

Special Editorial

Work and worker's health: signs of the unsustainability of the current production model

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The relationship between work and health is ambiguous. Although work has its positive side on affirming the identity, as a mean of socialization and personal development, it can also pose a risk of injuries and other harms to workers. Workers on sick leave can have social and economic impacts upon the State and on society in general. The situation can be made worse due to insufficiency of public policies and surveillance.

With the first decade of this millennium over, society is faced daily with challenges and shortcomings to the establishment of public policies that are able to understand, to manage and control the risks that arise from the work environment, increasingly complex and often invisible. New ways of organising flexible production with information technologies increased the pace and make work denser and intense (Wisner, 1994). Transnational productive chains create mechanisms that transfer dangerous processes to less organized regions and societies. An example of this unpromising situation is the recent collapse of a building in Bangladesh, where textile companies operated in sub-human conditions. This was not an isolated incident and can be seen in central São Paulo, where a similar process occurs with use of semi-slave manpower to produce luxury garments for major international brands. Formal work is under constant threat of becoming precarious, due to capitalist competition which increases outsourcing, turnover or displacement of activities to different parts of the world (Antunes, 2010). The mentality of producing more with less prevails in the world: to produce faster, with bigger diversity, therefore with greater variability, more shores, more responsibility, more overtime, more night shifts, less inventories, less breaks, less people... Instead

of overcoming the contradictions of the previous Taylorist and Fordist systems, the prevailing flexible model carries the contradictions of the former production modes: quality didn't overcome the demand for quantity; the cognitive requirements go hand in hand with physical ones, the increase autonomy is accompanied by the increase of control, which is now subtler and more sophisticated with the demand of goals and competition within the teams. If on the first model the goal was to explore the body, now the brain and the soul are also explored (Ferreira, 2001; Lima, 1996). The worker, now transformed in "partner", is a paradoxical figure, isolated and impotent in face of an economic and ideological empire. This shift is, not coincidentally, the same one that tries to disqualify labour as a value of first magnitude. Seen as a cost, labour is increasingly unprotected, unregulated and put in the category of other goods (Krein, 2009). These contradictions help to explain the persistence of real epidemics of work related diseases and accidents. They arise as a result of this process and through the lack of public or social control. It is necessary to break and weaken the State and public policies to give markets more freedom. These imbrications help to explain the quarrelsome nature of the workers' health field, which goes beyond technical aspects: to face these problems means to raise the question of the unsustainable nature of this production mode as much as to highlight the importance of public policies, researches and inter-institutional extension activities, mediating tools that are strategic to the overcoming of the aforementioned inequities.

Saúde e Sociedade offers in this issue important links and insights that show the relevance of work as a social determinant of health.

Moraes et al. present the social-economic profile of migrant workers of sugar cane manual harvesting, their motivation and perception of the work impacts on health, as well as their relationship with the public healthcare system of Mendonça (SP). Among its important results, stand out the fact that 48% felt some kind of pain resulting from work

fatigue, most of them had no access to municipal healthcare services due to incompatibilities of their working periods and services' hours; this difficulty can be related with the fact that 87% of the workers self-medicates.

Silva et al. studied the convergence of the Environmental Impact Studies (EIS) with the concepts of sustainable development and worker's health in oil platforms. Through the use of indicators, they reveal the incipient convergence of these aspects and suggest the need for greater integration of worker's health concepts in the licensing of ventures.

Gomes and Esteves, whilst evaluating occupational stress, found more negative experiences on married safety professionals and on those that didn't practice physical activities, that exerted their functions out of the work environment, that worked more hours per week and the ones ranked lower in terms of professional hierarchy.

Siqueira and Couto show aspects of the doctor-patient relationship in the context of incapacity benefits assessment by National Benefits Institute (INSS) specialists and the tension between the interest of WRMSD/RSI patients and the pension laws that mischaracterize the doctor-patient relationship.

Gil-Monte and Rubio evaluate the differences between work risks' management in the province of Valencia - Spain, regarding gender differences: they show that women face more discrimination in the preventive process.

Zilloto and Berti reviewed professional rehabilitation for deficient workers, showing that research in the field is focused on three subjects: the effectiveness of professional rehabilitation programs, the limitations of incapacity assessment and WRMSD/

RSI as a major harm to workers' health. In these researches prevails a restrict visibility of these themes in the sphere of health and employment.

Diniz e Matté look into bio-safety procedures adopted by aesthetics professionals, showing the difficulties of sterilizing, the inadequacy of equipments and means of reducing contamination risks. They highlight the need for health control public policies for these establishments.

Santos et al. investigate the relationship between the practice of physical activities and commuting. They found it non-existing for the majority of commuters, showing that this is related to aspects such as family income, size of company, schooling and diabetes, and conclude that inactive commuting is high and is related to individual, social and organizational aspects.

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