

Comment on the papers by Carles Muntaner and Graça Druck
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**The missing link in precariousness
 research**

I thank the opportunity to reply to Eduardo Siqueira's and Maria Inês Carsalade Martins' contributions dealing with my article on global precariousness. In this reply I will discuss the sections of their contributions that deal more specifically with my article. Concurrent with Prof. Siqueira, moving beyond proximal determinants to multilevel frameworks that encompass the mechanisms linking more than one level is a must for a realist deeper understanding of worker's health. How political economy and in particular class relations determine patterns of labor market and social protection is palpable in today's Brazil predicament. Did the Partido dos Trabalhadores – PT (Workers' Party) have an alternative to class compromise to achieve its population health gains, or was there a way to avert the breakdown of class compromise once the effects of the global recession reached Brazil? Better data and (mixed) methods are necessary to better understand the social contribution to precarious employment, yet explanatory models are also needed¹. Although descriptive epidemiology is a starting point we also need to understand how poor health is generated via labour market policies down to precarious worker's mental health.

Social epidemiology, just as pharmacology, also needs to understand its "mechanisms of action".

I am in full agreement with Prof. Martins when she links precarious employment to the history of labour exploitation within capitalism. An historical perspective is what justifies the use of the term in its contemporary specificity². Thus, locating precariousness within the class politics of labour markets with an emphasis on the different levels of regulation and social protection might be a better use for improving worker's health than, for example, trying to devise a universal comparable indicator of precariousness for use in epidemiologic studies.

My suggestion is that worker precariousness is better understood within the model of social class or employment relations³ than as a set of employment conditions alone, as it is currently done. Occupational social epidemiologists can build on a tradition that encompasses Engels⁴ and Bourdieu⁵, just to name two classic authors that understood precariousness under a social class or employment relations framework. Otherwise we risk reducing worker precariousness to a pragmatic set of employment conditions or (worse) to a set of attributes of "vulnerable" workers.

Brazil is as unequal as the world as a whole, and the largest country in the region. The impact of its political and policy changes is felt across Latin America and in the Global South. Within this context, the way occupational and social epidemiologists contribute to policy change to improve worker's health is important to consolidate the health equity gains of recent governments. Its public health successes are crucial for the region's recent attempts to reduce the inequities brought about by global neoliberalism. This is a huge responsibility. The world is watching.

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