

The (Counter) Labor Reform: Law 13,467/2017, a disaster for Workers' Health

One of the most perverse aspects of the law 13.467/2017¹ is the possibility of the outsourcing of all activities. This causes a reduction in salary levels, as outsourced employees earn less, have longer working hours, less employment stability and fewer rights.

Furthermore, their working conditions/processes are more precarious, as fatal workplace accidents occur more often among outsourced workers. An example is Petrobras, where there were 320 fatal accidents between 1995 and 2013, of which 268 (84%) occurred in outsourced employees, 52 (16%) among statutory employees, and where the annual rate of fatal workplace accidents among outsourced workers from 2000 to 2013 was 8.6/100,000 accidents occurred and 5.6/100,000 among statutory workers².

In public health services, by allowing the outsourcing of essential services, the law enables the outsourcing of Public Health, a mechanism for dismantling the Unified Health System opening up the possibility for its privatization, which effectively impinges upon the core of the social/democratic State, which is concomitant with the depreciation of the value of civil servants.

As for the workday, which was previously 8 hours per day, with the possibility of 2 hours overtime and a total duration of 44 hours per week, it was changed to a 12- to 14-hour workday, without overtime payment, with a total of 48 hours per week. This, in addition to higher turnover, the establishment of goals and encouraging competition, undermines solidarity in the work environments. This reality has been associated with an increase in mental health problems and psychological harassment^{3,4}.

Vacation time previously taken at the workers' choice can now be divided into up to three periods: none of them less than 5 days; one being longer than 14 days. They cannot be two days before a public holiday or on a day of paid weekly rest. The time taken to get to work in transport paid by the company according to the Consolidated Labor Laws (CLT) counted as hours of work, though this is no longer the case. All of these changes increase the workload and health burnout.

The work of pregnant women, which was prohibited in unhealthy locations, will now be permitted by means of a medical certificate that authorizes same, with potential impacts on the health of the unborn child.

The law also deals with the trade union contribution which, under the CLT, was compulsory and now becomes optional, affecting the financial sustainability of unions and making it difficult to support the workers' collective lawsuits. Even though the union contribution was a nefarious legacy of the Getulio Vargas era, its sudden suspension weakens trade union action in its fight to defend workers vis-à-vis the companies, strengthening the implicit intention of the law that clumsily advocates that which is "negotiated prevails over that which is legislated."

In the final analysis, the (Counter) Reform's impacts on workers' health will result in: an increase in unemployment and casual work; more work-related accidents and disabilities; greater health burnout with increased work-related mental illnesses; greater demands on the Unified Health System (SUS)* due to the precarious working conditions and environments.

Thus, the responsibility for illness, which should fall to the business owners, due to increased job instability, will be assumed by society as a whole!

Francisco Antonio de Castro Lacaz¹

¹ Escola Paulista de Medicina, Universidade Federal de São Paulo. São Paulo SP Brasil.

References

1. Brasil. Lei 13.467, de 13 de julho de 2017. Altera a Consolidação das Leis do Trabalho (CLT), aprovada pelo Decreto-Lei no 5.452, de 10 de maio de 1943, e as Leis nos 6.019, de 3 de janeiro de 1974, 8.036, de 11 de maio de 1990, e 8.212, de 24 de julho de 1991, a fim de adequar a legislação às novas relações de trabalho. *Diário Oficial da União* 2017; 14 jul.
2. Lacaz FAC. Continuam a adoecer e morrer os trabalhadores: as relações, entraves e desafios para o campo Saúde do Trabalhador. *Revista Brasileira de Saúde Ocupacional* 2016; 41:e13.
3. Antunes R. *O privilégio da servidão: o novo proletariado de serviços na era digital*. São Paulo: Boitempo; 2018.
4. Seligmann-Silva E. O Campo da Saúde Mental Relacionada ao Trabalho (SMRT). In: Seligmann-Silva E. *Trabalho e Desgaste Mental: o direito de ser dono de si mesmo*. São Paulo: Cortez; 2011. p. 33-114.