

# Editorial

This issue of *Saúde e Sociedade* features articles covering health concerns that are undoubtedly and intrinsically social, such as labor and violence. The issue also features articles about aging that, here, articulate the biological determinant to the social condition, taking the aging process to the core of social concerns as a whole and of health specifically. And, in keeping with tradition, we are also publishing what is most characteristic to this field: articles about health services, access, evaluation and quality of care.

Labor is not a new topic to Public Health. Since introduced by the social physicians of the nineteenth century – Salomon Neuman and Rudolf Virchow in Germany, Jules Guérin in France and William Farr in England – the subject has been in the health spotlight. These physicians, contemporary to the emergence and initial development of capitalism, worried about the health of the workforce, degraded due to production means and labor exploitation, and went on to investigate, in their own time, such situations, denouncing it as an eminently socioeconomic product that demands social policies, health policies. A century later, issues such as the suffering of the labor force and the deterioration of health because of labor conditions persist, in a perspective that remains loyal to and derives from the original one.

In this issue, the articles about labor, however, no longer address those same forms of suffering and illness. They now discuss, in the context of advanced capitalism, the health status of workers resulting from new forms of social labor. If, then, exploitation meant long working hours, in contaminated and polluted environments, and the exhaustion of families, today exploitation liquefies, becomes fluid in the making of working hours flexible, in the intensification of the working period through virtual technological incorporation, in the worker's growing loss of the means and domains of their work, their activities. The articles "Work intensification and workers' health: a case study in Mercedes Benz of Brazil, São Bernardo do Campo, São Paulo,

Brazil", "Analysis of contractual relations and profile of dentists at dental specialty centers of low and high performance in Brazil", "Teachers returning to work after sick leave for mental disorders", "Workers' participation and right to health", "Development of human affect, emotions and feelings in (and out of) work: a matter of public health and safety" and "Social determinants of health in the work process of artisanal fishing in Sepetiba Bay, State of Rio de Janeiro, Brazil", focus on the theme.

For those left out of this process – people with mental suffering, the homeless, and other social groups – the prospect of inclusion in the workforce remains a public policy, in the logic of the desired social inclusion. The article "Social inclusion through work in the process of minimizing social stigma related to diseases" addresses the issue from this perspective.

Violence, a recurring and growing topic in the health field, comes up strongly in this issue. Noteworthy is the article by Mexican researchers, entitled "Health social research in a context of violence: a look from the ethics", which addresses the dilemmas of research on the health of people in situations of violence. These researchers have difficulty carrying out their work due to the pressure suffered (from drug traffickers, private militias etc.) to prevent the study and publishing of such cases, constraining other social and population segments from learning about this situation. A reality that, without any doubt, can be generalized to other Latin American countries living these same conditions.

This issue also features violence of gender (transsexual, transgender, intersex) towards youth and vulnerable populations.

The subject of aging is growing because it is becoming more of a social concern, a matter of social policy. With the longevity of the population and the profound changes in the labor market, the protection given to the elderly, offered along the lines of the successful Welfare State since the 1940s, is called into question. It is no longer pos-

sible to age living well with the meager resources of retirement plans. Medical advances and social conditions have prolonged the lives of sick people, something that has caused public health to review its actions and strategies. From longevity to immortality: a challenge to what is understood

as health and public health policy today.

This is our invitation to you!

**Aurea Ianni**  
**Eunice Nakamura**  
Scientific Editors