

## Workers' Health as Human Rights: Time for change!

*Saúde do Trabalhador e da Trabalhadora como Direito Humano: tempo de mudança!*

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**ABSTRACT** The text proposes a critical reflection on the health of workers as a human right, highlighting the 5th National Conference on Workers' Health as a milestone for change. It points out the insufficiency of current policies in the face of structural violence in the workplace, revealed daily by accident and disease data. It criticizes narratives that prevent the State from effectively confronting the issue and advocates the integration of identity struggles. It proposes new legal frameworks and the continuation of the post-conference debate, under the motto 'the 5th continues'.

**KEYWORDS** Occupational health. Human rights. Health conferences. Work. Paradigmatic transformation.

**RESUMO** O texto propõe uma reflexão crítica sobre a saúde do trabalhador e da trabalhadora como direito humano, destacando a 5ª Conferência Nacional de Saúde do Trabalhador e da Trabalhadora como marco de mudança. Aponta a insuficiência das políticas atuais diante da violência estrutural do trabalho, diariamente revelada por dados de acidentes e doenças. Critica narrativas que impedem o enfrentamento efetivo do Estado e defende a integração de lutas identitárias. Propõe novos marcos jurídicos e a continuidade do debate pós-conferência, sob o lema 'a 5ª continua'.

**PALAVRAS-CHAVE** Saúde do trabalhador. Direitos humanos. Conferências de saúde. Trabalho. Transformação paradigmática.

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## Situating the 5th CNSTT

The 5th National Conference on Workers' Health (5th CNSTT), whose theme is 'Workers' Health as a Human Right', has been perceived as a strategic opportunity for the consolidation of the area of Workers' Health (ST), within the scope of public health policies, in a different way from those that today prove incapable of facing the tragedy of the world of work.

Following the example of the historic role played by the 8th National Health Conference (CNS) and the 1st National Conference on Workers' Health, both held in 1986, when the proposal for structuring and institutionalizing the Unified Health System (SUS) was made, the 5th CNSTT, to be held in August 2025, can be considered paradigmatic in the area of Male and Female Workers' Health (STT), in terms of recognition as a Human Right (HR).

Distinguishing itself from the previous 2nd, 3rd, and 4th Workers' Health Conferences, held in 1994, 2005, and 2014, respectively, the 5th CNSTT should be understood as having an opposite character, centered on concrete, defined, and tangible objectives toward shifting paradigms in the field. The three predecessor conferences had as their main outcomes affirmative and reaffirmative propositions of their institutional identity and mission.

The innovation of bringing the area of Occupational Health into the essential core of public health, established by the 1988 Federal Constitution (CF/88), in its art. 200<sup>1</sup>, established previously unknown and even unprecedented responsibilities for the health field. The innovation of bringing the area of Occupational Health into the essential core of public health, established by the 1988 Federal Constitution (CF/88), in its art. 200<sup>1</sup>, established previously unknown and even unprecedented responsibilities for the health field. Confined to the state social security and labor apparatus, for decades the issue of health in the world of work had its unequivocal mission recognized as having the State public health apparatus as its most adequate and appropriate shelter<sup>2</sup>.

The unprecedented task of following the Citizen Constitution, as in other areas of social policies, was arduous and continues to be, especially due to its nature of confrontation with the economic power hegemonically housed in political power, notably in the parliaments of the federative spheres.

For this reason, the three previous conferences, by their very nature as foundational for the STT field, ended up becoming repetitive successions of guidelines and proposals for specific changes arising from disagreements regarding conceptual, ethical, legal, institutional, epistemological, operational, and many other meanings. Another relevant aspect is the fact that the conferences are an estuary of demands confined and repressed by the State in addressing issues of violence, neglect, abandonment, malfeasance, and omission in the world of work, to the detriment of health and life. Conferences are voices that repeat the same stories for the same causes with new victims. Indeed, the fact that the conferences are propositional, by virtue of Law No. 8.142/1990<sup>3</sup>, which institutes them, limits their capacity for immediate transformation.

The 5th National Conference on Workers' Health has an ideal objective image. It should be a turning point between the prescription of hundreds of ineffective guidelines with no means of evaluating whether any of them are being met, as opposed to a very short list of three to six Social Control demands, so that the STT can truly formulate the defense of life and health at work as a human right<sup>4</sup>.

These characteristics, although summarized here, always end up touching on the contradictions of the Brazilian state apparatus itself when dealing with the STT.

This is not what is expected of the 5th CNSTT. Just as something beyond the seven previous national health conferences was expected, the 8th CNS brought us the most inclusive and generous public policy of all we have in Brazil. This is what we want

with the 5th: to revive a historic milestone that honors us.

The political time to translate popular aspirations into objective rights is always lagging behind the urgent need to achieve social justice through the law. Conferences end up successively reaffirming their aspirations, hoping to objectify them through the opportunities that Brazil legally and officially offers to listen to the community regarding the STT. It is in this sense that the proposal to conceive of the STT as a human right represents the opening of a paradigm shift distinct from previous ones.

Aiming as a central theme a distinct and predominant legal status recognizing the health-work relationship – the Human Right –, the conference's proposal reveals a new perspective from the community on the topic.

Strictly speaking, what we should expect from the 5th CNSTT, as a paradigmatic shift, is to open up debates regarding the field of STT itself, the errors and deviations committed in its institutionalization, the conflicting issues within the state apparatus, the legal inadequacies in implementing changes, and other dilemmas that prevent a confrontation with the dramatic epidemiological situation in the world of work. However, this cannot be exhausted within a four-day conference.

Health as a human right in the world of work must be recognized as a project. The 5th CNSTT could be an invitation to join a project to change the world of work. Sergio Arouca said that the Unified Health System (SUS) was more than a health issue. It was a civilizing project for the country. We believe that the 5th CNSTT can and should address a civilizing project for the world of work—and, who knows, perhaps stem the barbarity of workers dying while building their country.

The health conference debates are vibrant demonstrations of a society alive, engaged, and outraged by injustices of various kinds. In the case of the 5th CNSTT, the areas of reflection and debate are: I) National Workers' Health Policy (PNSTT); II) New Labor Relations; and III) Popular Participation for the Effective

Implementation of Social Control. Considering the STT as a human right, each of these areas and all their resulting issues will require profound reflection from a new perspective. The conference space, in this sense, should be a trigger for developments. For the 5th CNSTT to achieve its goal of turning the tide, it can never be an end in itself. It is only the beginning. A 5th in motion is expected...

## The drama of the world of work and its absences

Social Security data highlighted in Aguiar and Vasconcellos<sup>5</sup> and Vasconcellos and Aguiar<sup>6</sup> reveal that, between 1988 and 2011, more than 80 thousand deaths from work accidents were recorded; while in the same period, more than 360 thousand permanent work incapacities were recorded.

Data from the Occupational Health and Safety Observatory of the Public Ministry of Labor (MPT) and the International Labor Organization (ILO) confirm this scenario, revealing that, in a period of 10 years (between 2014 and 2024), only for formal workers with a signed employment contract, there were more than 7 million work accidents, and between 2012 and 2024, more than 2 million under-reported cases were estimated in the country<sup>7</sup>.

The Fundacentro Epidemiology and Statistics Service, based on data from the Social Security Statistical Yearbook of Occupational Accidents, estimates that approximately 83 workplace accidents occur per hour in Brazil, and 2,007.54 per day, totaling 732,751 cases<sup>8</sup>.

Also, from 2012 to 2024, 29,963 deaths were recorded at and related to work. This means that in Brazil, every 3 hours and 48 minutes, a worker does not return home after a day's work<sup>7</sup>.

The most recent ILO data also reveals that, worldwide, a worker dies every 15 seconds from an accident at work. This is the 'law' that governs the world of work; and to repeal it, it is urgent that worker health be effectively considered a human right<sup>9,10</sup>.

The costs of disability pensions due to workplace accidents, death pensions for those injured at work, accident benefits, and sickness benefits are no less staggering, totaling R\$430.2 billion from 2012 to 2024 alone. Therefore, the data demonstrates that the tragedy affecting the health of Brazilian workers is a serious public health problem<sup>7</sup>.

Informal work represents a significant portion of the Brazilian labor market. According to data from the Continuous National Household Sample Survey (PNAD Contínua) by the Brazilian Institute of Geography and Statistics (IBGE), Brazil recorded approximately 39 million informal workers in 2023, equivalent to approximately 39% of the country's working population<sup>11</sup>. This number includes workers without formal employment contracts, self-employed workers without a National Registry of Legal Entities (CNPJ), and auxiliary family workers. Informality is often related to low education levels, lack of social protection, and precarious working conditions, and is more common among the economically vulnerable segments of the population.

As alarming as these data are, depending on the listener or reader, they can mean something or nothing. Numbers are only considered when someone considers them. Our experience with the STT is that the people who should be considering them are scattered, camouflaged, hidden, disguised, or who knows where. They are responsible for the tragedy, sometimes by helping to cause it, sometimes by not doing enough to prevent it. SUS managers who are bothered by the 'impertinence' of selfless individuals who blame local economic power for the tragic scenario in the world of work are financed by this same power in successive election cycles. Professors in the field of health-work relations who continually train thousands of professionals to work in the world of work reproduce the same normative and pedagogical content that changes nothing and only maintains the tragedy of health in the workplace. STT researchers, especially in the

field of epidemiology, who invariably dismiss the work category as the essence of violence and the mechanisms of social determination of health; managers and even professionals from the National Network for Comprehensive Care for Workers' Health (RENASTT) who often contribute to the mummification of a situation that appears immutable.

It's sad to note that the STT field has spokespersons whose voices aren't the ones needed to be heard. Professionals in health-care, labor, social security, the judiciary, the executive branch, and, especially, Parliament are complicit in this tragedy. When discussing the theory, it's unnecessary to point out the exceptions that exist—and there are many. We know what they are. Just look at the last 35 years in Brazil, since Law No. 8,080/1990 introduced the ST, and, apparently, few people saw it<sup>10,12</sup>.

While much progress may seem to some, reality clearly shows it was insufficient.

There are many 'absences' throughout the tragedy. In addition to a negligent and careless government, a piling up of epidemiological data over the years generates information but fails to generate interventions to the same extent. In SST services, there is often an exaggerated enthusiasm for collecting and analyzing information on what is Brazil's largest epidemiological catastrophe, but there is not even the same enthusiasm for finally taking action on the causes to address the problem.

The sanitary surveillance that does not assume the health-work relationship, in all productive sectors of the Country, in its norms, resolutions and practices, is one of the most serious of these inexplicable 'absences' even though the CF/88 affirms its mission. Prevarication? To be seen in the debates to come<sup>13</sup>.

RENASTT, due to its methodological inadequacy, the 'lack' of deep and inseparable coordination with social control, and the chronic 'absence' of a continuous surveillance process, is an additional obstacle to the broader area. However, considering the unequivocal

institutional responsibility of RENASTT and its Workers' Health Reference Centers (CEREST), the nearly 230 CERESTS in Brazil could be the harbingers of this shift. Even so, is it possible to consider this? Is there a shared slogan for change? Not yet, but it could be. Therefore, promoting a 5th CNSTT for something, at the very least, revolutionary, transformative, or any term that represents 'this is a turning point!' is imperative for all those—professionals, activists, and workers—committed to the Workers' Health Reference Center and eager for change.

Reflecting on STT as a human right requires rethinking institutional and operational shortcomings and rethinking the area's configuration within the state apparatus. To this end, the 5th CNSTT must constitute the trigger for a process: the 5th must move forward...

## STT como direito humano – uma tese

The abundant literature on human rights, both academic and non-academic, national and international, contrasts with the scarcity of texts that specifically address STT as a human right, considered as such symbolically and legally. When they explicitly refer to the motto 'worker's health is a human right', the texts invariably resort to explanatory terms such as 'decent work', 'safe work', 'healthy work', and others. Indeed, in the 2030 Agenda, 'decent work' is described as one of the Sustainable Development Goals<sup>15</sup>. It is interesting to note that the expression 'decent', whose significant opposite is 'indecent', has become established as a term capable of pointing the way forward, without even addressing the possibility of raising the legal standard and changing the symbolic representation of health in the world of work. Without any change, the expression championed by the ILO recalls Giuseppe Tomasi di Lampedusa's phrase in his novel 'Il Gattopardo' (The Leopard):

'something must change for everything to remain as it is' (freely translated)<sup>16</sup>. The expression 'decent work' offers nothing in the way of change.

There seems to be a trivialization of the idea of health as a human right in the world of work. The Universal Declaration of Human Rights (UDHR) itself, in the five instances in which it refers to work (Articles 23 and 24)<sup>17</sup>, proposes guidelines that, at the time, were already included in labor rights, including in Brazil. Another aspect that is often observed is the analogy with the issue of health in general, which, in the Brazilian case, is considered a fundamental right—and indeed it is! However, this does not grant health in the world of work the title of human right. The very idea of a constituted right, whatever it may be, confers upon it the idea of being fundamental—based on what it proposes. Therefore, all rights applied to health in the workplace are fundamental, but they lack the meaning of human right with the scope to change the fearsome scenario of the world of work.

Human rights in the world of work will be considered when workers subject to its conditions are compulsorily considered in their subjectivities, singularities, and identities and, symbolically and legally, become holders of an untouchable humanity, shielded from any attempt to dehumanize their citizenship. Human rights are, above all, a positive right that guarantees the human condition of individuals in all its nuances. In the world of work, the humanization of individuals is notoriously rare. To this end, the scope of the law must be broadened...

Regarding the employer's basic obligations to guarantee the worker's right to health, he must comply with all normative prescriptions on the subject, whether they are in the Constitution, in infra-constitutional laws, in regulations, in so-called collective standards, or in provisions of an international nature, such as treaties, conventions and recommendations<sup>18</sup>.

In addition to all current legislation, which is commonly used and is known to be incapable of stopping the dramatic epidemiological situation, two assumptions are evident:

1. The existing law needs to be profoundly improved, precisely contrary to what was observed with the recent labor and social security reforms, with a clear loss of rights for the working class<sup>19,20</sup>.
2. The existing law needs to be overcome with an integrative legal system focusing on human rights, as mentioned above, a fact that is already observed, for example, in the actions of the Brazilian State regarding slave-like labor and child labor.

In this line of argument, we situate the thesis of STT as DH based on some topics: 1) Overcoming the Insufficiency of the Law in Place; 2) Symbolic Representation; 3) Intersectional Agenda of Social Movements; 4) Field and issue of workers' health; 5) Raising the legal level<sup>9,21</sup>.

### **Overcoming the insufficiency of the law in place**

Since the Industrial Revolution, the main regulatory law for health in the world of work in most countries, including Brazil, has been so-called Labor Law (DT). Inspired and encouraged by the capitalists themselves at the dawn of English factories, DT emerged as a regulatory factor in the face of the threat of compromising the very reproduction of the working class, given the unhealthy and inhumane conditions of the new economic-factory order.

The DT, while appearing to be a rule for workers' health care, conceals its nature of transforming people into things. Alain Supiot asks of labor law: "What would be the legal status of the body of a worker involved in an employment relationship?"<sup>22</sup>. It seems unequivocal that the right to one's

body is a human right, whose legal status is superior to the DT.

In the 20th century, with the creation of the ILO, the monopoly on health in the world of work, strangely, came to be located within the state apparatus of labor, industry, commerce (and related sectors) in capitalist countries, including Brazil. The economic motivation in the post-World War I period is well documented<sup>2</sup>, and despite the ILO's achievements in regulating the world of work, its economic-labor motivation is not included in the order of human rights. During this period, social security law was added, which, in the area of occupational health, took the place of financially compensating those excluded by illness, accident, disability, and death. Of course, within the economic-labor binomial, its guarantee as a right exists only with payment to the working class. In this case, it is quite clear that one cannot speak of human rights for those who do not pass through the counter. The addition of new legal systems is imperative.

Other rights, especially in the Brazilian case, which today affect the health-work relationship, such as health law and environmental law, in the way they exercise their normative, institutional and operational capacity, are not capable of adding satisfactory values for change.

No established right escapes the rule of rights favorable to capital and bosses – the right of unequal relations; the right of those who command and those who obey; the right of blackmail of those who buy over those who sell labor force; the right of obligations [...] <sup>23</sup>.

### **Symbolic representation**

The idea of a desired human right, to be applied to the health-work relationship in the world of work, must necessarily displace the symbolic representation, already incorporated by the working class, that the right they need (desired) is the DT—which is already



established. This is a debate to be inaugurated at the conference, but only its continuation will be able to deepen the issue. Therefore, we advocate that the 5th CNSTT be merely the beginning of the change.

The very term 'human rights', depending on the context in which it is used, is reviled, as we are accustomed to hearing, "*defending human rights is defending criminals*". Governments that are openly xenophobic, racist, and homophobic—such as several countries today, especially the United States—disregard it and attempt to deny recognition within their own legal systems.

When we speak of the inclusion of human rights as a symbolic representation, what is at stake is the counter-hegemonic stance toward contractualist law (labor-social security). The buyer-seller relationship of labor power is constituted by an intersubjective interplay of interests that ordinarily implies the capture of the seller's subjectivity by the buyer (the capital holder). The contract mediates intersubjective relations, but its authorship inevitably bears the mark favorable to the contracting party. The change in the legal framework of worker's health as human rights enables a rebellion against the symbolic violence inherent in the capture of subjectivity. Recovering the identity of the subjectively captured worker is only possible through a change in symbolic representation<sup>24</sup>.

The shift from the worker as an object to a subject possessing an inviolable human rights makes it possible to deconstruct the culture of victim-blaming and self-blame. The symbolic expression "*I am to blame for my accident and illness*" is superimposed with "*I am being disrespected in my human rights as a worker*".

The blaming of workers, victims of illness, suffering, and death in the world of work, could be compared to the blaming of victims of racism for their race, victims of gender-based violence for their gender, victims of slave-like labor for their enslavement, and victims of child labor for being children and having to work.

Insults, discrimination, threats, contempt, mockery, and persecution are some of the forms of moral harassment that cannot be resolved by established rights. Harassment management itself<sup>25</sup> is a topic for the STT as a human rights issue in the discussion of work organization in the capital-labor conflict arena.

The simulacrum of representation in the creation of false symbols in harassment management is common—obedience, docility, and silence to maintain employment; promises of salary increases, bonuses, and advancement based on merit; and, worst of all, the co-optation of some workers to exercise (false) power over their peers (introjection of the oppressor by the oppressed), as Paulo Freire would observe. Another example of STT as human rights is its symbolic representation in overcoming defensive strategies<sup>26</sup> as specifically targeted solutions to shield mental suffering.

The significant importance of considering workers' health with clear and explicit symbolism that it is a human rights issue offers many possibilities for practical application. On the union agenda, this means changing the forms of union negotiation. Collective agreements and contracts will necessarily discuss harassment management and its implications and will be tied to new legal systems. The very camouflage of class inequality, instituted by tripartism, loses some of the hegemony of the State-Employers alliance to the detriment of the working class. The State, in its false tripartite neutrality, as occurs with child labor, slave-like labor, and cases of racism, homophobia, ableism, misogyny, among others, in the world of work, is called upon to take a stand and act effectively in favor of human rights, even if it contradicts its alliance with economic power.

Other symbolic aspects include the unmasking of the farce of teaching in the fields of occupational medicine and health (doctors, engineers, nurses, technicians), which, in its pedagogical content, considers workers as mere objects subject to rules, lacking autonomy, identity, active voice, and humanity.

Teaching in this field is a breeding ground for victim-blaming. According to this logic, workers are negligent, inexperienced, and reckless, suffering accidents, falling ill, and dying because they “*don’t follow the rules*”. This is the case with the Specialized Services in Safety Engineering and Occupational Medicine (SESMT) teams under company command.

## Intersectional agenda of social movements

The achievement of STT as a human rights issue depends on a combination of factors, but the appropriation of the cause by unions and social movements is its structural foundation. The alliance between class struggle and the fight for human rights serves unionism as a strategy to emerge from isolation, especially after labor reform and the precariousness and flexibilization of work. The union’s connection with identity issues contributes to the inclusion of labor in the community space, in the solidarity economy, in strategies of struggle and resistance, in local solidarity actions, in cultural expressions, and in the recognition and sharing of identities for the same cause. Laid-off, disabled, and retired workers from the union ranks themselves circulate in spaces where the only legal system capable of accommodating them is that of human rights. As early as 2005, Antonaz and Lopes observed that it was necessary to look beyond unions<sup>27</sup>.

Affected by their work, without traditional legal coverage, they were at the mercy of isolated, erratic, and rarely successful initiatives. We know so many of them... disabled by Repetitive Strain Injuries and Work-Related Musculoskeletal Disorders (RSI-WMSDs); leukopenia in the steel industry; sickened by asbestos, mercury, silica, Cesium 137, radioactive substances, benzene, aluminum, and pesticides; as well as those displaced by environmental crimes—mining, hydroelectric dams, deforestation, gold mining, agribusiness, and refineries... And these victims remain, seeking justice.

However, intersectionality depends on social movements incorporating the health-work relationship as a relevant category in their daily struggles to achieve STT as a human right. Despite some recent achievements in identity-based issues, the world of work seems to still be lacking in its systematic violation of human rights. Many workers suffer insults, slander, defamation, persecution, and various forms of harassment related to their work activities without their racial, gender, or other identities being made explicit. Although some of these violations stem from stigma, prejudice, and discrimination, their verbal expression is often intentionally camouflaged to avoid more explicit crimes against human rights. Why not consider the objectification of workers—their dehumanization—and the expropriation of their identity as builders of the country as violations of human rights?

Class struggle and identity struggle are sisters against oppression, discrimination, and social and economic injustice. Why, as sisters, don’t they walk together?

## Field and issue of workers’ health

A thought-provoking analysis by Diego Souza<sup>28</sup> establishes the distinction between the field of ST and the issue of ST.

On the one hand, the field of ST, with its action limited, subject to the rules of a state dominated by the neoliberal economic bourgeoisie; by an agrarian elite persistently enslaving; by a state institutionality permeated by representatives and spokespeople of the ruling class, including within the ST network itself; and by an academy largely dedicated to producing knowledge, in ST, bearing the mark of neoliberal productivism, colonized and conservative, of the employers’ ideology regarding the world of work. In other words, as the author emphasizes<sup>28</sup>, the field uses ‘scientific concepts from old paradigms...’ and we might add that they do not advance concepts that could pave the way for those who aspire to a different future.



On the other hand, the ST's slogans are a rupture with the current model of development and society; the reinstatement of working-class hegemony in the class struggle; the profound transformation of the world of work; and, ultimately, the emancipation of the working class. To achieve this, the ST must renew its starting ideology and broaden its horizons.

The phrase we've become accustomed to hearing—*“health is not a commodity”*—in the case of the health-work relationship, highlights that the commodity is the worker's body. If the classic exchange between labor force and wages is an exchange of commodities (things), the worker's body becomes the thing in the form of labor force. Sometimes, it even becomes a thing when it lies ground up by a machine. However, if the body is a ‘thing’, the law governing the ‘thing’ must be human rights, because the ‘thing’ is a human being. The employment contract cannot be exclusively an unequal relationship between the exchange of things when life is at stake. Looking at the field and the issue at hand is a better understanding of the STT as a human rights law.

## Elevation of legal categorization

The Federal Constitution of 1988<sup>1</sup> mentions the term ‘right’ 207 times, and the term ‘human rights’ only 7 times, once in the transitional provisions. None of these 7 mentions labor, nor does it refer to ST as a objectively human rights measure. In the Federal Constitution of 1988, the closest we have to punishing accidents and death at work is section 28 of article 7: “insurance against occupational accidents, to be paid by the employer, without excluding the compensation to which the employer is obligated, when the employer is guilty of willful misconduct or negligence”<sup>1</sup>. The compensation provided for in this article is rarely used, which is surprising given the dramatic epidemiological situation in the area.

Let us note that, constitutionally, even in the case of an employer's intent in a fatal accident, their liability for the crime is compensatory.

The worker's dead body reiterates the idea of a commodity in the health-work relationship. Demanding recognition that illness, accidents, suffering, and, especially, death at work be elevated to the category of human rights implies raising the employer's level of liability.

This is not about creating punitive courts in the world of work. It is about establishing a liability that has no basis in the Federal Constitution of 1988 itself and, therefore, in the subordinate legislation that has been enacted. The Penal Code itself (art. 132 - Exposing the life or health of another to direct and imminent danger)<sup>26</sup> ends up being indirectly relativized and not applied in the world of work, as we have observed in daily practice. Just as constitutional provisions and the Penal Code are not sufficient for exemplary accountability for racism, domestic violence and homophobia, for example, requiring specific laws and jurisprudence (Racism Laws, 1989, and Law No. 14,532, 2023, which classifies racism; Maria da Penha, 2006, and Sinal Vermelho, 2021)<sup>29-33</sup>, the ST, in order to be elevated to the status of DH, requires some type of additional legal responsibility beyond the traditional normative provisions.

## Concluding to continue with the 5th CNSTT

We propose, more immediately, some feasible actions that will depend on the thousands of professionals, activists, and workers from the various institutions that work in this area (established in public health), in the field (disseminated in training spaces), and in the issue (cross-cutting the working class—its organization—and the constituted powers of the State). Always with the motto of STT as a DH, we propose the creation of Intersectional Fronts for Workers' Health as a Human Right, linked and/or associated with the CERESTs, universities, and parliaments at the federal level.

The General Coordination of Occupational Health Surveillance (CGSAT) is currently located within the Department of

Environmental Health Surveillance and Occupational Health (DVSAT), part of the Secretariat of Health and Environmental Surveillance (SVSA) of the Ministry of Health (MS). Its current hierarchical position may limit its ability to respond to the complex and multifaceted challenges of STT in Brazil.

Elevating the CGSAT's hierarchy—for example, to the level of a department or secretariat—would bring significant benefits in terms of both autonomy and effectiveness in public policy management, given that health surveillance alone cannot address the complexity of the field, much less the issue of ST. This would, therefore, allow for greater decision-making power, budgetary capacity, and intersectoral coordination with other areas of government, such as the Ministry of Labor and Employment, Social Security, regulatory agencies, and federative entities.

It should also be considered that ST is a fundamental component of the SUS and health surveillance, requiring a structure with technical and political capacity proportional with its complexity. Excessive subordination to broader structures can dilute the specificities of the area and hinder the implementation of targeted actions.

Therefore, we propose the hierarchical elevation of the CGSAT, not only for administrative reasons, but also as a strategic step to strengthen the SUS and ensure the good execution of Brazilians STT public policies, in a more effective, autonomous and articulated manner.

With the 5th always in motion, we propose the creation of 'Itinerant and Permanent Seminars on STT as a DH Issue', promoted interinstitutionally, under the coordination of the CGSAT/MS. The seminars held in all regions of the country should include, at a minimum, the participation of the CGSAT/MS; and at the local level, participation by the CERESTs, the Intersectoral Commissions on Workers' Health (CISTT), social oversight, Intersectional Fronts, public universities, and the local parliament. We propose that

these seminars be officially established and held permanently and periodically in each region/state of the country. Their objective is to provide ongoing training for CERESTs/CISTTs, encourage surveillance in STT, create and support Intersectional Fronts, negotiate with parliament for public hearings and the creation of Fronts, establish institutional partnerships with public universities, and provide an arena for debate on sensitive and controversial topics.

Among the sensitive issues that need to be addressed to achieve STT as a human right, we highlight some:

1. Corporatism on the part of the Ministry of Labor and Employment, which insists on trying to impede the effective performance of the SUS as a surveillance agency in the world of work<sup>34,35</sup>;
2. The prevarication of the National Health Surveillance Agency (ANVISA) in failing to assume regulatory responsibility for Occupational Health Surveillance (VISAT)<sup>13</sup>;
3. The social security expert review of workplace accidents and its obstinate denial of workers' rights;
4. The defocusing of the health-work relationship on public agendas regarding sustainability, climate change, energy changes, and related issues<sup>5</sup>;
5. The distortion by sectors of the SUS itself of the constitutional concept of STT, as a public health policy, confusing it with the private contractual relationship (employer-employee) of managing the work of SUS workers<sup>36,37</sup>.

As long as workers' health training remains precarious, hindering understanding of its historical, conceptual, ethical, symbolic, legal, institutional, epistemological, operational, and, above all, humanistic meanings, we will

have difficulty considering STT as a human right. Therefore, these and other sensitive issues must be addressed, not in the limited time of a conference, but through the legacy it can leave. The 8th CNS lasted five days (March 17-21, 1986), and it has brought us here now, persisting, shouting, and fighting for the health of workers as a human right. We will not falter because, from the 8th CNS, we learned that health is the absence of fear; and from the 5th CNSTT, we will learn that health in the

world of work will be a human right. The 8th is within us. The 5th will be too.

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