

Social movements, modern slavery and health: knowledge, practices and implications to Brazilian National Health System (SUS)*

Movimentos sociais, escravidão contemporânea e saúde: saberes, práticas e implicações para o Sistema Único de Saúde (SUS) (abstract: p. 16)

Movimientos sociales, esclavitud contemporánea y salud: saberes, prácticas e implicaciones para el Sistema Brasileño de Salud (SUS) (resumen: p. 16)

Thomaz Ademar Nascimento Ribeiro^(a)

<thomazanr@gmail.com> 

Luís Henrique da Costa Leão^(b)

<luisleaoufmt@gmail.com> 

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The present article aims to grasp the point of view of social movements engaged in contemporary slavery eradication in terms of worker's health impacts and its implications to Brazilian National Health System (SUS). It is a qualitative research using structured interviews with social movements in a Brazilian state of high prevalence of slavery. The outcomes show that these social movements comprehend slavery as physical and mental disintegration of human being, due to the violation upon workers integrity. Furthermore, they have highlighted the potentialities of SUS related to slavery in identifying new cases, recovery victims, knowledge production, working conditions surveillance, articulated with social movements and other institutions. The conclusion points out the need of inserting modern slavery in Brazilian public health agenda in order to warrant health's rights.

Keywords: Modern slavery. Worker's health. Social movements.



Introduction

The relations between social movements, the field of Collective Health (CH) and the Brazilian National Health System (SUS) are an important research and practice area. The social movements actively act to build up knowledge and practices in CH and to develop the SUS, based on the institutionalized principle of social control^{1,2}.

The proletarian movement, the countryside, riverine, forest population movement, the peasant movement, the negro movement, the feminist movement, the gender movement, movements of people affected by dams, environmental justice, and so many others, point out several fronts of resistance confronting unfair social processes and attacks to human rights, including the right to health. As such, the social movements produce counterhegemonic knowledge that aims to warrant the social and ecological well-being, to preserve existing biodiversity and traditional ways of life, cultures and territories, and to develop a new and more cooperative, equitable and fairer society³.

The social movements' struggles for health can be performed by two modes: diffused or concentrated. The diffused mode occurs when the focus of the action addresses health determinants of a specific population or one region. For instance: the defence of territories against unequal development, the labourer struggles against overwork to reduce worktime, the campaigns to combat the widespread use of pesticide and to preserve life, the actions to keep springs alive, seeds developed by peasants and small farmers, and all types of actions to eradicate racisms and gender, colour, class, ethnic and sexual discrimination. The concentrated mode refers to specific actions to improve health services, institutions and policy, and to recognize particular illness processes, that demand precise care.

Social movements contribute to amplify the access to health services and to give visibility to contested and difficult diagnoses diseases. They are also vital forces to combat gender, race, class and ethnic inequalities⁴ by proposing strategies to increase social and cultural resources, challenging the State, the Institutions and the cultural authorities to promote participation in social policies broadening the democracy⁴.

They emerge before the science and technology dominance within social policies that attribute more value to the professional and technical expertise than to popular knowledge. They also present alternative understandings of health based on their experiences pointing out the limits of medical power to deal with illness and contrasting the medicalization point of view that keep inequalities^{3,4}.

Amidst several social and public health problems in Brazil, modern slavery is one of the most persistent and unfair⁵. Modern slavery can be defined as coercive controlling forms upon someone or a group of people to make profits by economic exploitation and violence use⁶. It involves forced labour, exhausting worktime, degrading conditions and movements restrictions due to debt bondage^{5,7}. According to ILO estimates, 40 million people live under current slavery nowadays⁸.

This type of exploitation has particularities in Brazilian society and its roots come from indigenous colonization and Africans slave trade that left strong psychosocial marks and sociocultural heritage such as racism.



Modern slavery represents a grave human right violation. In Brazil case, it is an outcome of the exclusionary development process post-legal slavery emancipation in 1888, which left black and poor people marginalized and landless⁹. Nowadays, modern slavery is scattered in the entire Brazilian territory and in the last fifteen years, 45,028 workers were freed from slave-like conditions around the country¹⁰. In general, the socioeconomic profile of affected population tell that slaves are young men, single, mix-rare, illiterate, who work in agricultural system, construction, livestock or textile supply chain, in the countryside or big cities¹⁰.

Despite modern slavery extension and its potential damages to populations' health, public health institutions and services has neglected this issue. To date, there is no policy or specific strategies to provide health care to rescued slaves in Brazil⁵. Furthermore, the information on health impacts of slavery is scanty and there is little point of entry to health sector to participate in workers liberation, emancipation and cure in the current Brazilian antislavery policy.

This situation highlights the scientific and social relevance of antislavery social movements engaged in workers' liberation from slave-like conditions. Since 1960 and 1970 decades, several social movements reported this grave problem, building tools to welcome and embrace workers, to address escaped slaves needs, to produce information about the cases and to publish statistics about incidents, to proceed inspections and preventive actions¹¹.

The emergence of the contemporary antislavery social struggle have started due to the recognition of the critical situations lived by poor workers in Brazilian countryside – in the State of Pará (PA) and Mato Grosso (MT) in 1970 decade – and due to the indignation caused by the disrespect inflicted on workers^{12,13}. The confront with this drastic situations of death risk, violence, humiliations and labour exploitation that went beyond the workers limits and capacities, engendered indignation in religious men who worked in land pastoral movements that received workers who escaped from farms. Thus, they awoke for this social struggle^{13,14}.

The land pastoral commission (CPT) and other social movements has played a privileged role to contact and reach workers submitted to slave-like conditions. In the social history of contemporary slave labour concept in Brazil, they were responsible to the emergence of this category and, to date, they have produced information and estimative about slave labour around Brazilian territory^{13,15}. Currently, there is a huge network scattered around the nation that produce public denounces, embrace escaping slaves, generate information and develop preventive actions to face land conflicts, labour and environmental exploitation^{11,15,16}.

This article aims to comprehend the impacts of modern slavery in workers' health and its implications to the health systems according to the point of view of antislavery movements engaged in slave-like workers liberation in Brazil.

Methodology

In order to grasp the knowledge and practices of social movements engaged in slavery eradication, we conducted an exploratory qualitative research focusing on the meaning given by their active participants^{17,18}.

Our study took place in the state of Mato Grosso because it is one of the Brazilian states of highest occurrence rates of modern slavery. From 2003 to 2018, around 4,994 workers were rescued from slave-like conditions there, corresponding to 9.76% of the country total rescued. The state of Mato Grosso is the eighth in terms of freed workers who declared to be residents in this state in the rescue moment¹⁰.

In Mato Grosso, the Special Mobile Inspection Group have done 229 operations in 105 municipalities (74,4% of municipalities of this state) and have rescued around 19 workers in each inspection, demonstrating how modern slavery is spread in that territory. Those rescues have occurred in economic activities linked to agribusiness that is responsible for the most of the Mato Grosso and Brazilian GDP – Gross Domestic Product, especially owing to agriculture and timber commodity chain.

We conducted our research in Cuiabá – capital of Mato Grosso – at active antislavery social movements' head office: Pastoral Land Commission (CPT), Burnier Faith and Justice Centre, Migrant Pastoral Centre and Agricultural Workers Federation.

The fieldwork was carried out between July and December of 2018 and in-depth semi structured interviews were performed individually with eight agents experienced in prevention, denounces, assistance actions against modern slavery and one interview with a researcher who worked during twenty years in the beginning of CPT movement.

The interviews were composed by open questions regarding organization, activities, collecting information processes, achievements and difficulties, characterization of modern slavery and its effects on health and connections to Brazilian health system.

The interviews were recorded and fully transcribed. We used the discourse analysis approach to grasp the speech of the interviewed people not only as communication/information transmission tool, but also as a way of social action. The speech represents a scenario of ideological conflicts and confrontation under which the meanings emerge in its total complexity¹⁹. We chose to use the French school approach of discourse analysis (AD), understanding the discourses as a range of meanings manifested by verbal and non-verbal expressions, by speech, gestures and attitudes. The discourse is produced since interactions among subjects circumscribed by ideology, history and unconsciousness in certain historical, social, cultural and economic context. Such interaction produces drift effects, new senses, overcoming in this way the notion that comprehends language as something neutral just oriented to describe and reflect the world²⁰.

AD is helpful to better comprehend about how people think and act within the world, because the “enunciator of the discourse is not a subject of experience and of the individualized existence within the world, but, instead, it is subject of discourse whose personal history is included in the social history ideologically marked”²¹ (p. 21).

The discourse analysis task presupposes to comprehend the rules that circumscribe enunciations and the conditions for its emergence²². The productions of the discourse do not occur freely. It is controlled, organized, selected and distributed under certain rules and ordering procedures²³. The analyses that we carried out here looked for broadening understanding toward discourses production and its meaning effects regarding what was said and what was hidden.

During the data organization, deep reading of the interviews and oral reports analyses, the following categories emerged: modern slavery as the destruction of the body and mind potentials of human beings and the health sector responsibilities.

The research followed ethical principle according to 466/2012 Resolution and it was approved by Health Research Ethical Committee (3.293.655).

Results and discussion

Two major elements have emerged from the discourses: the modern slavery impact in workers' health and the issue of the responsibilities of the SUS.

The modern slavery impact in workers' health

The social movements' activists depict the physical and mental health impacts in rural workers from the countryside of Mato Grosso as drastic situations characterized by diseases and exhaustion linked to the extrapolation of body limits caused by exhaustive labour, degrading conditions, threats and corporal punishments.

[...] The person who is under slave-like conditions get here fragile, sick, with toothache, earache [...]. They get quite physically and emotionally fragile. Several of them end up dying due to exhaustion, most part who arrive here are physically and mentally broken... (Gabriela)

The interviewees expressed that since 1970, when they started to welcome workers, they have received reports of "work related disease, symptoms and fever", "diarrhoea", "malaria", "work accidents", "breathing problems", "lung problems", "alcohol and other drugs uses", "alcoholism", "worker killed", "murders pretended of work accidents", "signs of wear", "blind worker", "debilitated", "fragile", "destroyed". This situation is reported as continuous events over workers in a process that lead to get them sick and dead.

These workers under modern slavery have no possibilities to come and go freely, because the slave perpetrators put them in debt bondage, overcharging them to pay for shelter, transport, food and denying the access health care, worsening the clinical condition related to dangerous diseases like malaria and others. Slavery also means that there is no availability of medical and hospital care in the case of accidents and disease.



[...] They are at distant places, far from health services and medical care (Gabriela). Furthermore, the person does not get health exams, because has no insurance, has no money to buy medicines or exams and, in health services, they do not provide X-rays and other exams. Being penniless, they cannot afford exams. (José)

Another pivotal element is the social isolation in terms of relationships, social networks and family ties, which leave the workers in a vulnerable position, as well as the suffering and other affections that reach the workers families.

When the worker leaves his home and does not come back for some reason, the family might get sick. The suffering caused by the absence is too serious; this is one aspect, they are missing people. Who never come back. The relatives had no news if those workers still had been alive, if they had gotten new families, if they had been killed, or the relatives did not know what had happen. It created emotional and physical disorders in those people, the mothers got upset owing to their sons. (José)

[...] are people without connections to their families, their social environment, then, what happens is that, sometimes, it may trigger some illusions/reveries, disconnected speech [...] without any attachment. (João)

[...] The impacts in physical health are visible, coming from degrading conditions and other exhausting work process, but their emotional side become very shaken, they are far from everything, from their families, it lead them to become fragile. (José)

It is important to highlight that classical studies on legal slavery and slave-trade process point out that one strategy largely used to subjugate workers and enslave them was to break their family ties^{24,25}.

Our data has showed, as well, how degrading is the modern slavery condition. Workers are exposed to restrictions of the liberty in coming and going and they experience debt bondage, malnutrition, unhealthy shelter and often perform their labour in exhausting worktime.

[...] They work 10, 11, 12 hours per day, from Monday to Monday. The desperate effort to produce caused a serious arm problem. The overexploitation in modern slavery lead to an excess of work demands, in their repetitive movements and in their excessive hours performing productive activities. All of this make impossible the workers to enjoy leisure time and to access the basic necessities for their health and adequate nourishment and housing, and thus, have their dignity under protection [...]. The living conditions were degrading in housing. Everything favours the weakening, the sickness. (José)



We can see employer who put the worker to drink well water in the same water that he use to shower... and wage arrears. (Maria)

The discourse also has characterized the absence of adequate transport and appropriated dressing to the task be performed. The narratives have mentioned workers being transported even in cages on trucks keeping in places used to store agricultural inputs and dangerous pesticides without sanitary structures, etc.

It is important to demonstrate that several studies on slave's illness in the time of Colonial America has showed accurately that the slaves' morbidity and mortality were related to strenuous worktime, poor diet, precarious garment, bad conditions of housing and punishments²⁶⁻²⁸.

The narratives we have analysed here present, in the same way, many forms of psychological and physic violence which beget fear, psychiatry pain, physic and emotional trauma.

I also see a psychological issue due to gunmen. I will hit on you, I will kill you, or the aggressions, the absence of money to afford the minimum, feeding and personal hygiene, starvation [...] and the lashings. (Luiz)

[...] It is constantly an oppression from landowners, threats, menace messages, police together, gunman, the major, public power [...] A man who had been working for over 10 years in a farm for food, not a salary, and when he intended to go out of the farm, the farmer death threatened him, and did all kinds of psychological oppression. (Sebastião)

They spent days on the road, resting, scaping from jaguar and the henchman chasing them, thus, they got there asking for help [...] the guys were entirely full of blood on their body, because the lashings they have received there, and also due to the nights slept in the trees, hiding from jaguars and snakes. (Luiz)

The narratives have reported permanent damages on the workers body, like blindness caused by poisoning, death threat and murders. This situation indicates a kind of managing by terror linked to 'armed vigilance and strong discipline' cross-cutting Brazilian scenario since 19th century^{29,30}. According to Orlando Patterson³¹, the violence has a central role in the creation and maintenance of domination relations in slavery. Thus, we observe in the social movement's discourses the recurrent punishment of workers body.

I've already seen worker who have been whipped, burned with ember, with hot iron, I've already witnessed sick, weak, debilitated, blind, marks in the body, whip mark, hit with stick, even mutilated, I've seen some. (Luiz)



The social movement's expressions as 'marked in the body', 'slashing with whip', 'burned with ember and iron', show some unfair and dishonourable ways on which modern slavery perpetrators deal with the workers. It is a form of infusing terror to subjugate the other to extreme types of exploitation that cross the labour history and the use of the body in that purpose. During traffic crossing towards the Americas, a few slave bodies were dismembered to infuse terror as a way of "mutilation to intimidate"²⁷.

As such, modern slavery can be characterized as an experience of violence that produce many psychic and emotional traumatic situations.

I follow the case of a young man [...] who tried suicide twice, he was admitted in a Psychiatric Hospital, given the traumatic way in which his experienced temporary slavery. (José)

Generally, most of the victims are in a state of extreme fear and terror because the menaces, coercion, ostensive vigilance and, in many cases, armed surveillance that can create a feeling of being impotent.

We understand that going through an extreme violence process, mainly the violence in rural areas that is present in slave labour issue end up creating too much fear in those people indeed [...] The worker became lost, with fear, afraid of denouncing and it influence the psychological status of that person. (Sebastião)

Felling fear is a common factor among most part of people who were submitted to cruel forms of exploitation. Some interviews carried out with slavery victims in some research on this issue highlighted great fear manifested among workers^{29,32}.

The worker tend to feel himself diminished and oppressed due to isolation, abandonment and misery, with difficulties to break the barriers and escape from this condition. According to Figueira²⁹, it is not uncommon that social movement agents come across workers who have difficulties to speak out and to denounce, because the possibility of being persecuted. Those who get away and report their situation show an incredible resistance and limits overcoming, because their mental health is strongly affected in this violence and threats process and context.

In historical perspective, Amantino³³ analyse the health conditions of runaway slaves in Brazil during 1850 year and suggests that the main scape causes 'were mistreatment, excessive punishment, malnutrition and disrespect to the acquired rights. In other words, the main causes of workers scape from the farms in the second half of 20th century have almost no difference comparing with done in the second half of 19th century. "The analyse of the daily life of a slave population indicate the submission to a permanent and exacerbated physical and psychological violence – real or imagined –, that could provoke stress problems"³³ (p. 1386).

Studies have demonstrated modern slavery impacts on the victims. A research on experiences of women survivors from human trafficking in England have showed the presence of infectious diseases and psychological trauma³⁴. Haase³⁵ and Oram et al.³⁶ have demonstrated that the physical wellbeing of freed workers is affected by violence,



injuries due to the transport, labour activities and degrading conditions. The signs and symptoms of accidents often reported are headache, back pain, significant weight lost, malnutrition, depression, post-traumatic disorder, anxiety disorder, suicidal ideation, abusive alcohol consumption and other drugs.

In summary, in the perspective of social movement agents the slavery impacts are extremely strong enough to affect the body and mind potentiality of the people submitted to such condition.

Have you already seen an enslaved worker, what means a destroyed human being, he is physically destroyed, emotionally destroyed, even in his faith. [...] depending on how long he was under slavery and the type of slave labour in which he was, you don't see human anymore, nothing, nothing. [...]. So, slave labour [...] is the form of the total destruction of the human being. (Luiz)

The social movements' discursive line is that the slavery lead to human being destruction. Under this understanding, the slavery is a process of body and mind destruction, because all human dimensions are affected by that experience.

This notion of body destruction was highlighted by Mustakeen²⁵ who observed a process of 'unmaking bodies' through the physical, psychic and emotional slaves' conditions under an overwhelming power dynamic. That process of unmaking bodies results in mental disorientation, communal and familiar separation, malnutrition, absence of sanitation and hygiene, severe isolation, disestablishing diseases, sexual abuse and psychological suffering. The slavery regime is a dehumanizing operation, which deplete the limits of the human and exposing to constant dangers and risks reducing to a thing condition³⁷.

Slavery produce a violated and fractured body, and both contemporary and colonial forms of slavery operate logics based on the necropolitics project of modernity that make human existence an instrument or a mere thing and destroy bodies and populations³⁸. More than the perversity of ones over others¹⁶, the slavery manifest itself as a denial of rights, absence of worker recognition showed in terms of violation of their body and life expectance¹³. The social movements understandings demonstrated those large and deep dimensions of modern slavery that generate physic pain and psychological sufferings that are forms of disregard toward human being wellbeing and can play the same role of the organic infections in the body reproduction¹³.

The role of the of the SUS in the face of modern slavery

The social movements' discursive production has revealed the recognition of the health services value regarding modern slavery to contribute in detecting new cases, recovering victims' health, providing worksite surveillance and inspection in a collaborative approach with movements and other state bodies, and researching and producing knowledge.

The health sector is pivotal to identify new modern slavery cases because Brazilian health system "is a point of entry to just about everything" (Joana).



Many people under modern slavery situation go to health services, receive care, have contact with health professionals and go back to the same situation. If the health sector has the sensibility and mechanisms to adequately identifying the new cases, it would be possible to reach innovative outcomes, because health services are located in a wide range of territories around the country. The community health workers (CHW), for instance, are professionals of great potential to accomplish this task, because they get in communities and gain accurate and ground knowledge about the community reality. They have a particular knowledge because they live in the same territory where they work and are immersed in its dynamic and culture. It, for itself, denotes unique possibilities to reach important actions to deal with modern slavery.

[...] they have unique knowledge, opportunity to identify unique situations
[...] If they are properly prepared, trained to identify this issue, migration, a man missing in one family, a son who has travelled and has not come back, it is a surveillance and an alert. (João)

[...] they know about everything, they come here and say: 'look, there is someone there, who does not get out from home and is locked, who doesn't leave'. They know. (Joana)

One research carried out with 12 rescued people from modern slavery in Los Angeles³⁹, demonstrated that all of them got in public health services and their slave conditions was not identified by any health professional.

Some initiatives and recommendations are being created in some countries, like England^{40,41} and New Zealand⁴², has been carried out to provide advances and avoid health sector omission concerning modern slavery.

From the point of view of health care, the social movements discourse predicate that Brazilian health system has not yet dealt with illness processes caused by modern slavery to offer proper treatment, assistance and rehabilitation to the slavery victims.

In terms of modern slavery there are enough repressive action, but now, in terms of care, nothing. [...] many health demands and urgent things need swift response and some lingering care, then, there are many things to the health sector. (Gabriela)

The needs to physical and mental health recovery to the victims imply greater engagement of the health sector to set up knowledge and practice regarding modern slavery impacts and therapeutic strategies.

[...] we do not have a true qualification to meet the requirements related to health. What are the consequences of the rescue, what health guidelines do we have for these workers [...] the health sector could contribute, perhaps closer to the entities [...] to be acting in a more qualified way, concerning workers' health. (Sebastião)



[...] as we are not trained for this, in physical health, we read, study, but we are not professionals. The psychological and mental health of the person, the monitoring of these rescued people would surely help. (Luiz)

The social movements' discourses demarcate the need for public health system to improve knowledge about the impacts of modern slavery on health and the ways to support post-rescue life, in order to better qualify the action of entities engaged in struggle against modern slavery.

Although modern slavery is one of the greater examples of global health inequality and inequity, health professionals, generally, once in front of the victims, have difficulties to recognize and offer specific care to this particular condition⁴⁰⁻⁴².

These barriers in health care need to be faced and overcome, because "people who survive extreme forms of exploitation are often in need of urgent, as well as ongoing healthcare, especially mental health support"⁴³ (p. 110).

Although little studies have verified the implications of modern slavery on health and the participation of public health in care to the victims, efforts have been done to create clinical protocols to support care⁴⁰⁻⁴².

From the health surveillance point of view, there is little articulation among the Brazilian health system, especially by the Workers Health Reference Centre, and discontinuity in collaborative interinstitutional actions to inspect worksites. "[...] we had the Workers Health Reference Centre in the State Commission for the Eradication of Slave Labour, which is the worker's health, this is a field, they helped a lot" (Gabriela).

[...] with Cerest we made an approach, even a few visits in farms and everything, but it was not a continuous action. We made visits together, with surveillance too. We verified the working conditions and made surveys of the workers' health status. (Antonio)

This disarticulation is a critical point, because the main concern of the social movements is to adopt strategies to transform the scenario of workers submitted to modern slavery. It requires the development of robust networks and alliances, because slavery involves structural factors of the Brazilian socio-political formation. In order to dismantle slavery process, the slavery routes and culture rooted in society must be broken down. In addition to repressing practices, it is important to overcome communities' vulnerabilities.

For this purpose, social movements have organized networks to integrate the Ministry of Labour and Employment, the Public Labour Prosecutors, the Human Rights Secretariat, to carry out collaborative inspections in work environments, and to participate in councils / commissions such as the State Commission for the Eradication of Slave Labour (COETRAE), the State Human Rights Council of MT, among others.

Social movements recognize important experiences of specific networks to provide training, overcome vulnerabilities and break slavery cycles, such as Integrated Action Movement (MAI) and Integrated Action Network to Combat Slavery (RAICE). They



seek to reduce communities and workers economic vulnerabilities and generate income to strengthen the economy and sustainability, preventing them from being suppliers for the slavery cycle, establishing connections between entities, government, including the municipal health department. Even so, the health sector is not yet connected to these networks of denunciation, reception, surveillance, care, education and elaboration of strategies and policy in the councils in a robust and consolidated way. In addition to the preventive and recovery actions, the health sector can contribute to community empowerment and health education in schools, in awareness campaigns, as they already do in relation to smoking and cancer³⁵.

The social movement point of view, thereby, coincide with what many authors have been predicating: modern slavery is an important Public Health Problem and must be present in public health services agenda, in the policy plans and in health professionals training^{5,34,35,40-42}.

Final remarks

The paper presented antislavery social movements understandings concerning to repercussions of modern slavery in workers mental and physical health and its implications towards the Brazilian health system.

Knowing the point of view of those who are in constant touch with people submitted to slavery conditions and receive these workers to help them and make denounces, provide an original and relevant understanding. Furthermore, the experience of giving attention and help the worker in slavery context afford an opportunity to characterize the phenomenon with a precious primary source – the voice of the enslaved worker. In this relationship of mutual trust, the worker is able to spell out and narrate their histories full of abuse and violence. For this reason, social movements' agents account the modern slavery as the destruction of the body and mind potentials of human being.

The social movements' discourses have revealed many impacts on mental and physical health of people submitted to slavery. Slavery is a situation that hurts human being entirely and it is connected with different forms of illness and death processes.

The social movements' own action against slavery – through direct contact to the workers – is, in itself, an essential health practice to warrant a life with minimum ethical parameters, attention and care, capable of preserve workers integrity and lead them to healthier work-life experiences towards real emancipation and liberty from slave relations.

The social movements' perspective guide to the conclusion that modern slavery represents the denial of the Right to Health, because all the basic elements to strengthen of the populations' health are precarious in slavery situations: feeding, lodgings, work, transport, leisure and access to medical and health services. More dialogues, close information flows, and collaborations between social movements and health sector, thus, could be timely for mutual learning, advances and strengthening to effective right to health.

Certainly, there are many barriers and challenges to be faced. For instance, amplifying the recognition of modern slavery as a public health services concern and the recognition the health professionals have responsibilities in this issue; improving structures and



working conditions in the health sector regarding their high demands; encouraging researches to better know the impacts of modern slavery on health; creating strategies to broaden the engagement of health sector in this regard, and establishing more articulations between social movements and health professionals. These elements contribute to overcome gaps in Brazilian antislavery experiences.

Brazil has different offices and bodies that organize and carry out systematic actions to combat modern slavery. There are the National and State Commission for the Eradication of Slave Labour that implement and monitor national and state plans to eradicate slave labour and there are also the Judiciary Brazilian Bodies, the police actions and labour inspectors from Ministry of Economy, the Integrated Action Movement (MAI), the International Labour Organization Office and other Non-Governmental Organizations like “Reporter Brasil”. They produce information and public denounces, monitoring the cases, publishing reports and statistics on slavery occurrences and they have created social and juridical projects to support the victims. They also elaborate strategies to open trials to companies that has submitted people to slavery, among others actions. Regarding these actions, the knowledge and practices of social movements in articulation to health sector could contribute to amplify and strengthen them and reinforce the Brazilian antislavery programs and plans.

Filiação

^(a) Pós-graduando do Programa de Pós-Graduação em Saúde Coletiva (Doutorado), Instituto de Saúde Coletiva (ISC), Universidade Federal de Mato Grosso (UFMT). Avenida Fernando Corrêa da Costa, 2367. Cuiabá, MT, Brasil. 78060-900.

^(b) Programa de Pós-Graduação em Saúde Coletiva, ISC, UFMT. Cuiabá, MT, Brasil.

Authors' contributions

All authors had actively participated in all stages of the manuscript preparation.

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The present article aims to grasp the point of view of social movements engaged in contemporary slavery eradication in terms of worker's health impacts and its implications to Brazilian National Health System (SUS). It is a qualitative research using structured interviews with social movements in a Brazilian state of high prevalence of slavery. The outcomes show that these social movements comprehend slavery as physical and mental disintegration of human being, due to the violation upon workers integrity. Furthermore, they have highlighted the potentialities of SUS related to slavery in identifying new cases, recovery victims, knowledge production, working conditions surveillance, articulated with social movements and other institutions. The conclusion points out the need of inserting modern slavery in Brazilian public health agenda in order to warrant health's rights.

Keywords: Modern slavery. Worker's health. Social movements.

El presente artículo buscó comprender la visión de los movimientos sociales comprometidos en la erradicación de la esclavitud contemporánea en lo que se refiere a los impactos que ella tiene sobre la salud de los trabajadores y sus implicaciones para el Sistema Brasileño de Salud (SUS). Se trata de una encuesta cualitativa con base en entrevistas semiestructuradas realizadas con movimientos sociales de un estado brasileño con alta prevalencia de esclavitud. Los resultados demuestran que esos movimientos entienden la esclavitud como la destrucción física y mental del ser humano, dado el carácter violador de la integridad de los trabajadores. Además, subrayaron la potencialidad del SUS en lo que se refiere a la esclavitud, en la detección de casos, en la recuperación de las víctimas, en la producción de conocimiento, en la vigilancia de condiciones laborales en articulación con los movimientos y otros órganos. Se concluyó sobre la urgente necesidad de la inserción de la esclavitud contemporánea en la agenda de la salud pública brasileña como garantía del derecho a la salud.

Palabras clave: Trabajo esclavo contemporáneo. Salud del trabajador. Movimientos sociales.

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