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## Neoliberal society, safety and health at work

### Sociedade neoliberal, saúde e segurança no trabalho

Consistent evidence has countered the widespread idea about the inexorability of suffering, illness or death in work-related circumstances. Getting infected by respiratory viruses or injured by sharp instruments while providing healthcare; developing nodules in vocal folds when the voice is a work tool in schools or communication companies; walking with difficulty due to the progression of neuropathies related to exposure to pesticides applied in agriculture; quitting a job as a driver due to trauma after an armed robbery episode; and even losing one's life buried in the rubble of mining rocks, among many other situations, are avoidable events because they are predictable<sup>1</sup>.

There is substantial evidence of association between these events and unhealthy and unsafe work environments. It is known that individuals die younger or have worse health according to the conditions under which they work<sup>2</sup>. Handling of chemical substances, noisy machinery and equipment, excessive demands, and autonomy restriction increase the prevalence of physical and psychological symptoms<sup>3</sup>.

In recent years, people have been forced to work more hours a day, even though they are inserted into processes with high technological increment<sup>4</sup>. The self-employed workers' universe has expanded, sometimes they are linked to more than one company, sometimes hired to perform services through mobile applications (Apps) programmed by algorithms<sup>5</sup>. Inscribed in the scenario of labor deregulation, under Labor Law<sup>6</sup>, this type of digital production has not eliminated occupational unsafety. Instead of having their income and consumption expanded and more autonomy in their labor tasks, the majority of those who depend on work to survive, faced low income, overload, and social humiliation<sup>7</sup>.

The introduction of new tools, products, and other forms of work has generated new problems without solving the old ones. Therefore, it is not sustainable to solely attribute suffering, illness, and death to deficiencies in the incorporation of technology. On the contrary, the causal and related processes of this problem are the result of economic rationality, "the new reason of the world," according to Dardot and Laval<sup>8</sup>.

*Neo* (new), *liberal* (free from government intervention) – neoliberalism – refers to the macroeconomic doctrine that extends the premises of classical liberalism of the seventeenth and eighteenth centuries, as developed by Jeremy Bentham, John Stuart Mill, and Adam Smith. In brief, the preservation of individual freedom in a free society, from the neoliberal perspective, requires a competitive market without government impediments. In the 1940s, the Austrian Friedrich von Hayek argued that governments should not interfere with markets, claiming that the economy is too complex to be controlled<sup>9</sup>. These authors considered these principles fundamental to achieve human well-being and progress, underlie the 1990s "Washington Consensus": a historical milestone of neoliberal society<sup>10</sup>.

Almost 40 years of policies based on neoliberal ideals led to the economic crisis of 2008. Recession and austerity programs deepened social inequalities, including health inequalities, in most countries<sup>11,12</sup>.



Starting in the 1970s, in the context of competition and the struggle for markets, broad productive restructuring and progressive replacement of typical employment by other types of labor contracts were put into practice. In recent decades, deindustrialization, which characterizes the global economy under financial capital's supremacy, intensified this trend. The number of atypical jobs and unemployment rates generated a widespread perception of insecurity, whose relationship with worse health outcomes has been evidenced<sup>13-15</sup>.

While expressing a kind of rupture with the Fordist model, productive restructuring was the capitalist strategy to reduce costs and ensure domination through the reconfiguration of the labor management model<sup>10</sup>. The principles of the initiative and responsibility embedded into the workers underlie the domination format consistent with neoliberal thinking, effectively driving labor intensification. The consequences, instead of the satisfaction and expansion of leisure time promised by Hayek's followers, were the growing exposure to more or less veiled forms of intimidation, violence in the work environment<sup>16</sup>, and gender segregation in the occupational structure<sup>17</sup>. In short, the diminishing room for political action, once labor unions actions had been weakened and the responsibility to produce more, in shorter time and with improved quality, was transferred to workers, have added new layers to the current stage of capitalist accumulation<sup>11,12</sup>.

In Brazil, pension, union, and labor reforms were implemented. In terms of the latter, under Law No. 13,467 of July 13, 2017<sup>18</sup>, the so-called "labour deregulation" altered or revoked more than one hundred articles and paragraphs of the 1943 Consolidation of Labor Laws (CLT), in addition to others that were created. Employers were authorized, for example, to work out different arrangements in employees' time organization. Modifications of key definitions in the field of contractual relationships, such as the bank of hours, as well as the expansion of the duration of partial workdays, have been introduced and regulated<sup>6,19</sup>.

Investigations based on knowledge of the produced changes are desirable. The neoliberal doctrine is not a self-sufficient and monolithic entity. However, it is important to remember that adverse health outcomes have already been observed in this context, which are the results of inequality and insecurity<sup>20</sup>. It becomes a challenge to think about when, where, and how the economic, political, and cultural vectors intersect to produce health outcomes.

Celebrating its 50 years of existence, the *Revista Brasileira de Saúde Ocupacional* will continue to foster debates in the face of rapid and intense changes in work and employment. Efforts will be expanded to publish results on the impact, intervention, formulation, and evaluation of public policies focused on the workers' health promotion.

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