Apuntes 83, 121-140
ISSN: 0252-1865
eISSN: 2223-1757
doi: https://doi.org/10.21678/apuntes.83.919

Article received on January 22, 2018
Final version approved for publication on April 3, 2018

Poliomyelitis and the "emergence" of rehabilitation in Argentina. A socio-historical analysis[1]

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Abstract The purpose of this article is to analyze ideas, definitions and practices linked to the "emergence" of rehabilitation in Argentina in the mid-20th century. Drawing on primary sources, we analyze conceptions about the medical and social problem of rehabilitating the "cripple," and the presence of this problem on the public agenda between 1940 and 1960. Our results show that poliomyelitis epidemics contributed significantly to placing strain on the scope and contents of both social protection for people with disabilities and modernization projects related to rehabilitation, while forming the basis for subsequent developments in this field.

Keywords: persons with disabilities; rehabilitation; poliomyelitis; social security; health policy; rehabilitation centers; Argentina.

Acronyms

ACIR	Rehabilitation Institute Cooperative Association (Asociación Cooperadora del Instituto de Rehabilitación)
ALPI	Association for the Fight Against Child Paralysis (Asociación para la Lucha contra la Parálisis Infantil)
ARENIL	Rehabilitation Association for Crippled Children (Asociación de Rehabilitación para Niños Lisiados)
CEPRIL	Private Center for Rehabilitation of the Crippled (Centro Privado de Rehabilitación del Lisiado)
CERENIL	Rehabilitation Center for Crippled Children (Centro de Rehabilitación para Niños Lisiados)

1 This study is part of the NA00317 Project of the Universidad Nacional José C. Paz, Argentina (Resolution 200 of May 31, 2017), carried out at the Instituto de Estudios Sociales en Contextos de Desigualdades.

CNRL	National Commission for Rehabilitation of the Crippled (Comisión Nacional de Rehabilitación del Lisiado)
COMRA	Medical Confederation of the Argentine Republic (Confederación Médica de la República Argentina)
CONET	National Technical Education Board (Consejo Nacional de Educación Técnica)
CORPI	Olvarría Center for Rehabilitation of Infantile Paralysis (Centro Olavarriense de Rehabilitación de la Parálisis Infantil)
DEE	Directorate of Epidemiology and Endemics (Dirección de Epidemiología y Endemias)
DNSP	National Directorate for Public Health (Dirección Nacional de Salud Pública)
IREL	Institute for Rehabilitation of the Crippled (Instituto de Rehabilitación del Lisiado)
UTA	Union of Transport Workers and Employees (Unión de Obreros y Empleados del Transporte)

1. Introduction

In the first half of the 20th century, the ideas of social debt and responsibility in relation to work "invalids," the "war-wounded," and those "crippled" by poliomyelitis epidemics were prevalent internationally and essential to the development of a broad range of social, scientific, and institutional responses. In contexts of increasing urbanization and globalization, the idea of the self-sufficiency and normality of the "able body," anchored in the biomedical explanation of deficiency, were widespread (Oliver, 1996). In the postwar period, the aim of restoring productive capacity was central to the social-medical conceptions of the time. The development of traumatology, orthopedics, restorative surgery, and professional and vocational retraining programs were aimed, following different routes, at achieving realistic forms of social and occupational inclusion (Stike, 1997; Porras Gallo, 2006; Martínez Pérez, 2006; Ramacciotti & Testa, 2016). Later, between the 1950s and 1960s, the modernization of rehabilitation, spearheaded by the Anglosphere and Nordic countries, gradually expanded and gained legitimacy worldwide. This model was characterized by liberal legality in the employment sector, repudiation of the mandatory job quota for "invalids" in the private sector, the development and legitimization of new medical professions and specialties accompanied by the adoption of technologies regarded as cutting-edge, and the formation of local and international institutional networks (Bregain, 2014). In a climate of ideas that for decades had recognized childhood as a qualitatively different life stage meriting special care, while acknowledging the modernizing influences of the Anglosphere and Nordic rehabilitation model, children with polio were the priority target group through which the "emergence" of rehabilitation became visible in Argentina, led by the state (Sotelano, 2012).

In this regard, a set of historiographical studies demonstrate that poliomyelitis was instrumental in placing a strain on the scope and contents of social protection for "invalids," and on modernization projects related to rehabilitation and reintegration that had been under development since World War I. These works reflect on the link between medical technologies – especially traumatology and orthopedics – and the social perception of individuals with physical deficiencies, based on their contribution to consolidating an individual model of disability and to constructing certain images around what it meant for a person to have polio, as well as in relation to certain ideal recovery goals to be attained by those affected by the condition (Porras Gallo, 2006; Martínez-Pérez, 2006, 2009a; Wilson, 2009; Ferrante, 2014; Álvarez, 2015; Rodríguez-Sánchez, 2015; Ramacciotti & Testa, 2016).

The purpose of this article is to analyze ideas, practices, and experiences associated with the development of rehabilitation in Argentina. That is, how a given set of conceptions tied to the treatment of post-polio sequelae were gradually established alongside initiatives intended to promote effective institutional and professional capacities that transcended the pledges and urgencies related to epidemics. Thus, we will consider the conceptions regarding the medical, social, and economic problem of rehabilitating the "cripple," and its presence on the public agenda between 1940 and 1960. To this end, we focus on certain strategies and implementations promoted by the National Commission for Rehabilitation of the Crippled (Comisión Nacional de Rehabilitación del Lisiado, CNRL) and on the creation of one of the first state-run rehabilitation centers: the Institute for Rehabilitation of the Crippled (Instituto de Rehabilitación del Lisiado, IREL).

We understand rehabilitation based on the concept of dispositif, in the sense of a network of historically situated relations, because this allows us to analyze the configuration of heterogeneous elements that modified a prior field of relations (García Fanlo, 2011). The idea guiding this study is that as a dispositif, rehabilitation combined gradual and underground processes with other, more critical and precise ones by intersecting logics and temporalities that were not just epidemical, but also political, legislative and/or circumstantial. This brought into play a preexisting group of practices, meanings, and materialities by validating some of them and obscuring or deferring others, with intertwining effects of legitimacy, invalidity, and recognition that categorized and gave centrality to certain changing facets related to the problem that the "invalid child" represented.

2. Recuperate, reeducate, rehabilitate

In Argentina, the first measures adopted in response to the "cripples" of the Paraguayan War (1864-1870) reimagined state responsibility with regard to social debt and recognition of veterans. This commitment was discharged through pension provision and placement in homes of those who could not survive by their own means (*El Inválido Argentino,* 1881; Cámara de Diputados de la Nación, 1866). This development was referred to by Juan Suriano as one of the first indicators of the social question based on "the irruption of pauperism as a massive social issue that called into question the foundations on which social organization was laid by jeopardizing the equilibrium between the right to property and the right to assistance"[2]

2 All translations of sources in Spanish are by *Apuntes*.

(2000, p. 8). In turn, from the start of the 20th century different political and medical voices pointed to the need for a law that would protect workers from occupational illnesses and accidents in industrial spaces. The Law for Work Accidents and Illnesses (Ley de Accidentes y Enfermedades de Trabajo, Ley 9688, 1915) provided compensation and medical coverage for accident victims, the adoption of preventative measures, and certain actions for functional and professional reeducation (Ramacciotti & Testa, 2016). The therapeutic procedures that promoted recovery connected areas related to health, education, and work, and involved physical exercise, various kinesiological and occupational therapy techniques, and basic literacy programs for those in need.

For example, in 1925 a school was created at the Maritime Sanitarium and Solarium in the city of Mar de Plata for the care of children with tuberculosis; it operated inside the institution and followed the province's educational curriculum, conferring the "dual status of patients and students" upon the children (Álvarez & Reynoso, 2011). Another example came a few years later, in 1937, when upon the initiative of "Miss" Emilie Fikh (a "phonetic reeducator" originally from Switzerland), the Vocational School of Treatment through Work for Cripples was created within the Carlos Durand Hospital in the city of Buenos Aires, directed by Dr. José María Jorge. Miss Fikh, the reeducator, alongside a group of volunteer teachers, gave classes to the patients in order to teach them to read and write, as well as handicrafts for their occupational retraining and functional reeducation. This project was a direct precursor to the creation, in 1947, of the hospital schools under the auspices of the National Board of Education (Requena, 2017). According to the interpretation of Adriana Álvarez & Daniel Reynoso (2011), from the 1920s the intersection between the ideas of pedagogical renewal (especially the progressive education movement), child psychiatry, eugenics, and pedology framed transformations at certain institutions, which started to conceive of hospitalization as more than a sphere of recovery and cure, implementing spaces for schooling so that those who would not otherwise have access to education could exercise this right.

At that time, and with the same idea of reducing and preventing "invalidity," medical kinesiology was one of the specialties that was relatively well developed in Argentina. In 1934 the Medical Association for Kinesiology was created, which in 1937 established the Argentine School of Kinesiology, part of the Faculty of Medical Sciences of the Universidad de Buenos Aires. In 1949, this association became known as the Argentine Society for Physical Medicine and Rehabilitation. The use of the term "rehabilitation" in the society's name denotes the relative degree of acceptance of this set of

ideas and practices by the Latin American medical community after World War II (Bregain, 2012; Sotelano, 2012).

In this context, one of the intentions of the doctors who pioneered rehabilitation was to move away from the conception of the "unproductive invalid" to consideration of these individuals' "social utility" through social inclusion that would, in one way or another, prove fruitful. Thus, preventative medicine and rehabilitation would account for a good part of the expectations and promises related to postwar advances in science and "new medicine." In Argentina, these interests were promoted in a context characterized by an increasingly centralized administration and an expansion in the scope of health and social policies nationwide. Debates about the importance of counting on a workforce, obtained either through rising birth rates or migration policies, were high on the national agenda. The economic development plans of Perón's first government required workers in order to extend the import-substitution industrialization process. Thus, concerns aimed at ensuring human resources of sufficient quantity and quality were reflected in many of the actions taken by state health agencies over this period (Biernat, 2007).

During the first two Perón governments (1946-1955), preventative medicine and rehabilitation were the bedrocks of aspirations to establish a universal social security system linked to the state. Ideas about "new medicine," recuperative or reconstructive care, and "social orthopedics" were key to the state planning of the time. Preventative and curative medicine were aimed at prioritizing the monitoring and treatment of chronic diseases, and examining the large groups of afflictions that decapitalized workers' human potential. This understanding of medicine shifted attention away from the fight against infectious diseases and towards the problem of infectious conditions that incapacitated individuals who were still "useful" to their family and society and turned them into invalids. As such, the health of young men became part of the national project, and was adopted as a central element in public health policies (Ramacciotti & Testa, 2016; Ramacciotti, 2009; Decreto Ley 30656. Servicio de Medicina Preventiva y Curativa del Instituto Nacional de Previsión, 1944).

3. Polio on the agenda

The recognition of polio as an illness mostly affecting children, coupled with the challenge of educating and subsequently integrating those afflicted into the labor market, gradually led to the development of ever-more specialized care techniques and the creation of new spaces for the recovery of these minors. Hence, by the middle of the century and as outbreaks of

the disease struck, "crippled children" became more and more visible and central as a target group for social protection alongside adult "invalids" and those "rehabilitated" for work – who, as we have pointed out, were subject to certain definitions on the local political, legislative, and health agenda.

In a certain way, the emergence of this sector meant having to turn back a page and place renewed attention upon an infectious disease that threatened to undo the supposed progressive advances in medical science. But on the other hand, the sustained presence of the disease and the physical limitations it wrought upon its victims provided an equally strong impetus for the development of rehabilitation. The imagined possibility of a generation shorn of its present and future productive capacities from very early on in life was probably a factor in raising awareness for the gradual reappearance of old demands and concerns.

"What tragedy is discerned in the resigned look of a paralytic child, who sees other children running, his playmates a few months before!" (Cámara de Diputados de la Nación, 1936, p. 5). With these words, in 1936, the radical deputy Miguel Critto proposed a draft law that would guarantee free rehabilitation treatment for all children in the country, while also stressing a "new social aspect" of the disease: "the incapacity of thousands of children cured but rendered invalids for good" (Cámara de Diputados de la Nación, 1936, p. 5). Thus, as was frequently noted at the time, "the tragedy" of this disease, which "although it did not always kill, crippled for life" (Cámara de Diputados de la Nación, 1936, p, 4) lay not necessarily in fear of biological death but in rejection of social death, represented by isolation and unproductiveness. Encapsulated in the idea of little children with "resigned looks" cut off from play (and from productive social life), a possible and ineffable future of seclusion and desolation was portended. According to this perspective, these children would be reduced to forced passiveness and dependence on others to get through life, and, in contrast to ideals about a promising future, they shaped negative images and embodied expectations of a social and economic burden that would require state actions and collective efforts to ameliorate (Ramacciotti & Testa, 2016).

For instance, thwarted ambitions and projects notwithstanding, by 1940 the available infrastructure for treating polio had a response capacity that can be estimated at some 693 beds, distributed across the Children's Hospital, the Foundling Hospital, and the Muñiz, Álvarez, and Italian hospitals. More than 60% of this capacity was concentrated in the establishments run by the Sociedad de Beneficencia. Orthopedics and rehabilitation services, which were complemented by those of corrective surgery, were still at the experimental or incipient stages. Generally, they received no more than

meager state funding, and remained afloat partly with money provided by cooperators and donations. In the provinces, hospital resources were still more limited, and sometimes non-existent. At that time, there was only one traumatology and orthopedics service: at the Guillermo Rawson Hospital in San Juan province, run by Dr. Ramón Peñafort, which started operating in 1938 and provided reeducation treatment for children with polio (Argentina, Comisión Nacional de Rehabilitación del Lisiado, CNRL, 1963a). Despite the knowledge and concerns shared among scientific, legislative, and media circles regarding the need for more and better resources with which to tackle possible epidemic upsurges and their dreaded consequences, none of the initiatives came to fruition. The fragmented health network would remain at risk of collapse so long as the disease scourged more severely than expected.

4. The National Commission for Rehabilitation of the Crippled

Among cyclical outbreaks of poliomyelitis, the most serious epidemic was that of 1956, which affected around 6,500 people. Its magnitude once again threatened the health infrastructure and exposed the insufficient state preparation and planning for an event that had been recurring for several decades. In a context of dictatorship, ideological persecution, and a public health emergency, conditions in Argentina were ripe for a set of state interventions aimed at consolidating rehabilitation, understood as a comprehensive and interdisciplinary healthcare practice (Cibeira, 2006).

On March 20, 1956, the newspaper *La Razón* announced the implementation of a rehabilitation plan with the following headline: "The rehabilitation of paralytics works miracles. Ex-cripples become swimming, tennis, and weight-lifting aces, if they start practicing sports right away." This article, after citing examples of US athletes who were once affected by polio, exalted the beneficial results of rehabilitation. "Infantile Paralysis even has an unforeseen effect, that of proving a maker of champions" (*La Razón*, 1956b). Such comments and statements, common at that time, sought to sway public opinion towards a set of ideas that would favor one of the key components of health interventions: rehabilitation.

The National Directorate for Public Health (Dirección Nacional de Salud Pública, DNSP) and the Directorate of Epidemiology and Endemics (Dirección de Epidemiología y Endemias, DEE) were the divisions responsible for adopting the first decisions regarding the epidemic. As an urgent measure, they appointed a Special Committee for the Fight against Poliomyelitis, staffed by men trusted by the ministry and chaired in its beginnings by the head of the DNSP himself. Subsequently, the ministry created the Directorate for the Fight against Poliomyelitis (*La Razón*, 1956a). In parallel, the

de facto government established the CNRL as a tool for dealing specifically with the recovery of those affected by irreversible sequelae. The CNRL was established as a self-governing and decentralized entity by way of Decree 5433/56, Creation of the National Commission for Rehabilitation of the Crippled; and Decree Law 9276, Formation of the National Commission for Rehabilitation of the Crippled, enacted on March 23, 1956. It was made up of nine honorary members appointed by the executive at the proposal of the minister for social action and public health, of whom four were representatives of civil associations specializing in rehabilitation. Its financial management was overseen by a self-administered department (pursuant to Law 12961, Law for the Accounting and Organization of the National Court of Audit and Comptroller General. 1956, 1957), and reported directly to the National Comptroller General. The creation of the CNRL reflected aspirations to start a national rehabilitation program and bring together the existing initiatives scattered around the country. It represented the first mixed state structure for response to the problem of polio. The creation of a political management space shared with "private entities" (to use the terminology of the time) anticipated responsibility for the social burden of "invalids" – an old problem of which polio only was the latest manifestation. The visible architects of this initiative were Francisco Martínez, Minister of Public Health and Social Assistance (1955-1958); and Francisco de Elizalde, Undersecretary for Public Health and Social Assistance.

The first members of the CNRL were largely doctors who had earned professional recognition in disciplines related to rehabilitation (Dirección Nacional de Rehabilitación, 1977).[3] The commission's aims included the formulation and application of a nationwide rehabilitation program that "included the treatment of poliomyelitis, spastics, accident victims, and other types of invalidities." It also proposed the organization, start-up, and maintenance of rehabilitation services and establishments; creation of provincial committees; staff training; technical and administrative advisory; and provision of statistics (Ministerio de Asistencia Social y Salud Pública, 1956; Dirección Nacional de Rehabilitación, 1977). But it was the establishment of rehabilitation centers that would be one of the CNRL's foremost achievements. On March 14, 1956, the de facto president, General Pedro Aramburu, announced the locations intended for such centers: the premises of what had been the Eva Perón Foundation's Children's City and Student

3 The members included: Alejandro Ceballos and Juan Tesone as president and vice-president, respectively; as well as Luis Alberto González, Raúl Carrea, César Sallares Dillon, Pedro Catoggio, Alberto Mejía, Enrique Forn (lawyer), and Sigfrido Maza.

City. Situated between Echeverría, Ramsay, Húsares, and Olazábal streets, these sites were made available for the CNRL to deal expeditiously with its most pressing practical institutional needs (*El Día Medico*, 1956).

The Children's City was built in 1949 with the purpose of providing education, food, healthcare, and recreation to poor and/or orphaned children. It consisted of a main section where the home-school, administrative offices, dining room, and doctor's offices were located; and another section, a miniature city where children learned to become citizens by experiencing a simulation of life in society on a small scale (it contained a church, a bank, a school, city hall, and the plaza). Along similar lines, the Student City, opened in 1951, replicated rooms in the Casa Rosada in order to awaken civic sentiments and responsibilities. According to Anahi Ballent (2009), the Children's City and the Student City can be regarded as emblematic of the foundation's social action, and Eva Perón herself was known to show them off with special pride when receiving official foreign visits: of all the buildings created by her foundation, it was this modern architectural complex that had the strongest symbolic and political meaning.

After the self-styled Revolución Libertadora (1955), the urgency and the intensity of the epidemic left no time for dismantling and/or repurposing these facilities. The Childen's City was destined entirely for the IREL, while the Student City's chalets were divided among the two Homes for Scholarship Holders, the CNRL headquarters, the Occupational Therapy School, the Orthotics and Prosthetics School, and other dependencies of the commission.

It was there that the Marcello Fitte Club for Improvement of the Crippled paved the way for adaptive sports in the country, where athletes used the swimming pools, basketball courts, gymnastics facilities, and soccer field located on the premises. The Fitte Club delegation was the first from Argentina to participate in the Annual Games organized in 1957 by the National Spinal Injuries Center at Stoke Mendeville Hospital in England, which had pioneered wheelchair sports starting in 1944 (Ferrante, 2014). The historic first visit to England to compete in these games, according to Ferrante, was a fundamental rehabilitative experience in the consolidation of sports for persons with disabilities and became a space where "individuals with motor disabilities, marked by social trajectories tarnished by social disqualification, found redress through the honor of being representatives of the Nation." At the same time, it served as a way of "demonstrating that the cripple could be useful" (Ferrante, 2014, p. 42). The Fitte Club was founded on October 14, 1950 by a group of individuals who had contracted polio during the epidemic of 1942 in order to facilitate "reconciliation and communication

between the crippled and the community" and promote goals of physical, mental, and spiritual betterment among members, who were required to be "disabled" in order to join (Ferrante, 2014, p. 28). One of the club's chief motivations was to allow its members to counter the piteous and charitable conceptions of the day: "Let society understand that the cripple is not a passive being that can only receive, that he can also give and create, like any citizen." (*En Marcha,* 1958). During those years, these sports facilities became highly dynamic, achieving public visibility and serving as an arena of preference for showcasing the CNLR's achievements – just as they were when they were part of the Children's City under Perón's administration.

The CNRL took a range of actions that included assessing and financing rehabilitation plans, granting scholarships for training rehabilitation assistants and technicians at its centers and schools, organizing spaces for specialist academic and scientific exchange, and supporting private initiatives related to the cause. Its main goals were to create the IREL and train specialized human resources in order to cover health needs in the provinces and other Latin American countries (Ministerio de Asistencia Social y Salud Pública, 1956); it had jurisdiction over all Argentine territory, and each province was encouraged to set up its own mixed commissions to take part in CNRL's discussion and work spaces.

The commission's first concrete achievements, in 1956, were the IREL and the Respiratory Rehabilitation Center. In 1959, the Occupational Therapy School and the Home for Scholarship Holders were established to receive students from the interior and abroad. Two years later, The Orthotics and Prosthetics School was opened, with accommodations for male scholarship holders studying in the program. In 1961, the Department of Sports and Recreation was set up (Ferrante, 2014). Finally, in 1963, the CNRL incorporated the Professional Rehabilitation Center – part of the Rehabilitation Institute Cooperative Association (Asociación Cooperadora del Instituto de Rehabilitación, ACIR) – which taught vocational skills (shoemaking, tailoring, bookbinding); while its administrative and budgetary structures included the María Ferrer Respiratory Rehabilitation Center and a home of the same name, intended for the care of patients with severe breathing difficulties. This center began operating in the spring of 1956, on the initiative of a group of doctors led by Gwendolyn Shepherd and Aquiles Roncoroni. A few years later, in 1960, the María Ferrer Home was founded to shelter and care for persons who had survived polio, but needed resuscitators or other forms of assistance to survive. To begin with, the two institutions had the support of the National Program against Poliomyelitis, but there were insufficient funds to maintain their costly programs over time. Given

the seriousness of the patients' conditions, these centers required a highly trained, permanent staff as well as sophisticated instruments and equipment. Despite their marginal position in public health policy, these experiences were the forerunners to intensive pediatric therapy in Argentina.

During this period, the following entities also were founded in the province of Buenos Aires: the Rehabilitation Association for Crippled Children (la Asociación de Rehabilitación para Niños Lisiados, ARENIL) in Morón in 1956; the Private Center for Rehabilitation of the Crippled (Centro Privado de Rehabilitación del Lisiado, CEPRIL) in Nueve de Julio in 1957; the Olvarría Center for Rehabilitation of Infantile Paralysis (Centro Olavarriense de Rehabilitación de la Parálisis Infantil, CORPI) in Olavarría in 1957; the Rehabilitation Center for Crippled Children (Centro de Rehabilitación para Niños Lisiados, CERENIL) in Mar del Plata, created as a civil association in 1952 and whose site opened in 1958; and the 12 branches of the Association for the Fight against Infantile Paralysis (Asociación para la Lucha contra la Parálisis Infantil, ALPI), which were inaugurated between 1956 and 1961 in different provinces around the country. The IREL, created in 1956 in the city of Buenos Aires, was the first high complexity center specializing in polio rehabilitation and other conditions of the locomotor system. The institute became a benchmark of organization and – alongside the private centers ALPI (1943) and CERENIL (1958) – of motor rehabilitation and human resources training (Álvarez, 2013, 2015).

By this point, it can be appreciated that in a game of opportunities and demands prompted by a public health emergency, the CNRL was able to capitalize upon a series of institutional and symbolic resources generated at an earlier stage by professional and private groups, some of them members of the Perón government (see Table 1). This strategy was key to legitimizing the commission's existence as a "new" instrument – according to definitions in circulation at the time – of the state bureaucratic structure. On the other hand, the relative autonomy afforded by its status as a self-governing entity gave it the means by which to act quickly and, for some operating within it, to advance corporate and/or personal interests and occupy prestigious positions.

Table 1
Institutions under the National Commission for Rehabilitation of the Crippled, 1956-1965

Sociosanitary centers							Homes			State schools	
IREL, 1956			Respiratory Rehabilitation Center María Ferrer, 1956			ACIR Professional Rehabilitation Center, 1963	Home for Scholarship Holders, 1959	María Ferrer Respiratory Home, 1960	Accommodation for Scholarship Holders, 1962	Occupational Therapy School, 1959	Orthotics and Prosthetics School, 1965
Specialist doctors	Technicians	Facilities	Specialist doctors	Technicians	Facilities	Occupation and employment	Accommodation	Home-school	Accommodation	Education	Education
- Amputees - Anesthesiology - Angiology - Surgery - Orthotics - Urology	- Coordination - Nursing - School - Speech therapy - Kinesiology - Psychology - Sports and recreation - Orthotics and prosthetics workshop - Occupational therapy - Archives and records	- Pharmacy - Haemotherapy - Laboratory - Dentistry - Radiology - Transportation	- Pathological anatomy - Family care - Medical clinic - Physiatry - Physiopathology - Experimental laboratory - Radiology	- Social assistance - School - Speech therapy - Kinesiology - Psychology - Occupational therapy - Archives and records	- Nutrition - Electromechanics - Resuscitator - Biomechanics laboratory	- Employment - Assessment - Accelerated professional training	- Female occupational therapy students from the interior or abroad, - 60 capacity.	- Post-polio accommodation for persons with serious respiratory sequelae - Social assistance - Plastic arts - Vocational training - School - Musical therapy - Psychology - Occupational therapy	- Male students of orthotics and prosthetics from the interior or abroad, - 34 capacity	- Curriculum in accordance with the World Federation of Occupational Therapy - Higher level	- Agreement with the National Technical Education Board (Consejo Nacional de Educación Técnica, CONET) - Higher level

Source: Ministerio de Asistencia Social y Salud Pública (1958); CNRL (1963b); Ministerio de Asistencia Social y Salud Pública-Dirección Nacional de Rehabilitación (1977); compiled by author.

5. The Institute for Rehabilitation of the Crippled

As we have seen, the climate of ideas around rehabilitation was not without tensions and disputes regarding its meaning, scope, contents and delimitations in the field of professional practice. The first years of the CNRL unfolded in a context of a public health emergency and political authoritarianism, followed by great instability during the period of return to democracy under the Arturo Frondizi presidency (1958-1962). However, between 1956 and 1959, the CNRL promoted rehabilitation centers and programs that were considered "innovative" and "progressive" for the time and local health conditions. One of these was the IREL, widely known as the "Institute."

During its first three years (1956-1959), IREL made headway despite an epidemic and a context of considerable volatility. Its first director was Humberto Ruggiero, followed by Alberto Mejía, Luis Alberto González, and then, in 1958, the Cordoba orthopedist Óscar Malvárez, a "distinguished specialist and advisor from ALPI" (CNRL, 1958). In response to the change of government in May, when Frondizi assumed the presidency, CNRL members tendered their resignations and the Institute continued its activities without a "boss." This went on until August, when a new CNRL director was appointed. Malvárez described his experience as follows:

> In 1956, Perón had fallen and the hospitals were a mess. There were no resuscitators and almost all the active doctors who treated Infantile Paralysis were thrown out by the new government, due to the proscription of Peronism. […] After '56, '57 the problems began to occur. There was nobody to manage all this […] and they reeled in a fool, yours truly. Because I was a friend of González who was director of the "Institute" and he knew me from going to the Children's Hospital with them to study Infantile Paralysis, it occurred to them, why not have me follow on? I didn't know; I had a wife and three children, so I went just to try, because it wasn't just a case of going there, there wasn't much money. They tried taking me. [...] One day González [Luis Alberto González, CNRL member and ALPI director] talks to me, the doctors in Buenos Aires were on strike and they couldn't appoint anyone even to help them out, and he says: 'Look, Oscar: you have to come quickly because we don't know to solve this issue, we don't have a doctor. This is a disaster, anything could happen at any time,' so the next morning I got into the car and went. It took me almost two years to come back (*Materia Prima. Primera Revista Independiente de Terapia Ocupacional*, 1997, p. 2).

Two months into Frondizi's administration, there was a doctors' strike that lasted 70 days, from July 4 to September 13, 1958, due to a conflict between the Union of Transport Workers and Employees (Unión de Obreros y Empleados del Transporte, UTA) and the Medical Confederation of the Argentine Republic (Confederación Médica de la República Argentina, COMRA) sparked by the firing of the UTA-appointed interventor, the medical director. Unions that pressed for the reinstatement of doctors laid off during the Perón government faced off against others demanding reinstatement of physicians dismissed starting in 1955 because of their Peronist links. On the other hand, the support of Juan Domingo Perón for the candidacy of Arturo Frondizi, the opposition of some actors to the possible return to the previous democratic government, and the union normalization process were sources of conflict for the doctors' association and deepened tensions between doctors and mutual societies (Belmartino, Bloch, Camino & Persello, 1991). Malvárez recalls this tumultuous climate and the intense personal commitment of the group of doctors who made up the CNRL:

> You see what it was, we were working with them [the CNRL] until 3 in the morning and at 8 you had to be back at the "Institute" seeing patients, and at 12 operating. They were all very friendly with one another and were determined not only to do things well, but to do new things, for the country to change. They were all people of great influence in Buenos Aires (*Materia Prima. Primera Revista Independiente de Terapia Ocupacional*, 1997, p. 4).

Malvárez was followed in this post by Horacio Rosenwurcel and then, in 1959, by José Benito Cibeira, newly graduated as a specialist in physical medicine and rehabilitation in the United States, who went on to lead the institution for 30 consecutive years. Cibeira's long tenure as director was instrumental in the establishment of physical medicine and rehabilitation as medical specialties, the development of adaptive sports, and other provisions that strengthened the field of rehabilitation. Meanwhile, in 1955, as the number of polio cases dropped off following the emergence of the Salk vaccine, the CNRL expressed increasing willingness to address other neuromuscular conditions until then sidelined because of the epidemic.

By 1958, the staff at the IREL was made up of individuals from various professions across several departments: Medical Clinic, Orthopedics, Psychosocial and Nursing. What stands out is the number of employees assigned to the Psychosocial Department: 25 teachers and 25 kinesiologists. This department carried out teaching activities for inpatient and outpatient children at the preschool, primary, and secondary levels. It also

taught courses on languages, dressmaking, manual work, typing, reader's theater, film discussion, among others, as well as organizing field trips to the cinema and theater and providing games and sports activities, with the collaboration of a group of "volunteers" (CNRL, 1958). Today, more than six decades on from its creation, the Institute remains one of Argentina's outstanding specialist rehabilitation centers.

6. Final considerations

The state's recognition of the problem of rehabilitating "cripples" following the 1956 epidemic gave what was undoubtedly a long-standing demand its rightful place on the public health agenda. To be sure, the dictatorial government of Pedro Aramburu (1955-1958) availed itself of this development as a political tool to strengthen its public image and legitimize its actions, but it must be recognized that the numerous and varied measures implemented, including the CNRL, put in place a set of institutions that pursued their objectives over the years and marked the professionalization of motor rehabilitation as a discipline in Argentina (Cibeira, 2006).

Institutional expansion and the legitimation of rehabilitation over the period 1956 to 1958 should be understood in a historical framework characterized by authoritarianism, political violence, and the exclusion of Peronism. Peronist health policies were criticized and maligned, while its structures and services were dismantled or abandoned. Given the public health implications of the 1956 epidemic, attempts were made, as we have seen, to reuse certain institutions and know-how, implementing these quietly and with stealth or embellished in rhetoric. When, in 1957, the 1949 Constitution was abrogated and replaced with that of 1853, social rights were safeguarded through retention of Article 14 of the former. This demonstrates that there was a need at the time to protect certain guarantees and protections amid fears of communist advances and the loss of governability. If, when it came to rehabilitation, the state made progress in health and social coverage, it did so from a liberal standpoint, seeking to offload responsibilities through decentralization and under the guidelines of international organizations that promoted such an approach.

During the period analyzed, rehabilitation, as a set of statements, practices, and values, constructed a particular "polio world" that provided an existential framework to children who were affected by the disease and who faced the challenge of overcoming all kinds of barriers, often styling them as vessels of an assumed additional strength. Polio is carried **in** the body and **from** the body as a historically singular experience that acts **performatively** while establishing rationalities and regularities that introduce "ways of

saying, doing, and behaving" as a "subject of knowledge, a social, legal, or ethical subject" (García Fanlo, 2011, p. 8). It might be said that, to a large extent, these small children were traversed by the hegemony of normalization, and by the various facets of social pain and its regulatory mechanisms, through a set of procedures that tended to strengthen the naturalization of deficiency and disability as problems of the individual. The complex dispositif of rehabilitation served to legitimize a set of interventions with a moral justification that went beyond the medical and scientific spheres and which involved socially demanded expectations of the young patients. (Martínez Pérez, 2009b; Porras Gallo, 2006). In short, the presence of this disease and this group of children, priority recipients of the new therapeutic methodologies, came as an opportunity to test and develop these projects and demonstrate their scientific and social utility while justifying the emergence of new professions and specialties in the field of healthcare. These ideas, medical practices, and social interventions, as a legacy, laid the foundations for future developments that continue to this day.

References

Álvarez, A. (2013). El impacto de los brotes de poliomielitis en las formas de organización ciudadana. *Revista de Historia de la Medicina y Epistemología Médica*, 5(1), 1-24. Retrieved from http://www.fmv-uba.org.ar/comunidad/revistasylibrosdigitales/histomedicina/index1024x768.htm

Álvarez, A. (2015). Los desafíos médicos, sociales e institucionales que dejó la poliomielitis: la rehabilitación integral en la Argentina de mediados de siglo XX. *História, Ciências, Saúde-Manguinhos*, *22*(3), 941-960. doi: http://doi.org/cmx4

Álvarez, A., & Reynoso, D. (2011). Entre el abandono y la debilidad. El cuidado de la salud en la primera infancia, entre 1920-1930. In I. Cosse, V. Llobet, C. Villalta, & M. Zapiola (Eds.). *Infancias: políticas, saberes e intervenciones. Argentina y Brasil (siglos XIX-XX)* (pp. 123-149). Buenos Aires: Teseo.

Ballent, A. (2009). Las huellas de la política. *Vivienda, ciudad, peronismo en Buenos Aires, 1943-1955.* Bernal: Universidad Nacional de Quilmes y Prometeo.

Belmartino, S., Bloch, C., Camino, M. I., & Persello, A. V. (1991). *Fundamentos históricos de la construcción de las relaciones de poder en el sector salud. Argentina 1940-1960*. Buenos Aires: Organización Panamericana de la Salud.

Biernat, C. (2007). *¿Buenos o útiles? La política inmigratoria del peronismo*. Buenos Aires: Biblos.

Bregain, G. (2012). Historiar los derechos a la rehabilitación integral de las personas con discapacidad en Argentina (1946-1974). In L. Pantano (Comp.). *Discapacidad e investigación: aportes desde la práctica* (pp. 111-166). Buenos Aires: Educa.

Bregain, G. (2014). *L'internationalisation imparfaite d'une modernité nord-atlantique. Essai d'histoire croisée des politiques publiques du handicap en Argentine, au Brésil et en Espagne (1956-1982)* (doctoral thesis). Universidade Federal de Santa Catarina, Brazil and Université de Rennes II, France.

Cámara de Diputados de la Nación. (1866). *Diario de Sesiones de 1866*. Sesión del 15 de junio sobre la Creación del Asilo para Inválidos, p. 41.

Cámara de Diputados de la Nación. (May 1936) Proyecto de Ley 108. Creación del Instituto Nacional de Parálisis Infantil. Extract: Critto, folio 5. Buenos Aires: Cámara de Diputados.

Cibeira, J. (2006). Aspectos históricos del IREP: visión de su primer director. *Boletín del Departamento de Docencia e Investigación del Instituto de Rehabilitación Psicofísica, 10*(2), 3-19.

Comisión Nacional de Rehabilitación del Lisiado, CNRL. (1958). *Memorias*. Buenos Aires: CNRL.

Comisión Nacional de Rehabilitación del Lisiado, CNRL. (1963a). *Boletín. Comisión Nacional de Rehabilitación del Lisiado.*

Comisión Nacional de Rehabilitación del Lisiado, CNRL. (1963b). *Servicios y centros de rehabilitación de lisiados del aparato motor.* Buenos Aires: CNRL.

Decreto Ley 30656/44. Servicio de Medicina Preventiva y Curativa del Instituto Nacional de Previsión. (November 27, 1944). *Boletín Oficial.* Buenos Aires.

Dirección Nacional de Rehabilitación. (August 1977). Boletín.

Decreto 5433/56. Creación de la Comisión Nacional de Rehabilitación del Lisiado. (March 23, 1956). Poder Ejecutivo Nacional.

Decreto Ley 9276. Conformación de la Comisión Nacional de Rehabilitación del Lisiado. (March 23, 1956). Poder Ejecutivo Nacional.

El Día Médico. (May 14, 1956). Conclusiones. *El Día Médico*, *26*(1-44), 859.

El Inválido Argentino. (May 25, 1881), (only issue).

En Marcha. Órgano oficial del Club Marcelo Fitte (August, 1958). (10), 75.

Ferrante, C. (2014). *Renguear el estigma. Cuerpo, discapacidad y deporte*. Buenos Aires: Biblos.

García Fanlo, L. (2011). ¿Qué es un dispositivo? Foucault, Deleuze, Agamben. *A Parte Rei*, (74). Retrieved from http://serbal.pntic.mec.es/AParteRei/fanlo74.pdf

La Razón. (March 11, 1956a). Hasta un efecto imprevisto suele tener la parálisis infantil, tal es el de resultar generadora de campeones. *La Razón*, p. 4.

La Razón. (March 20, 1956b). La rehabilitación opera milagros. *La Razón*, p. 3.

Ley 9688. Ley de Accidentes y Enfermedades de Trabajo. (October 21, 1915). *Boletín Oficial*.

Ley 12961. Ley de Contabilidad y Organización del Tribunal de Cuentas de la Nación y Contaduría General. 1956. (1957). *Boletín Oficial*.

Martínez-Pérez, J. (2006). El obrero recuperado: medicina del trabajo, ortopedia y tecnología médica en la imagen social de las personas con discapacidades (1922-1936). *História, Ciências, Saúde-Manguinhos*, *13*(2), 349-373. Retrieved from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-59702006000200009

Martínez-Pérez, J. (2009a). La poliomielitis como modelo para el estudio de la enfermedad en perspectiva histórica. *Asclepio. Revista de Historia de la Medicina y de la Ciencia, 61*(1), 7-22. doi http://doi.org/cmx5

Martínez-Pérez, J. (2009b). Consolidando el modelo médico de discapacidad: sobre la poliomielitis y la consolidación de la traumatología y ortopedia como especialidad en España (1930-1950). *Asclepio. Revista de Historia de la Medicina y de la Ciencia, 61*(1), 117-142. doi http://doi.org/cmx5

Materia Prima. Primera Revista Independiente de Terapia Ocupacional. (1997). Estampas de un tiempo, *2*(5), 2-4.

Ministerio de Asistencia Social y Salud Pública. (July 28-29, 1956). *Reunión Nacional sobre Rehabilitación del Lisiado*. Carlos Paz, Córdoba, Argentina.

Ministerio de Asistencia Social y Salud Pública. (1958). *Memoria de la Comisión Nacional de Rehabilitación del Lisiado*. Buenos Aires: Ministerio de Asistencia Social y Salud Pública.

Ministerio de Asistencia Social y Salud Pública-Dirección Nacional de Rehabilitación. (1977). *Reseña de evolución*. Buenos Aires: Ministerio de Asistencia Social y Salud Pública-Dirección Nacional de Rehabilitación.

Oliver, M. (1996). ¿Una sociología de la discapacidad o una sociología discapacitada. In B. Len (Comp.). *Discapacidad y sociedad*? (pp. 34-58). Madrid: Morata.

Porras Gallo, M. I. (2006). La medicina y los seguros en el abordaje del problema de los inválidos del trabajo en España en la primera mitad del siglo XX. *História, Ciências, Saúde-Manguinhos, 13*(2), 393-410. doi http://doi.org/c9b2zw

Ramacciotti, K. (2009). *La política sanitaria del peronismo.* Buenos Aires: Biblos.

Ramacciotti, K., & Testa D. (2016). "Re-educar inválidos es un problema caro." La rehabilitación laboral y la reinserción social. Argentina, 1915-1960. *Revista de Ciencias Sociales*, *50*(1), 171-202. Retrieved from http://www.bibliotecavirtual.unl.edu.ar/ojs/index.php/EstudiosSociales/issue/view/569/showToc

Requena, M. L. (2017). *Una escuela hospitalaria. Etnografía sobre los cuidados de niños gravemente enfermos*. Buenos Aires: Miño and Dávila.

Rodríguez-Sánchez, J. A. (2015). Poliomyelitis after Poliomyelitis. Lights and Shadows of the Eradication. An Introduction. *Hygiea Internationalis, 11*(1), 7-31. doi http://doi.org/cmx6

Sotelano, F. (2012). History of Rehabilitation in Latin America. *American Journal of Physical Medicine & Rehabilitation, 91*(4), 368-373. doi: http://doi.org/d7zsqc

Stike, H. J. (1997). *A History of Disability*. Ann Harbor: The University of Michigan Press.

Suriano, J. (2000). Una aproximación a la definición de la cuestión social en Argentina. In J. Suriano (Comp.). *La cuestión social en Argentina (1870-1943)* (pp. 1-30). Buenos Aires: La Colmena.

Wilson, D. (2009). Y andarán: lo ideal versus la realidad en la rehabilitación de la polio en los Estados Unidos. *Asclepio. Revista de Historia de la Medicina y de la Ciencia, 16*(1), 175-192. doi http://doi.org/cmx5