since my “open-chest” case. It tested society, but the results have been disappointing.’²⁰ The surgery and the media attention he received did not resolve the difficulties black lung patients face. ‘I disdain “special solutions for special cases”, only law enforcement can solve structural issues,’ he asserted.²¹ Perhaps because he received such significant compensation and had to strike a secret deal with the government and the company, he felt compelled to extend his efforts towards the entire community of black lung patients, which turned him into something of a celebrity activist. His dramatic surgery in 2009 inspired an upsurge in protests and petitions initiated by workers throughout the 2010s. And yet, only a small percentage of these protests were successful, with protesters only on rare occasions granted free medical care, monthly pensions and other benefits.²²

For Zhang, ‘special solutions for special cases’ belong to the world of political trickery. They are in fact state dispersion tactics, instituted periodically and always seemingly randomly by local officials to provide what usually amounts to small payouts and meagre assistance. These dispersed, localised acts of beneficence are contrived to dispel petitioning and forestall ‘social unrest’ in the absence of national legislation to protect workers’ rights and address the root causes of the problems.

In our interviews with black lung petitioners, few wanted to celebrate success. The reasons put forth were many. First, many black lung patients are never compensated for their illness. Local government officials complain about limited assistance funds, and thereby provide benefits

only to a small group of patients, usually those healthy enough to be active participants in protests and petitions. Local governments also prioritise patients with whom they have close relationships through political or kin networks; these are secret payouts about which most other black lung patients only hear rumours.

Second, a free medical treatment settlement or assistance package comes with restrictions that tend to result in an endless array of inconveniences. A patient might be required to attend a designated hospital—usually in the capital city of a province, far from home. One can claim reimbursement only for expenses incurred during hospitalisation; those generated through outpatient services are rarely included. One patient told us that, for one particular medicine, he could only take a small amount home after each hospitalisation, which lasted a mere fifteen days. As he lived far from the hospital, these trips were exhausting, expensive and further exacerbated his health problems.

Third, as Zhang recounted to us and stated in many interviews, a successful workers' movement requires tenacious struggle against police suppression and the violence of hired thugs. Most of those suffering from black lung are already weakened by the disease and unable to withstand what are often months and months of protest and petitioning. Just like many other black lung miners and factory workers, Zhang was once taken into police custody, held for days and threatened. Those not caught by the police live with their declining health and eventually pass away, never seeing a day of treatment or a yuan of compensation.

So, this is the double bind of the depleted black lung worker. To take on the state, local government or bosses, to stand long hours protesting and petitioning, to travel hours to provincial capital hospitals for treatment—all requires a level of energy and physical capacity that few possess, especially after years of battling the disease. We thus return to 2009. Following his open-chest surgery, and the spectacular shockwave it triggered in Chinese society, Zhang had this to say: 'I won. I also lost. I won the rights and compensation I deserved, but it depleted my life.'²³

Others' acts of self-mutilation would follow, but without the same outcome, media coverage or political effect. As Zhang himself told us, there is no winning or losing in these battles. Some, like Zhang, continue to survive, finding energy to work, paying off debts, trying to find ways to keep breathing, to keep their lungs from turning to stone. Too many others, with the deadly dust in their lungs, can only live out their remaining

days in a state of suspension, waiting for their lungs to give out. These workers have been forgotten by the state, rendered politically invisible—an indistinct mass of the sick and the suffering.

Afterlives

Within the black lung and labour activist community in China, Zhang's 'open-chest case' is acknowledged as a significant event in the history of Chinese workers' health activism. In speaking to him, reading through the many news articles and reports written about him, listening to archived radio shows and chatting online with worker activists who remember his surgery and its aftermath, we wanted to write a tale of a working-class hero, someone who put it all on the line, for himself and his fellow sick and dying workers. We do want to hold on to the desire to tell that narrative, but too many facts rub up against it. The fact is that the impact of that moment in 2009 on actual legislation and the implementation of labour protection laws for those who work with and daily breathe in dust remains an open question. The scholar Wing-Chung Ho observed a surge of newly confirmed black lung cases in 2010 (from 18,128 to 27,240).²⁴ Ho also noted that, from 2010 to 2014, there was clearly a new public awareness of occupational diseases. We also began to see the enforcement of existing laws to hasten the closure of private mines.

More than a decade has passed since Zhang's surgery. We end here by asking: how will it be remembered in the coming decades? The answer to that question will depend in part on how many more workers are put in situations, due to poor regulations or out of the desperation of precarious lives, that require them to breathe in the deadly dust that causes black lung. And it will depend on what future strategies, tactics and actions Chinese workers will come up with to speak against the catastrophic dreamworld of endless growth and development. Will miners, factory workers, gem polishers and construction blasters who work in these death zones have a future beyond the slow violence of black lung?²⁵ Will there be life beyond the endless cycle of disposability?