

**Matias Muuronen** Striking nurses as a national  
security issue: exclusion and  
temporality in the Finnish  
parliament

### **ABSTRACT**

This paper examines the political reaction to Finnish nurses' proposed strikes in 2022, focusing on parliament's debate over legislative measures for the industrial action. It analyses how nurses' strikes are positioned relative to the government and legal structures. The research argues that parliamentary rhetoric distances nurses from the state, framing them as an external threat and thus depoliticizing the strikes. Two perspectives on the state response emerge: one viewing the strikes through Giorgio Agamben's lens, challenging sovereign power in managing health crises, and another through Michel Foucault's perspective, challenging the government's healthcare discourse as a national security issue.

### **KEYWORDS**

Biopolitics  
Nurses  
Strike  
Parliament

## INTRODUCTION

Nurses, who are framed within the ethos of a vocation, traditionally navigate a landscape defined by sacrifice and lofty ideals (Bessant, 1992). In contemporary discourse, caregivers, particularly nurses, confront a moral dilemma when contemplating strike action which is distinct from other labour sectors (Huget, 2020, p. 2).

Unlike strikes in industries that disrupt profit margins, caregivers grapple with the intentional suspension of their care duties, raising poignant moral questions. This dilemma poses a stark choice: prioritise immediate care for dependents by abstaining from strikes, or advocate for long-term improvements in care quality through participation in strikes (Huget, 2020). The moral complexity inherent in the actions of striking nurses is underscored by societal perceptions, often viewing such strikes as a moral failing despite being responses to systemic failures. Such a moral quandary emerges in two blog posts by Tehy – a prominent Finnish nurses' union – at the helm of planned strikes in 2022:

*Why is it that when a female-dominated sector exercises its legal right to strike and demands concrete action in line with the goal of equal pay enshrined in the government programme, every effort is made to silence them?<sup>1</sup>*

*We ... have been asked why we are striking in intensive care. Are the male-dominated sectors asked why they are targeting ports or paper mills? We are striking in places where everyone can easily see the importance and demands of a nurse's work are grossly disproportionate to the pay.<sup>2</sup>*

Describing a trend towards a politicisation of caregiving, Briskin (2011, p. 91) hints at acknowledging a collective responsibility for militancy in a trade which has witnessed ever deteriorating working conditions and frozen pay, affecting the quality of care. Hence the urgency of preparing to mobilise collectively to achieve these aims.

Although the research presented below does not have a gendered focus in itself, it seeks to take part in a broader inquiry on women's labour activism (Briskin, 2011) by examining the Finnish government's response to proposed strikes, shedding light on attempts to address or undermine their effects. The issue at hand has both internal and external repercussions.

Internally, nurses witness first-hand the consequences of the commodification of social life and care work: although financially compensated for their labour, the commodification process simultaneously presents care as "nonproductive work and paid work that cannot be a source of social recognition" (Uhde, 2016). Externally, the importation of nurses from the Global South to fill the vacancies in the troubled health sector reminds us of the "social reproduction of working classes within the context of the hierarchically organised global labour market" (Ferguson and McNally, 2015).

## NURSES' LABOUR UNION'S STRIKE

Finland is facing a shortage of nurses. Various solutions have been proposed to address the issue, such as importing qualified nurses from the Global South, improving working conditions, increasing admissions to nursing degrees, and promoting the healthcare sector's image. Nurses' unions believe the solution is higher wages. Finnish nurses have the lowest average income among Nordic countries, with a 2021 average monthly salary of 2645 euros, nearly 600 euros below Finland's average income of 3220 euros.

The nursing shortage is a frequent topic in Finnish media. In 2007, nurses' unions used a mass resignation strategy over salary disputes, with 13 000 nurses threatening to resign. Despite government opposition and an attempt at developing legislation to curb the strikes, a collective agreement was eventually reached, ensuring a substantial salary increase over four years. This successful negotiation also inspired similar strikes in Denmark and Sweden the following year.

In the aftermath of Covid-19, the Finnish Union of Practical Nurses (SuPer) and the Union of Health and Social Care Professionals (Tehy) have voiced concerns over working conditions. During the pandemic, media highlighted overworked nurses. Throughout and after the pandemic, Tehy and SuPer demanded better conditions of work.

In August 2022, unable to come to an agreement with the municipal employer, Tehy and SuPer announced a day-long strike in an intensive care unit (ICU) on 2 September, with further strikes planned. These included bans on overtime and staff circulation between hospitals, leading to significant political uproar.

The National Conciliator got the labour minister involved to postpone the strikes. The government began drafting the Patient Safety Act, requiring essential health care services during strikes, effectively mandating nurses to work to maintain hospital staff levels. The Helsinki District Court temporarily declared ICU strikes unlawful, citing right to life clauses in the Finnish constitution and the European Convention on Human Rights, and stating it is not customary to endanger lives for higher pay.

On 14 September, the Helsinki District Court issued the temporary measure, and on 19 September, the Patient Safety Act passed parliament's Constitutional Affairs Committee. The bill highlighted that it should only be put into use when there are no other forms or methods for securing the health and wellbeing of patients. Measures which should be taken before resorting to the act include transferring patients into different hospitals and purchasing services from private contractors. It was also stated that the law should not be used to crack down on labour action.

## BIOPOLITICS

In the language of critical discourse analysis, one could argue that both the event and the structure contain elements inherent

<sup>1</sup> Kirvesniemi (2022b)

<sup>2</sup> Kirvesniemi (2022a)

within the broader debate on biopolitics. In Agamben's (1995) formulation, *zoe* represents the "simple fact of living common to all living beings" while *bios* refers to the "form or way of living proper to an individual or a group". Put in brief terms, the former deals with natural life – a human without political rights – while the latter deals with the individual through their rights as a political citizen.

Agamben responds to Michel Foucault's first volume of *Histoire de la Sexualité*, which traces the entrance of biological life into the sphere of the state. For Foucault, the impetus for a biopolitics lies in the replacement of the Aristotelian separation between the biological (*zoe*) and the political (*bios*) within a polity which begins to take "life as its referent object" (Dillon and Logo-Guerrero, 2008). Rather than separation of the two concepts, *zoe* and *bios* become intertwined within modern biopolitics. Here, life becomes a central object of politics and is no longer deemed to pertain to a zone outside of it.

Bare life exists at the intersection between *zoe* and *bios*. Agamben posits that bare life was present in early polities, while Foucault sees biopolitics as modern. Foucault links the sovereign's role to governance technologies, whereas Agamben emphasises the sovereign's role in creating bare life conditions. Both agree on the state's drive to manage citizens' lives, but Agamben notes these developments make lives "capable of being killed to an unprecedented degree". Foucault sees sovereign modalities shifting with biopolitics, supported by discipline and governmentality.

My curiosity is driven towards the state's response to the strikes, exploring how they relate to the debate on *zoe* and *bios*. The guiding question is: how are the nurses' strikes positioned in relation to the government? I draw from Roberto Esposito's concept of *immunitas*, which, like Foucault's and Agamben's concepts, addresses biopolitics. Esposito sees law as normalizing, restoring order after "life-threatening situations" (2011). He frames threats as internal to the community, describing legal violence as an immunitary function, where the legal system maintains power by monopolising violence.

Biopolitics examines how political power regulates life. Agamben's "bare life" highlights individuals reduced to biological existence without political rights. Foucault, on the other hand, emphasises dispersed power and disciplinary techniques governing populations. Esposito further contributes to the discussion through his analysis of the immunitary function of law, wherein threats to the community are managed through legal mechanisms.

Using this theoretical lens, I analyse the Finnish government's response to the nurses' strikes, framed as a national security issue, and the Patient Safety Act's enactment within biopolitics. This analysis reveals how political authorities assert control over life and labour, contributing to understanding the intersections of healthcare, labour rights and state power. The study aims to provide insights into the political dynamics of the nurses' strikes and their implications for democratic governance and social justice in Finland.

## THE CIRCUMSTANTIAL PREMISE

The plenary on 16 September gathered to debate the proposal for a law on securing essential healthcare during labour action. Led by the Social Democrats, the moderately leftist government included the Centre Party, the Greens, the Swedish People's Party and the Left Alliance. The introductory speech was given by Markus Lohi, chair of the Social Affairs and Health Committee and a representative of the Centre Party. He reported the committee's proposal.

According to Lohi, parliament must protect citizens' right to life. If a labour strike occurs without organised protective work, legislators must act to avoid a situation where "personnel shortage caused by industrial action would threaten the health or lives of customers or patients". Lohi added that the purpose was not to prevent labour action.

Lohi's argumentation in favour of the legislation relied on two frames of authority. The first is the constitutional responsibility to ensure citizens' right to life. Lohi stated that the proposed strikes place two central rights in opposition: the right to life and the right to organised labour action. Most government representatives frame the correct response to this opposition as simple, depicting the right to life as overriding the right to labour action:

1. Here one has two basic rights in opposition, and ultimately the committee sees that also the task of a legislator in the parliament is to ensure – through legislation – people's right to life in such a way that no one's life is put at risk during industrial action.<sup>3</sup>

The second authoritative declaration draws from a pool of experts who informed the Social Affairs and Health Committee of the risks involved in the strike:

2. This view has been confirmed also with experts: without this law the strongest basic right is no longer secured. Experts have stated that without protective work, people would die.<sup>4</sup>

The pool of experts included in the proposal consisted of public servants at the Ministry of Social Affairs and Health, such as government councillors and senior physicians. In addition, leading staff from the health sector in municipalities were heard.

The Patient Safety Act is therefore depicted as necessary to avoid deaths caused by lack of staff in both intensive care and home care during a labour strike. Predating the discussion on the legislation is a circumstantial premise in which the parliament is not a participant. Lohi constructs the issue as one between the municipal employer and the labour unions.

3. According to the reasoning of the government proposal, the need for regulation is due to the disagreement between the participants of the negotiation with regards to protective work during the already declared stoppage...<sup>5</sup>

The premise presented frames the suggested strike as the result of a momentary rather than a structural issue. There remains,

<sup>3</sup> Markus Lohi (2022)

<sup>4</sup> Kim Berg (2022)

<sup>5</sup> Markus Lohi (2022)

however, an element of inclusion with regards to the role of the government in the negotiations. Ilmari Nurminen, a representative of the Social Democratic Party (SDP) and a member of the Social Affairs and Health Committee, stated:

4. First and foremost, this proposal strengthens the grounds for agreement. We want to create stronger structures for the labour market through which purposeful, impartial and quick methods of reconciliation and negotiation for solving labour disputes in the future may be formed, and with this proposal we want to strengthen this shared path of reconciliation.<sup>6</sup>

As a third element of positionality, many parliamentarians referenced the unprecedented nature of the potential strikes:

5. All of us here know that we must solve this question of nurses from the perspective of the sustainability of our entire healthcare. I want to emphasise that the nurses have earned their wages. On the other hand, I am also saddened by the fact that the nurses saw as their only solution the set of industrial actions which are directly directed towards the lives and health of patients. It tells an unfortunate language about the crumbling of a culture of agreements and, on the other hand, the employer side has wanted to break these structures of negotiation, since it has been seen as such a large agitating factor in the labour market.<sup>7</sup>

Similarly, Johanna Ojala-Niemelä, a parliamentarian of the SDP and a member of the Constitutional Law Committee, stated:

6. One may still strike, but the right for industrial action may not endanger people's lives and health. Here the situation is very exceptional, because the threat for a strike is directed toward the ICU and there is no agreement for protective work.<sup>8</sup>

In essence, the rhetoric has two distinctive features. First, there is a constant element of inclusion and exclusion. The regulation is needed because the municipal employer and the labour unions cannot come to an agreement (extract 3). This is the exclusive function, in which the negotiating sides are framed outside of the realms of the government. This is exemplified in the speech of Kim Berg, a member of the Social Affairs and Health Committee:

7. The starting point for the bill in process is that it won't be used to intervene in the negotiations of the labour market parties nor in the employees' freedom of association nor in the right to industrial action based on it.<sup>9</sup>

Negotiations are to take place strictly between the employer and the employee. In this case, the employer is represented by the municipal representatives and the employee by the labour unions, Tehy and SuPer. When salary increases have been agreed upon in Finland, their level has followed the agreements made between the employers' Technology Industry and the employees' Industrial Association.

Simultaneously, the stakes are so high, in light of the potential death of patients, that the government must act to some extent on the negotiations – not with regards to negotiations over labour rights in general, but solely in response to a lack of consensus for protective work. Yet there is a general element: the bill must also provide the grounds for future negotiations. This is exemplified in extract 4.

Second, the exceptional nature of the proposed strikes is brought to the fore. This is emblematic in extract 5, where Nurminen frames the nurses' action as disappointing, while simultaneously highlighting the irresponsible manner in which the employer's side has dealt with the issue. Similarly, extract 6 points out the exceptional circumstances within which the nurses' strike would take place.

## EXTERNALITY AND THE PROPOSAL OF THE COMMITTEE

In what follows, I propose that the composition of the strike is externalised in relation to law. Arguably, the rhetoric of the nurses circulating in the media with regards to the proposed strikes highlights this position of externality. The implied notion of showcasing, through the strikes, what the future of health care may be underlines the different positions of legality. Lack of staff due to a strike is external violence, while lack of staff due to structural issues is internal. The following statement from a nurse at a protest summarises a common notion of externality:

8. Patient safety is endangered every day when there are not enough nurses. Patient safety is only discussed when nurses want something better. I think this is not about the patients. If it was about them, the employers would be required to do something about the matter.<sup>10</sup>

A similar distinction is provided in a blog post by Tehy, which references the legislative proposal by the Social Affairs and Health Committee.

9. [P]age 23 of the proposal reveals ... that in the southern part of Helsinki there are 250 positions out of which thirty to forty percent remain unfilled on a continuous basis. ... The city of Helsinki remains unpunished despite a lack of nurses. The parliament has not created a forced labour law ...<sup>11</sup>

The analysis proposed here is not directed at questioning expert positions guiding the committee, nor does it consider the conditions as implied by the nurses as necessarily correct descriptions. Rather, the focus lies on the expressions concerned with the power dynamic between the unions and the government. The locality – not the form – of suppression is of interest here. Does the government response to the strike evoke the expulsion of an internal threat? And if so, through which means is this accomplished? Let us return to the case at hand.

At the height of the protests, references to a forced labour law were often made. At the doorsteps of the parliamentary building, Silja Paavola, the chair of SuPer, stated:

<sup>6</sup> Ilmari Nurminen (2022)

<sup>7</sup> Ibid.

<sup>8</sup> Johanna Ojala-Niemelä (2022)

<sup>9</sup> Kim Berg (2022)

<sup>10</sup> Tiina Karppi, (2022a)

<sup>11</sup> Sainila-Vaarno Anne & Kirvesniemi, Else-Mai (2022).

10. We are here to show that to us belong the same rights as to others and what does the parliament do? Creates a forced labour law...<sup>12</sup>

It is necessary to bear in mind that the proposal which formed the basis of the parliamentary debate on 16 September, 2022, suggested that during a strike which does not provide for protective work,

11. the municipality which functions as the employer could order social and healthcare professionals which are in their service to conduct – in addition or instead to their ordinary tasks – tasks ordered by the employer.<sup>13</sup>

The proposal also maintains that refusing to comply with such an order would lead to the nurse being fined. The proposal suggests that if the fine is not put in place.

12. there exists a danger that ... decisions would remain meaningless if personnel would still refuse work.<sup>14</sup>

In relation to a discussion on international agreements on forced labour, the proposal of the committee hints that the looming nurses' strike could suit the framework of a *force majeure* case.<sup>15</sup> The proposal references the ILO Forced Labour Convention, which states:

13. For the purposes of this Convention, the term forced or compulsory labour shall mean all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily.<sup>16</sup>

Yet, according to the convention, the term "forced or compulsory labour" shall not include:

14. (d) any work or service exacted in cases of emergency, that is to say, in the event of war or of a calamity ... such as fire, flood, famine, earthquake ... and in general any circumstance that would endanger the existence or the well-being of the whole or part of the population;<sup>17</sup>

In a similar fashion, in the ensuing paragraphs, the Committee's proposal references the European Convention on Human Rights and the United Nations International Covenant on Civil and Political Rights:

15. According to the Convention's Article 4 § 3, by forced labour is not meant the sort of work or service which is required at a moment in which a danger or an accident threatens the existence or wellbeing of the society ...<sup>18</sup>

16. According to Article 8 § 3 a) of the UN's Covenant on Civil and Political Rights, no one shall be required to per-

form forced labour ... According to § 3 c iii, forced labour does not include any service, which is required when the existence of society or its wellbeing is threatened by an emergency or an accident.<sup>19</sup>

Fining nurses who are unwilling to provide protective work was not implemented in the final piece of legislation. Yet the language on the issue of forced labour proposes a circumstantial premise similar to the one introduced above in terms of externality. In extract 3, the strikes are framed as resulting from a negotiation in which the government is not a participant. Extracts 15 and 16 allude to danger and accidents when discussing the strikes.

Another circumstantial element comes to the fore in a discussion on making exemptions from working time regulations. The proposal considers the possibility of deviating from working time regulations in case it becomes challenging to provide for sufficient nurses during industrial action. Such regulations enforce a certain rest time between shifts, for instance. The legislation proposes that the employer could be exempt from such regulation in case it is necessary to provide resources for health care:

17. The proposed provision would be comparable to the working time regulations on emergency work in §19. However, the difference would be that according to the proposed provision, one could deviate from working time regulations specifically on the basis of industrial action directed at health care provided by the municipality ... while according to the working time regulation, a prerequisite for emergency labour is an unpredictable event.<sup>20</sup>

18. Because the industrial action is not unpredictable, emergency work as accredited by working time regulations is not applicable. Therefore it is suggested that the legislation includes a separate provision which deviates from the working time regulation.<sup>21</sup>

As one notes from above, according to the working time regulation a prerequisite for emergency work is an unpredictable event. To make provisions in the working time regulation, the prerequisite is shifted from an unpredictable event to industrial action directed at municipal health care (extract 17). In terms of positionality, such a distinction is revealing since it is simultaneously temporal and spatial. The temporal element portrays the industrial action as not having any relation to past events nor as resulting from a longer-term industrial struggle. Here the justification for changes in the treatment of core civil rights is based on a legislative measure aimed at dealing with unpredictable occurrences.

According to the nurses' unions, such a discourse on emergency work is misleading. A blog by Tehy - one of the prominent nurses' unions - underlines that there will be no strikes during an emergency or an unpredictable event. "A *force majeure* case is a

12 Tiina Karppi (2022b)

13 Valiokunnan mietintö StVM 14/2022 vp 06.10.2022

14 Ibid.

15 Valiokunnan mietintö StVM 14/2022 vp HE 130/2022 14.09.2022, p. 19

16 C029 - Forced Labour Convention, 1930 (No. 29) Article 2

17 Ibid.

18 Valiokunnan mietintö StVM (2022)

19 Ibid.

20 Idem. p. 41

21 Ibid.

prerequisite for emergency work during which emergency work will be conducted as required by law".<sup>22</sup>

Hospitals have a plan for organising during a major accident and the plan will be put into effect when necessary: the team responsible for work during a major accident follows a protocol and will arrive to work immediately, as has been agreed. Tehy emphasises that emergency work as a concept should not be used to describe a shortage of staff. Employers ought to rather admit that a chronic lack of staff in hospitals endangers patients even during regular working days.

In essence, each of the examples above depict notions of externality and atemporality regarding the relationship between the strikes and the committee's proposal. The spatial element is evident in extracts 15 and 16, which equate the strikes to a danger or an emergency. Similarly, extracts 17 and 18 seek to implant the strike in a legislative measure which is directed at unpredictable events.

In terms of spatiality, linking labour action to danger or an unpredictable event echoes Agamben's distinction between *zoe* and *bios*. To recapitulate, *bios* relates to the sphere of the political community, while *zoe* represents events taking place external to the political community. Bare life is situated in between the two, and the references evoking forced labour may well suit its parameters: by requiring nurses to work on the basis of a legislative measure, the nurses are prevented from using certain political rights. This is justified by a legal measure (*bios*) which refers to the eruption of an unpredictable event (*zoe*).

The rhetoric of the proposal emphasises the occurrence of a threat to the lives of citizens (*zoe*) rather than the staging of labour action (*bios*). Thereby, the rhetoric dislocates any processual or political implications from the strikes. By analysing the proposal through categories of *zoe* and *bios*, one notices the way the externalisation – or zoefication – of the strikes is accomplished by projecting them as external to the life of the political community: as an earthquake, a danger or an unpredictable event.

This is a significant distinction, because it reveals a relationship between the event (the strikes), the structure (the committee proposal) and the subjects (the nurses). The zoefication of the strikes is a requisite for placing the nurses into a zone of indistinction between *zoe* and *bios*. In other words, the structure constrains the event by externalising it. This allows the proposal to treat its subjects as bare life, evident in the legislative justification in extract 16, which seeks to circumvent accusations of forced labour. It becomes clear that situating the nurses in the sphere of *bare life* is founded on assimilating the strikes to the sphere of *zoe*: the externalisation of the strikes allows the proposal to justify restrictions on the nurses' political rights.

As has been demonstrated, the circumstantial premise is key for understanding how the event is positioned in relation to the structure. The subjects are externalised in relation to the state by projecting the striking nurses on an atemporal plane. Moving from a temporal sphere to locality, one can assess both the positionality of the nurses (the subjects) and the positionality of the strikes (the event). This atemporal notion is interesting, since it does not take into account the manner in which nurses' labour

unions claim that their industrial action had been made futile earlier in the same year. Below is an excerpt from a blog from Tehy, which refers to an earlier strike:

19. We at Tehy have also been asked why the central strike committee has declared that protective work will not be given this time. Protective work was given during industrial action in the spring of 2022. This was not enough for the employers. During spring, the employers required more protective workforce than there is during regular work shifts by invoking the strikes. To arrange protective work it required more workers than there are, for example, on a regular day during this summer. Minister Linden rushed in, prepared the Patient Safety Act, and with his actions watered down a legal strike.<sup>23</sup>

By focusing on the locality of the strikes, one comes across an externalisation which functions by locating the strikes at the level of an unpredictable event or a natural disaster. Such an externalisation takes place twice and it is significant that the two occurrences are evoked in order to justify drastic measures with regards to the right to organised labour action (extracts 15 and 16) and working time regulations (extracts 17 and 18).

#### FORCE MAJEURE AND STATE LEGITIMACY

An analysis of the proposal's rhetoric focuses on aspects of a specific discourse rather than competing ones. This analysis examines how parliamentarians acquire roles and relationships in relation to the committee's proposal and how this strengthens their identification with a particular discourse. The discourse is classificatory, providing forms of exclusion and inclusion related to the nurses' strike.

The parliamentary debate and the committee's proposal construct striking nurses as an external threat. One sees similarities to Roberto Esposito's immunity function of legal violence. Esposito states that law "is forced to adopt an indirect method to reach its objective, one that is only attainable through an instrument that contradicts it" (Esposito, 2011, p. 19). This contradiction justifies curbing specific rights to uphold others, exemplifying Esposito's argument that the immunity paradigm protects the political body by externalising internal threats. The nurses' strike, an internal issue, is portrayed as external. The ILO conventions' Article 2, referenced in the proposal, states that forced labour excludes work exacted during calamities, which are external threats. If strikes are seen as having similar dangers, they are portrayed as external.

According to Esposito (2011, p. 94), biopolitics sees death as "a mode or tonality" of the preservation of life. What makes the case of the nurses strike interesting from the perspective of Esposito's theory is how the response to the strikes seem to fit his notion of non-negation particularly well:

Life can be protected from what negates it only by means of a further negation.<sup>24</sup>

One could then propose that the committee proposal is an

22 Hankonen (2022)

23 Kirvesniemi (2022)

24 Esposito (2011), p. 15

immune response par excellence. The nurses' unwillingness to provide protective work during the strike is the first negation. The proposal's equating the effects of the strikes to a state of emergency is the second.

Based on the proposed analysis, how should one approach the question: how are the nurses' strikes positioned in relation to the government? I propose that the strikes are framed as paralleling *zoe*: as a calamity, a danger or an accident. This is done to justify changes with regard to legislative measures dealing with political rights. Thus, rather than seeing the development of the Patient Safety Act in terms of a responsibility to protect the citizenry, one could formulate it as a biopolitical act of legitimation. The state derives its legitimacy from protecting the body as "the absolute good" (Esposito, 2011, p. 94). This legitimisation, I propose, is grounded on the externality through which the nurses' strike is depicted.

The political rhetoric in extracts 1 and 2 highlights the responsibility of the government in relation to its citizens. This evokes the state as rightfully valuing the right to life over the right to organised labour action. This signals a value choice rather than the existence of the state as a strict and centralized power structure, which an act of legitimation is concerned with. My argument to view the Patient Safety Act as an act of legitimation is based on the committee proposal's use of agreements which make an equivalence between the strikes and an emergency (extract 14) or a danger (extract 15). Seen in light of Carl Schmitt's state of exception, the references to a *force majeure* case parallel a logic in which the state must compromise on certain civil rights in order to maintain cohesion within society.

## HEALTHCARE AS A NATIONAL SECURITY ISSUE

Is there an alternative interpretation to Agamben's approach? In Foucauldian analysis, both macro-political and micro-political elements are crucial. Foucault's view of power goes beyond the state, analysing how power circulates and penetrates it – hence the use of sovereignty and discipline in Foucault's biopolitics. Discipline, a power relation of micro-politics, circulates within the population without a central point (Collier, 2009, p. 81). For Foucault, power resides in all spheres of society: biopolitics is characterised by its ability to individualise power. This is exemplified in representative Lohi's speech:

20. My feelings are conflicted because we know that the law is resisted very broadly among nurses. Some resist the law, aware of its contents. However, most have built their understanding on the basis of the message of the law which they have been told. Within this group there are surely many of those who think that this law would prevent nurses' industrial action. This is not the case, and so it may not be. Nurses must have the same right to fight for better employment conditions ... as other professional groups. It has to be openly stated as well that not a single nurse's wage or working conditions would be improved whether or not this law is accepted or rejected.<sup>25</sup>

By implying that there are nurses who disagree with the act on the basis of false premises, and by stating that "nurses' must have the same right to fight for better employment conditions just

as other professional groups", Lohi locates authority among the subjects themselves. The nurses are responsible for misreading the legislation and, simultaneously, the legislation is seen as not affecting their capability for industrial action. In addition – and in line with Foucault's technologies of self – Lohi constructs "individuals simultaneously as subjects and as objects" (Biggs and Powell, 2001, p. 7). Nurses are encouraged to produce industrial action, but only if they are first willing to subject themselves to certain forms of knowledge, in this case a specific reading of the Patient Safety Act.

I suggest two interpretations of the strikes. Following Agamben, the strikes evoke an act of state legitimation. In other words, the nurses' strikes *challenge the government's exercise of sovereign power in managing public health crises*. Here, the committee's proposal exemplifies the right to take life as solely pertaining to the sovereign. The emphasis on sovereignty is based on Agamben's nomological approach: the proposal is seen through a top-down approach, in which the state derives its legitimacy through a strong stance.

On the other hand, one could critique such a view through Foucault's circulatory view of power. As such, the act is not a sovereign response, but rather emblematises the role of techniques of government. In contrast to a sovereign response to a public health crisis, following Foucault's emphasis on security, one could see the nurses' strikes as *challenging the government's biopolitical discourse of healthcare as a national security issue*. By highlighting a specific circulation of information, Lohi's speech hints at a biopolitical discourse in which power is dispersed. Here, one reaches Foucault's often cited acknowledgment of the relationship between knowledge and power. Lohi's reading (knowledge) of the Patient Safety Act postulates two occurrences. First, the nurses are acting on the basis of misinformation. Second, the nurses may strike but ought only to do so according to principles shared among all vocations.

In terms of subjects and objects, one could reformulate the two premises as follows: the nurses are turned into political objects by restraining their right to industrial action. Yet this is done solely due to their unwillingness to subject to a specific form of knowledge. This is the mutual reinforcement of power and knowledge. How do such discourses relate to healthcare as a national security issue?

A differentiation between a *public health crisis* and a *national security issue* is helpful. In the framework of Agamben, a health crisis relates to the sovereign's power to take life. Therefore, it is expected that the government emphasises its sovereign right to manage and impose a state of emergency. On the other hand, a national security issue – which follows from a reading of Foucault – does not highlight a form of negative repression with regards to citizens' lives but rather a productive mode of governance which adjusts for controlling individual bodies. In other words, by evoking national security, I refer to Foucault's differentiation between the (old) sovereign's "right to take life or let live" and a biopolitics which has the "power to foster life or disallow it to the point of death" (Foucault, 1976).

Moving further from the individualising spectrum, the dispersion of power is also characteristic of the practices of government

<sup>25</sup> Markus Lohi, (2022).

experts. From the perspective of securitisation studies,

before an event can mobilise security policies and rhetoric, it needs to be conceived of as a question of insecurity and this conception needs to be sustained by discursively reiterating its threatening qualities. (Huysmans, 2006, p. 7)

Interestingly, references to an external threat are distinctively more outspoken in the committee's proposal than in parliamentary speeches. This highlights the technocratic nature of securitisation practices, or "security as a technique of governing danger".

Here, the equation of the strikes with the sphere of *zoe* seems all of a sudden to exemplify the political nature of expert knowledge rather than a sovereign's right and duty to protect its citizens. Following Huysmans' framework of security practices, the emphasis lies in the production of knowledge between the nurses' strike and techniques of government rather than between the nurses' strike and the state as the sovereign. Such a distinction is important, because it provides alternative ways in which one could approach the function of the exclusionary rhetoric with regards to the nurses' strike. Seen as a health crisis, in itself, one might explain the rhetoric on the basis of a sovereign's right to protect its citizenry. However, the perspective of securitisation studies questions the framing of a health crisis in the first place. Rather, the emphasis lies on the way information circulates and, in this case, provides the imagery of a crisis, a war or a natural hazard.

This is the critique aimed at the formulation of the Patient Safety Act as an act of legitimation. The analysis references three instances of expertise. First, health care experts declared that a strike during which there is no guarantee of a sufficient provision for protective work could lead to loss of life. Second, the committee's proposal references declarations from the United Nations, the International Labor Organization and the European Convention on Human Rights in order to assimilate the strike into a *force majeure* case. Third, by equating the strikes to an unpredictable event, it is suggested that provisions could be made in the nurses' working time regulations. These instances call to mind securitising practices which are sustained by expert knowledge rather than a central sovereign which declares its sole right to govern its populus in a period of emergency.

Hence, the paper leaves its reader with two open interpretations. On the one hand, the imagery of a crisis evokes the state response as exemplifying an act of legitimation imposed by the sovereign, in which decisions owing to questions of life and death pertain solely to its sphere. On the other hand, by emphasising expert knowledge guiding the development of the legislation, one is able to pinpoint how the issue is securitised not through the central power of the sovereign but rather by complex webs of knowledge which externalise the political threat.

The two readings are emblematic of alternative views of power in the 21st century. The first follows Agamben's emphasis of a sovereign making use of the means at its disposal to highlight its sole right with regards to the right to kill. The references to an act of legitimation are drawn from here: the nurses' strike questions the sovereign right to judge matters of life and death. The second reading, however, reflects on Foucault's formulation of individualising power and governance through expertise.

Ultimately, by evoking the spheres of *zoe* and *bios*, the research demonstrates how those denied pertinence to a group reclaim their relation through the discharge itself: the banned is neither excluded nor included within the community (Nancy, 1993, pp. 36-47). By assimilating the effects of the strikes into a natural disaster (*zoe*), the state excludes the industrial action from the sphere of the political (*bios*). Yet it is precisely this assimilation which allows the state to recreate the strike as an object of politics. However, the strikes are only brought forward by highlighting their relation to a sphere outside of politics to circumvent rights pertaining to it, namely legislation dealing with forced labour and working time regulations.

## CONCLUSION

In examining the political response to the planned strikes by Finnish nurses' labour unions in September 2022, two conclusions emerge. First, the parliamentary discourse portrays the nurses as undeserving of support by disconnecting them from any temporal relationship with the state, thereby positioning them outside the realm of political consideration. This temporal displacement is complemented by the Social Affairs and Health Committee's depiction of the strikes as an unforeseen emergency, echoing Agamben's concept of *zoe* and *bios*. This positioning justifies legislative interventions, such as changes in working time regulations, under the guise of addressing an existential threat.

Second, by employing a Foucauldian lens, an alternative interpretation emerges. Rather than solely attributing power to a central sovereign, the analysis reveals power as dispersed across various echelons of society, including expert knowledge. The securitisation of the strikes, evident in the committee's proposal, is not solely an act of sovereign legitimation but also a result of complex webs of knowledge. Expert opinions, referencing international conventions and health risks, contribute to framing the strikes as emergencies necessitating pre-emptive legislative action.

Thus, two alternative interpretations emerge. Perhaps for Agamben the nurses' strikes *challenge the governments' exercise of sovereign power in managing public health crises*. For Foucault, on the other hand, the nurses' strikes *challenge the governments' biopolitical discourse of healthcare as a national security issue*. The second interpretation is a useful contrast because it highlights the role of expert knowledge in sustaining state power, challenging the earlier analysis based on a view of a sovereign which holds power centrally.

For Foucault, power resides in all spheres of society: biopolitics is characterised by its ability to individualise power. Power is all-encompassing, to the extent that there is no longer a central sovereign which maintains power. The dispersion of power manifests itself when politicians urge nurses' to re-evaluate their moral compass or voice their concern that nurses have simply misunderstood the legislative measure. This is individualising power: *you* are responsible for reading the legislation as *we* have meant it to be read ■



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