



Work, Disability and Social Control: Occupational medicine and Political Intervention in Franco's Spain (1938-1965)

José Martínez-Pérez

Senior Lecturer, Faculty of Medicine of Albacete
and Research Institute for Neurological
Disabilities University of Castilla-La Mancha
(Spain)

Email: jose.mperez@uclm.es

Abstract

Work was given an important position within the political programme of General Franco's dictatorship, which considered work to be a fundamental factor for economic development and a means by which the regime could exercise its power. Thus work became an essential, pivotal element on which Spanish social policy was organised. Disability, considered to be an obstacle to the correct performance of the work activity, arose as a phenomenon that had to be included in the general measures aimed at regulating and controlling the performance of the productive tasks. Proof of this can be seen in the steps adopted regarding health and safety in the factories and the recovery of victims of accidents that had occurred at work.

The aim of this article is to explore these interventions and use them to show how disability was used as a vehicle to implement steps aimed at disciplining the population as a whole. Using legislative documents, general and professional press and propaganda pamphlets as the main sources, this article shows how the discourse generated in relation to occupational medicine represented an essential route, not only for developing a medical model of disability in Spain, but also for exercising a specific form of biopolitics.

INTRODUCTION

In 1942, three years after the end of the Spanish Civil War that led to a long period of Dictatorship (1939-1975), Valentín Matilla (1900-1997), an important Spanish doctor, drew attention to the close links existing between work and disability. When dealing with the "national policy" regarding hygiene, he mentioned the existence of three fundamental circumstances that could arise during a person's life in relation to their capacity to perform a work activity: "illness, disability (for any cause) and old age (which, in itself causes disability as such)" (Matilla, 1942, p. 59). The

consequences of these situations went, according to this doctor, well beyond the affected worker and reached society as a whole due to the fact that it prevented the performance of a set of activities that were "essential in the social apparatus" and that were "necessary for the prosperous life of the people". This loss was even greater "when the disability (whatever its cause) continued over a long period of time or became permanent at an early age in the worker's life". In this case, the "disability", as it compromised the worker's economic security and that of his family, also became "a social burden that had to be rectified or addressed" (Matilla, 1942, p. 59). To do this, according to Matilla, social security insurance had to be developed which, in the case of a sick, disabled or elderly worker, allowed society to fulfil "an elemental duty of reciprocity" with those workers who had actively worked and through their work had contributed to resolving the problems that group living could set forth. For this reason, the "existence" of the worker had to be looked after, preventing the risks to which the work activity exposed him to through the control of the hygiene of the industrial premises, hygiene education amongst the working classes and "extensive work legislation" (Matilla, 1942, p. 61). To close his article, Matilla set forth the idea that it was the state and the government's task to coordinate all these repair and prevention actions related to disability.

In this way, Matilla imbued disability with some significant features. As, either temporarily or permanently, it caused a decrease in the productive forces, it was established as a negative factor for the nation's prosperity. Its political relevance had not only to do with the duty of looking after those who had contributed to the development of the homeland with their work, but also with the need to control anything that could be an impediment to the development of the "*Nuevo Estado*" (New State), as the revolted faction called the political regime that they wanted to establish led by the "*Generalísimo*" (Generalissimo) Francisco Franco (Moradiellos, 2000, p. 44). In this way, disability acquired, similar to what had happened in previous decades (Martínez-Pérez and Del Cura, 2013), a wide-reaching political scope. Not only did it involve an undesirable phenomenon due to its consequences on an individual and family level; it represented a threat for society as a whole because of the disruption that it caused in the work activity. Disability was therefore shown as a phenomenon which had important repercussions both on the people who were classified as "disabled", and on those who were considered "able" to work; disability became a powerful reason to justify and legitimate actions aimed at controlling the behaviour of all the workers in order to prevent them from becoming, either temporarily or permanently, unproductive people.

In order for this task (now being established as a duty for the governors) to be successful, medicine was presented as an essential ally¹. A policy aimed at controlling the risks at work and at maintaining the workers at their full physical and psychological capacity to correctly perform their work, occupational medicine had to be promoted as the discipline that could contribute to improve health and safety at work and to the recovery of people who were "invalid" for work.

It is easy to recognise here an expression of that concern with the health and strength of workforces and army forces and with their reproduction that Pickstone called "productionist medicine". He has identified this as the first of the medicine types (the others would be "communitarian" and "consumerist" medicine), "which might be said to be characteristic of political economy of medicine during twentieth century" (Pickstone, 2000, p. 2). During the first half of the 20th century, the concern for the population was a prominent feature in Western states. On the one

hand, the productive power of the economy depended on a large, able-bodied workforce. On the other hand, the military forces and the improvement of nations depended on a supply of strong young men. Therefore, as Pickstone indicated, the "organicism" of social thought in this period echoed the "biologism" in the understanding of individuals and their connections across generations", with the most conspicuous and controversial formulation occurring in the doctrine of degeneration and in eugenics (Pickstone, 2000), p. 8). In this way, Matilla's words are an example of Spanish participation in this trend. In fact, as in most of the rest of Europe (Turda, 2010), degeneration doctrine and eugenics were also the subject of intense debates in Spain (Álvarez, 1997; Campos, Martínez-Pérez and Huertas, 2000; Juárez, 1999).

This way of considering the relation between disability and work meant an interpretation that was going to be seen as highly influential during Franco's regime. The aim of this article is to explore how this way of contemplating the links between work and disability were configured and structured; to analyze how this was used to promote the role of occupational medicine in order to control the negative consequences of disability for productive activity; and to reveal the consequences of this on the people considered as "normal" or "able" and on those classified as "disabled". On this point, I consider it justified to interpret the meaning of occupational medicine in Franco's Spain, and its influence on the way in which the phenomena of disability was configured during this period, from the point of view provided by the notion of "bio power" or "biopolitics" (Foucault, 2003, pp. 177-211; Foucault, 1997, pp. 213-215) Michel Foucault designated this as a type of power that made human life enter the "government", this term which for him "did not refer only to political structures or to the management of states; rather it designated the way in which the conduct of individuals or of groups could be directed" (Foucault, 1997, p. 221). Foucault considered that "biopolitics" would include two new technologies for governing people: the "disciplines", which attempted to dominate body operations to obtain an increase in the individual's usefulness by way of the careful control that each person exercises over their own body; and the "safety devices", the aim of which would be to study a series of people's biological processes —birth, death, morbidity, etc.— in order to control the hazards of the risks of modern human agglomerations (Cayuela, 2014, pp 17-18).

In order to develop my exposition, I will first show how the relevance that work held within the Franco regime's ideology determined a view of disability that was shown in legislative actions and how occupational medicine was considered as a useful area to be able to reach these goals. I will then analyse how this promoted the role of occupational medicine in the working environment and how this institution acted in relation to disability. Finally, I will attempt to show how the knowledge and the medical practices generated to prevent and repair the "disability" caused by the work allowed greater social control to be exercised, contributing to transforming the subjectivity of Spaniards, both those considered able to work and those qualified as "disabled", in relation to disability.

NATIONAL SYNDICALISM, WORK AND DISABILITY

The prolonged crisis of capitalism forms one of the main elements, along with the "explosion of ethnic-racist nationalism", of the "irreconcilable demands for territorial revisionism" and the "acute class conflict", which have been indicated to explain the reasons leading to the conflicts that would show their most tragic

consequences in the Second World War. Specifically, the decade of the 1930s contributed to providing an atmosphere where deprivation, as well the fear of deprivation, promoted the political polarisation towards extremes. (Kershaw, 2016, pp. 2, 5). The Spanish Civil War (1936-1939) and the subsequent establishment of Franco's regime has been related to the political, social and moral crisis at the beginning of the 20th century, which was expressed by the clashes between the capital and the workers. The difficulties of democratic states to channel satisfactory responses led to the rise of totalitarian ideologies, such as National Socialism in Germany or Fascism in Italy. In Spain, the so-called National Syndicalism was the political and economic-social proposal which, using a fascist inspiration and with components taken from Catholicism, was used as a banner to promote the military uprising of 1936 and to guide the establishment of the new political order: Franco's regime (Ruiz Resa, 2000, pp. 3-4).

National Syndicalism began to appear around 1931 within the framework of the *Juntas de Ofensiva Nacional-Sindicalista* (JONS – Unions of the National-Syndicalist Offensive) (Perfecto, 2015, p. 131), a Spanish totalitarian political organisation with a political credo that was formed by five fundamental points: the unity of Spain; respect for religious tradition; appeal to the youth; anti-Marxism and socio-economic revolution by way of mandatory syndication, the control of wealth and the "complete ennobling of the status of the workers" (Ellwood, 2001, pp. 33-34). The merger of this group in 1934 with the *Falange Española* (Spanish Phalanx), another party holding a fascist ideology created in 1933 (Ellwood, 2001, pp. 40, 46), gave rise to a new party: *Falange Española de las J.O.N.S.* (FE de las JONS). As indicated by Ellwood, although the Falangists denied the fact that their party was connected with the Italian and German totalitarian movements, the historiography has shown the presence of these relations. Direct and indirect contacts have been documented between 1934 and 1935 by the *Falange* leaders with Italian fascists and the Nazi regime. However, it seems that the Germans were not as inclined as the Italian fascists to fund the *Falange* (Ellwood, 2001, pp. 65-70).

In 1934, now under the leadership of José Antonio Primo de Rivera (1903-1936), the 27 *programme points* of this political movement were prepared. On these points, Spain was conceived as "a universal unit of destination" and, amongst imperialist, Catholic, nationalist statements, supporting military values and with the wish to defend the integrity of the homeland (El programa, 1934, p. 32-33), allusions were made to the method used to conceive the economy, work and class struggles. Rejecting Marxism, which would continue to misguide the working classes, it also expressed in point ten of the programme, its opposition to capitalism and this was done referring to it in very harsh, derogatory terms: "We repudiate the capitalist system, which ignores popular needs; it dehumanises private property and lumps the workers together in shapeless masses, conducive to hardship and desperation" (El programa, 1934, p. 33). As an alternative to the vilified capitalist system, it was advocated that in the new regime "everyone who cooperates in the production, forms an organic totality in it", which would make "class struggles radically impossible" (El programa, 1934, p. 33). This was how Spain was conceived in relation to the economy "as a gigantic syndicate of *productores*" (producers), a term used in the "*Nuevo Estado*" to refer to the "material" workers and differentiate them in this way from those "of the spirit" (Ruiz Resa, 2000, p. 59); it defended the corporate organisation of Spanish society "by way of a system of vertical syndicates according to production branches" (El

programa, 1934, p. 33). It is important for the content of this article to emphasise that in the aforementioned programmatic document it also stated that "all Spaniards had the right to work" and that "all non-disabled Spaniards have the right to work" (El programa, 1934, p. 34). To stress this last point, it was affirmed that: "The National Syndicalist state will not give the least consideration to those who do not fulfil any function and aspire to live as guests at the expense of the effort of others" (El programa, 1934, p. 34). The productive work was, therefore, a matter of all the "producers" and therefore, all those who were engaged in the work were responsible for carrying it out in accordance with the recommendations that they were given; for example, as we will see further on, with those who had to maintain health and safety at work.

The relevance held by these concepts for the ideological configuration of Francoism was determined by the decision of the "*Caudillo*" (Leader) (as his followers called Francisco Franco) to group the different political organisations who supported him into a single party. The Decree number 255 of the 19th of April 1937 established that *Falange Española* and the JONS joined together with other groups to create a new national political entity: *Falange Española Tradicionalista de las JONS*. Franco himself took on its leadership and it was established as the only political organisation that legally existed in the *Nuevo Estado* (*New State*). Its programmatic document had been the one established by the 26 first points included in the *Falange Española* political programme document, and its members had to take part in the organisations and services of the State to imprint "a new rhythm" on them (Decreto, 1937, p. 1034).

In this way, National Syndicalism, specifically the ideology sustained by the *Falange*, became the essential source of the main basics of the Dictatorship's one-party system (Ellwood, 2001, p. 105). This would be shown in the fundamental legal text on work and its legal regime in Franco's Spain: the *Fuero del Trabajo* (Labour Charter), passed by the "*Generalísimo*" by Decree on the 9th of March, 1938 (Decreto de 9 de marzo, 1938). We must stop to analyse its contents, which are linked to other regulations prepared and proclaimed in Nazi Germany and in fascist Italy, not only to show the ideological tone that upheld it, but to identify the principles that fed the legislative actions undertaken by the Franco regime on the subject of work, and how the question of disability was included in them.

Montoya has revealed that the fact that the *Fuero del Trabajo* was enacted in a period of war would explain why its declarations had a rhetorical, programmatic and indoctrinating style that even surpass those used in the Italian Work Charter of 1926 and the General National Work Law of 1934, without this preventing some specific formulations from the *Fuero* having their counterparts in these laws (Montoya, 1992, p. 300). In its introduction, the *Fuero* was presented as the way in which the state began its task of carrying out the revolution for which, in its opinion, Spain was waiting. The idea was to renew "the Catholic tradition, of social justice and high human sense that informed the legislation of the empire" (Decreto de 9 de marzo, 1938, p. 6178).² The aim was to obtain a "national" state, in the sense that "it is a totalitarian instrument in the service of the national sovereignty"; and a "syndicalist" state, since it would represent a "reaction against liberal capitalism and Marxist materialism" (Decreto de 9 de marzo, 1938, p. 6178). The statement spotlighted not only the national syndicalism that inspired it, but also the relevance that was given to work within the ideology of those who were going to hold the reins in Spain. The state, it mentioned in its Declaration I.3., "values and extols

work [...] and on this point, it will protect it with the force of the law". Seen as a "service" that individuals provide with the "aim of contributing to the higher good that represents Spain" (Declaration I.7), it established "one of the most noble attributes of hierarchy and honour" (Declaration 1.6). Whoever contributed with their working activity to the aggrandisement of the homeland deserved great esteem and held "sufficient merit to demand the assistance and protection of the state" (Declaration 1.6). Consequently, the new political regime stated that it was committed to exercising "a constant and efficient action to defend the worker, his life and his work" (Declaration 2.1); to looking out for "safety and continuity in the work" (Declaration 3.6); and to providing the producer with the safety of feeling protected in the case of misfortune (Declaration X.1). To do this it proposed increasing "the social security insurance for old age, invalidity, maternity, work accidents, occupational illnesses, tuberculosis and unemployment, tending to implement full insurance" (Declaration X.2).

It is not surprising that, as it was presented as something that was necessary and essential for the prosperity of the Nation, and as the origin of a series of recognitions for those who undertook its performance, the new regime proclaimed the "right to work" of all Spaniards and considered the guarantee of its fulfilment to be a "primary task of the State" (Declaration I.8).

However, the *Fuero* also gave more emphasis on the mandatory nature of work than the idea of work as a right. Declaration I.3. stated that the "right to work is the result of the duty imposed on mankind by God, to fulfil the individual purposes and the prosperity and greatness of the homeland". It was a "social duty" that was going to be "inexcusably demanded, in any of its methods of all non-disabled Spaniards" (Declaration 1.5).

Therefore, the State had to carry out three tasks in which occupational medicine was going to be involved and was going to acquire a leading role: preventing the appearance of disability; establishing the steps aimed at recovering the workers deemed to be "disabled" for work; and determining the legitimacy of a person to be worthy of the aid and benefits that the *Fuero* established for those who lost their ability to work. As we will see further on, the Franco Regime's new legislation would include these approaches and provide occupational medicine with a strategic position within the framework of the actions aimed at exercising social control over the "*productores*".

MEDICINE AND DISABILITY IN THE LEGISLATIVE DEVELOPMENT OF THE EARLY YEARS OF THE FRANCO REGIME

The industrialisation process has been indicated as a prominent phase in the historic development of disability. With the appearance of factories and the subsequent displacement of the work place from the home to the factories, many disabled people were excluded from the production process and started being contemplated as passive subjects (Finkelstein, 1980, p. 7). The industrial production system strengthened the distinction of people in accordance with the perception made of them in relation to their capacity for work. Disabled people, therefore, did not only see how their degree of stigmatisation and social exclusion grew; they also saw the fact that they were considered to be a social problem and that they were the object of intervention by the state to try to resolve it (Oliver, 1990, p. 28). On this point, the *Fuero del Trabajo* was going to operate in Spain as

a fundamental legislative reference point in relation to the actions that the Franco regime was going to undertake to resolve the "problem" of disability. In fact, the *Fuero del Trabajo* became the centre point from which the social policy of the "Nuevo Estado" spread. Its contents show how the Francoist regime tried to respond from its ideological position to the already widespread trend of implanting social security programmes in the states. Between the 1929 crisis and Second World War, the international actions that would consolidate this trend took off, with the scope, the application method and appearance rates being affected by each country's circumstances. In the United States, for example, the *Social Security Act* (1935) provided for universal retirement, unemployment insurance, and welfare benefits for the poor and disabled (Cowie, 2016, p. 109). However, the State model that promoted it—a liberal democracy—and the political programme it was the result of—President Roosevelt's "New Deal"—are very different from the ideas behind the *Fuero del Trabajo*. For Franco's regime, the actions related to social security had a great deal to do with the legitimacy of the regime and gaining citizens' sympathy (García Padilla, 1990, p.401). On the other hand, unlike the occurrence in Spain with the Civil War, the victorious coalition in the Second World War allowed, for example, the recommendations of William Beveridge to be followed and a universal welfare state model to be implanted, which the Franco regime's system tried to emulate very slowly, initially more based on a paternalistic and Bismarckian conception.

In 1939 a prolific period of legislative activity was initiated, aimed at improving the *productores'* lot. This same year, Franco ordered the creation of the "old age subsidy" (Ley, 1939), which could be received by workers who had reached the age of sixty-five and those over sixty who suffered from "work invalidity caused by reasons independent to work accidents" (Orden, 1939). In 1941 the Ministry of Work also created a Commission aimed at designing an insurance that would resolve the problem of illness "within the terms of justice, solidarity and fellowship" (Decreto, 1941). The Compulsory Sickness Insurance (CSI) came into effect a year later (Ley, 1942; Vilar-Rodríguez and Pons-Pons, 2013). The CSI was presented as one of the greatest works of national syndicalism and as a sample of the Christian nature of its legislation (González Murillo, 2005). It was an insurance to which all employed workers had to subscribe, the costs of which were paid for by the employers. Initially it covered the workers with very low wages, although subsequently it was extended to all the paid "producers" and to the family members depending on them. It offered healthcare and economic cover for maternity and illness, excluding the situations covered by the work accident legislation. It covered a part of the pharmacy costs, the care given by general doctors and hospital admission expenses. In this way, people with disabilities that were neither victims of work accidents—who received care through the private mutual insurance companies—nor active "productores"—covered by the CSI—, had to be attended by charity institutions (many of them managed by religious orders) or by the state's benevolent institutions. Unlike the United Kingdom's version, where due to the dominance of Keynesian macro-economic policy on governments in the immediate post war years it was crucial to establish a welfare state model that guaranteed attention for all disabled people (Barnes, Mercer and Shakespeare, 2002, p. 127), in Spain it was not until the emergence of democracy that a similar system came into force in 1986 (Ley, 1986).

National Syndicalism stimulated the development of a specific action against work accidents, which were contemplated as a considerable risk for the development of

the regime. As Ewald pointed out, since the 19th century work accidents had been isolated as specific social problems. Their regularity turned them into predictable, calculable phenomena, which could be insured against. In addition, their growing consideration as a product of collective living gave them the nature of being the result of the normal performance of productive activities. Therefore, justice, at least initially, impelled sharing the load of the accidents amongst everyone. The work accident was a new type of evil within the order that was beginning to be handled legally and politically under the notion of risk and of safety; the way of doing this would not involve penalisation, but rather welfare (Ewald, p. 18). In this way, the dictatorship took advantage of a part of the administrative and legislative structures of the Republican phase (Montoya, 1992, pp. 338, 349). A sample of this was the decision to maintain the "*Instituto Nacional de Previsión*" (National Welfare Institute, NWI), an organisation that had been created in 1908 to administer pension insurance and to promote social welfare. In 1933, the 2nd Republic gave it the responsibility of managing a new institution: "*Caja Nacional de Seguro de Accidentes del Trabajo*" (National Work Accident Fund). This new organisation, created as a response to the mandate set forth by the 1932 new legislation on accidents at work (Art. 45) (Decreto, 1932), showed the changes occurring in the way of understanding and facing up to accidents at work (Jordana de Pozas, 1933, p. 3). It was materialised in the substitution of the compensation system by the income system and in the principle of compulsory accident insurance (Jordana de Pozas, 1933, p. 7). The latter required the creation of a public insurance body to prevent the fact that, when faced with particularly serious risks, no private insurance company could be found to voluntarily accept to insure the worker. The National Work Accident Fund was set up for this purpose. Its *Statutes* established (Art. 7) that it must take charge of: the medical examination and check-up services for permanent disabilities; the functional re-adaptation service of casualties; the organisation of a central register of disabled people from work; and the study, circulation and advertising of anything that could contribute to the decrease in the risk of accidents at work (Decree, 1933, p. 1532). In order to carry out the medical re-adaptation and examination services of the disabled people, the NWI created the *Clínica del Trabajo* (Work Clinic) (*La Clínica*, 1934, p. 3), a centre that was considered crucial within the development of occupational medicine in Spain (Bachiller Baeza, 1985, pp. 41-63).

The "proven experience" of this organisation, and the wish to regulate and put the insurance that was established in the *Fuero del Trabajo* into practice "as soon as possible", led Franco's regime to re-establish the NWI after adapting it to the "directions and guidelines of the *Nuevo Estado*" (Decreto de 24 de junio, 1938, p. 7999). This allowed the Work Clinic to continue developing its activity throughout the period of the Franco's Regime (El Excmo., 1940), and it contributed to the fact that occupational medicine acquired a highly relevant position within the Regime's policies.

Once the legislation regarding accidents at work had been established, the *Health and Safety Regulation of the 31st of January 1940* was prepared, aimed at preventing accidents from occurring or, at least, "decreasing their number and severity by way of an intense preventive task" where "anyone related to this problem" (Orden, 1940, p. 914) would have to intervene. Not only did it acknowledge that preventing the occurrence of accidents was the responsibility of the State and the employer, but this was also considered to be one of the worker's duties. What is more, as was indicated in article 3, the workers who did not follow

the *Regulation* and "in general, any legal precept regarding health and safety at work", could receive sanctions that could be more or less serious (cautions, fines or even dismissal).

Regarding the way disability was considered by Franco's regime, two ideas should be highlighted due to their importance. First, the categorical wish by the regime to establish social control dynamics that were legitimated by the need to prevent the threat that disability represented for the nation's prosperity. Second, the direct victims of work accidents could be considered, according to the law, to be responsible for their misfortune. The *Regulation* meant overcoming the legal principle of "occupational risk", which attributed the whole responsibility for the accidents to the employer and made the workers who suffered the accidents exempt from any responsibility. Under Franco's regime, the victim was at fault.

In this way occupational medicine was given a wide-ranging task of social control. The need to ensure that nobody who could work stopped doing so involved a series of actions for which the expert doctors seemed to be the best qualified. The forensic examination of the injuries, the clinical work to restore the worker's body to "normality" and the development of preventative steps against the risks of the work were tasks that fell under their professional jurisdiction. But, within this framework, the doctor was also expected to carry out other functions of great value for the "*Nuevo Estado*". As Deborah Stone has shown (2012, pp. 27-28), obtaining the cooperation of the governed represents a highly effective way of achieving their subordination. In this sense, as we will see, the experts in occupational medicine were going to play a prominent role, through the monitoring they carried out on the "producers" and persuading these producers to cooperate with the steps proposed by the authorities to fight against disabling accidents at work.

In 1942, the Minister of Labour Francisco Girón, who since 1939 also held the position of National Delegate of the *Falange Española Tradicionalista de las JONS*, the sole party of the Franco regime and the only party allowed in Spain after the civil war, explained the way in which national syndicalism understood the mission of occupational medicine. After establishing that the object, the "*productor*" could be considered from four different points of view (as a man, as a worker, as a head of the family and as a soldier of the National Syndicalist Revolution), Girón pointed out what was expected of the experts in occupational medicine on this point. Regarding the scope as a man, he upheld that the action performed by occupational medicine was that of exercising "a persistent ministry" over individuals to lift up the "Spanish spiritual level". Regarding the worker, the Minister of Labour stated that his efficiency was the interesting point. To promote efficiency, it was the doctor's function to prevent the situations that led to the worker suspending his productive activity; to obtain the worker's fast recovery when he had had to leave his work due to an accident or an occupational illness; and to increase the worker's physical capacity to make him work harder. In this way, the doctor, Girón stated, would also extend his defence of the worker to his family. Lastly, he stated that, given that the "*productor*" had to be considered as a "soldier of the revolution", the doctor would also have the task of proselytising, "to gain new supporters for the homeland and for the revolution" (Girón, 1942, pp. 7-8).

The "*Nuevo Estado*" trusted occupational medicine as a means to develop a programme that not only included healthcare, but also propaganda regarding the values of national syndicalism and recruiting Spaniards for their development.³ A proof of the confidence that the Franco regime placed in this medical specialty as a

vehicle for achieving its political and economic goals is found in the remarkable support given by the Ministry of Labour to the celebration of the First National Congress of Medicine and Security at Work, which was held in Bilbao in 1943. Amongst the conclusions reached at this meeting, in which over five hundred people took part and two hundred and eighty-seven papers were presented, I would like to underscore here the following: the recommendation of creating a Health and Safety at Work Institute; the creation of an obligatory census of workers in industrial establishments; the formation of committees in the companies for preparing studies and reports on health and safety at work; and performing an educational service amongst the producers —something that was considered "one of the most effective means of combating accidents at work" (Congreso Nacional, 1944, pp. 392-393).

These conclusions were going to be launched in the near future. An Order of the 21st of September, 1944 was used to create the Health and Safety at Work Committees, which were compulsory for industries of a certain size and related to certain economic activities (Orden, 1944). Their functions within the companies, as shown in its Article 4, were that of monitoring the fulfilment of the legislation regarding health and safety at work and the protection of workers' lives and health. They were also entrusted with the following: preparing statistics of occupational accidents and illnesses; looking after the healthcare services and those related to the medical check-ups of the staff; and organising teaching and propaganda tasks.

It would seem plausible to identify in these steps a wish to establish what Cambrosio called "factory panoptism"; that is to say, a set of practices aimed at monitoring the worker within the framework of the company itself and to indoctrinate him to make him less conflictive and more productive (Cambrosio, 1980, p. 46). The committees were far from being institutions representing the interests or participation of the workers in the company (Palomeque López, 2007, p. 131); the committees were an instrument to maintain order, to improve productivity and to spread the principles of National Syndicalism.

Occupational medicine was therefore positioned at a highly sensitive point of the political action of the Franco regime that aimed at exercising control over citizens to make them more efficient and disciplined in the place where they performed their productive work. Their capacity to remove the "*productor*" from disability, attempting his recovery and watching to ensure that no fraud was committed by faking this, turned the specialists in this field of medicine into essential components used to reach these political goals. Additionally, with the creation of the so-called Company Juries (Decreto, 1947), which in 1953 took on the competences of the Health and Safety at Work Committees (Decreto, 1953), occupational medicine found a new area of legitimation to justify the advisability of the "*Nuevo Estado*" continuing to promote their development.

In fact, the Franco regime had already taken a highly relevant step in relation to this. Using the demand made at the Bilbao Congress, in 1944 it created the National Institute of Medicine, Health and Safety at Work (hereinafter NIMHSW). With this institution it was intended not only to attain "an effective elevation in the national production", but also something "more important and transcendental": the "improvement in the workers' living conditions". In this way, at the same time as fighting hazards at work, it also fought the illnesses caused by technology and the illnesses related to work; doing so, the workers' efficiency would be increased due to the hygiene-healthcare steps and a "psychological arrangement of the work".

Moreover the Institute had to be used to "inspire an efficient action and an effective propaganda, particularly on the subject of prevention of accidents at work" (Decreto, 1944, pp. 5707-5708). The work developed by the Institute also consisted of acting as an advisory body, training experts capable of carrying out their work in the companies correctly. It should not be surprising due to all the above mentioned points that the NIMHSW was considered to be the driving force behind modern Occupational Medicine and Health and Safety at Work in Spain (Fernández Conradi & Bartolomé Pineda, 2004, p. 549; Menéndez-Navarro, 2012, p. 95).

Therefore, it is appropriate to take the Institute as a fundamental reference point to show how Spanish doctors responded to the call made to them by the "*Nuevo Estado*" to attempt to fight the challenges which, in relation to work, disability set forth for the Franco regime.

OCCUPATIONAL MEDICINE AND CONTROL OF DISABILITY: AN INTERPRETATION BY THE NIMHSW

On the 18th of July, 1952, Franco opened the new premises of the NIMHSW with all the pomp and ceremony that the regime reserved for great moments. After stating that with this Institute a milestone had been reached in this phase for Spain (El Instituto, 1952, pp. 67-69), the *Caudillo* proceeded to visit its splendid installations, such as laboratories, operating theatres, X-ray rooms, classrooms, film-screening room. These premises showed the extensive purposes that the Institute had to fulfil according to its *Reglamento* (Regulations) (Orden, 1946, pp. 8007-8008); these premises demonstrated the epitome of what the "*Nuevo Estado*" expected to achieve with occupational medicine: the study of working environments and the producer's hygiene, food and psychology; clinical research into occupational illnesses and "incapacity and classification of the invalidity" associated with them (Orden, 1946, pp. 8008), including the performance of medical check-ups and forensic examinations; trauma care of casualties at work and their functional recovery; prevention of accidents at work; development of orientation, selection and professional training regarding hazard at work; and analysis of the problems inherent to maternity and sickness insurance. The NIMHSW also included general services, with a library and a propaganda department (Orden, 1946, pp. 8008).

The doctors from the Institute were aware of the support they were receiving from Franco's regime and they took advantage of it to demand greater presence in the working environment. Stating that approximately 500,000 work accidents occurred every year in Spain, causing around four million lost working days, they defended the positive work that occupational medicine could perform to reduce the effect of accidents on productivity (Pérez Zabalza, 1952, p. 47). Therefore, from the pages of the first issue of their magazine, they highlighted the fact that the work performed by experts with special training in this subject was "highly necessary", and they stated that the state needed "many thousands" of this type of doctor to help Spanish industry resolve several significant problems: high frequency of occupational illness in a company; improvement in the workers' efficiency; and the high cost that repeated "disability, temporary or permanent disability" of the workers could mean for the social security (Sangro, 1952, p. 61).

It should be taken into account that although the industrial activity was affected by the characteristic stagnation of Spain in the 1940s, the Government adopted some

decisions aimed at improving it. The economic policy of the Franco regime was characterised during this period by three main components: interventionism, autarchy and the funding to cover industrial projects, which would support what was considered the most emblematic point of the Franco regime during these years: *el Instituto Nacional de Industria* (the National Institute of Industry, INI). It was a holding of public companies that was involved in a wide range of industrial sectors, but most prominently in the ones considered most relevant because they contributed, within an autarchy framework, to replacing imports. Its creation in 1941 was justified by the need to promote industrialisation as a base for an independent development and as a means to respond to the army's requirements. The efforts made by the INI to produce what was considered most necessary for the nation's interest were obvious, but, although the start of a recovery in industrial production could be seen from the middle of the decade, it was not until the end of the decade that levels similar to those present prior to the Civil War could be appreciated. At the beginning of the 1950s, with the change of scene produced by the introduction of a gradually liberalising policy, industrial production would show very noteworthy growth rates. (García Delgado and Jiménez, 2007, pp. 355-375). It should not be surprising that these new circumstances were taken advantage of by doctors to show how through occupational medicine, they could contribute to encouraging this expansive industrial dynamic. As we will see, disability formed a prominent element in the arguments used by doctors to show the need to rely on them for this task.

Two effects traditionally attributed to disability —its negative impact on productivity and the harmful consequences on the state coffers—, were used by the specialists in occupational medicine, and by doctors in general (Martínez-Pérez and Del Cura, 2015), to spotlight the value of their contribution for the state and therefore the need to increase their number. In fact, from the NIMHSW they had already started working to achieve this. Owing to the fact that they needed to select doctors with specialist qualifications to attend to the "increase in occupational accidents and illnesses" that growing Spanish industry had caused, the National School of Occupational Medicine was created in 1948 (Decreto, 1948, p. 532).

These new experts would soon find a professional figure who was perfect for showing and developing this knowledge and practice: the "company doctor", the "technician who channels, maintains and increases the workforce's logical efficiency" (Sangro, 1953). Franco's regime established in 1956 that companies with over 500 employees were obliged to have at least one doctor specialising in occupational medicine who would hold the position of company doctor. This person would be given a wide range of functions that were related to obtaining an increase in the individual efficiency by the producers. Their tasks ranged from maintenance of good conditions in the workplace, to the conservation and improvement in the workers' health and the control of work accidents and occupational illnesses. This meant performing possible check-ups after absences of longer than fifteen days due to reasons not pertaining to ordinary leave, or the creation of a "true sense of prevention using suitable dissemination methods" (Decreto, 1956, p. 6497).

In this way the state had obtained, through the company doctors, an important element in the machinery aimed at exercising social control. The relevance granted to maintain workers' physical integrity justified the presence in the workplaces of some experts who could act, monitoring the damage that disability caused to the productivity. The NIMHSW responded to this challenge by carrying out training courses to provide the state with the type of doctors that it needed (Cursillo, 1955).

One important aspect that I would like to highlight now regarding the activity of company doctors is their role in the work aimed at educating workers on caring for their own bodies. Amongst other things, the idea was to instill in the "*productor*" the value of preventing disability, particularly when it was the result of accidents at work. It was considered that 80-85% of work accidents were due to the "human factor". Therefore it was necessary, using conferences, radio programmes, brochures and magazines, posters and films, to develop in the worker a series of "habits": physical (balance, sense of movement), intellectual (attention, prudence, prevention), and moral (patience, self-control) (Villar, 1954, pp. 88-89).

The NIMHSW paid significant attention to this education and propaganda work that was aimed at modifying the worker's subjectivity. From its general dissemination services, the institute tried to "stimulate" the creation of conditions in the working environment that helped "respect to be obtained" for the preventive steps (Servicios, 1953, p. 67). Given that it was considered that the breach of the safety regulations represented a negative factor for the social and economic welfare of the workers, it was necessary to instil in them "the unquestionable values of prevention" (Conceptos, 1960, p. 19). This meant indoctrinating them about a series of concepts: working safely; helping colleagues to work in safe conditions; taking an active part in the company's preventive programmes; observing all the safety regulations at home and on the street; becoming a propagandist for safety; and to "put, therefore, all their efforts in the service of safety for the wellbeing of the family, society and the homeland" (Conceptos, 1960, p. 19). This is the point where the rhetoric resorted to religious metaphors to emphasise the obligatory nature of fulfilling the health and safety recommendations at work. As if there were precepts or orders from a superior being to a lesser one, the idea was set forth that the "*productores*" had to follow the "safety commandments", a code of conduct that included actions applicable to themselves, but which also meant looking out for the safety of those around them (Conceptos, 1960, pp. 23-24). In this way, a subtle link between the good "*productor*" with the good Catholic was established, as well as between the bad worker and the sinner. There is no risk involved in setting forth the idea that this way of expressing things was heavily influenced by the Catholic Church in Franco's Spain, which had been increased, particularly since the middle of the 1940s at the expense of somewhat relegating the Fascist component provided by the *Falange*. In 1945 Franco decided, in fact, with the main object of improving the possibilities of opening up to the outside world, to bring the regime's Catholic content to the foreground by way of the incorporation of the Church in the political institutions (Juliá, 2007, 147-151).

In this way, those who were considered able for working received a discourse the ultimate aim of which was to reduce the impact of disability on people and on the nation's economy and that involved modifying their behaviour. On the one hand, it was necessary to generate the conviction that the "*productores*" bodily integrity represented an essential value for his individual future, but also for the collective future. On the other, this discourse gave to understand that, because the workers had the duty of fulfilling all the safety regulations at work set down by the expert doctors, the responsibility of becoming an "invalid" person depended on the "*productores*".

This method of approaching disability prevention was accompanied by a series of consequences regarding the way this phenomenon was interpreted. On the one hand, by significantly moving the responsibility of producing accidents towards the

worker, occupational medicine changed the perception of work accident victims. Since in some cases the accident could be attributed to the negligence of the worker in following the "commandments" that doctors gave to prevent accidents, they could now be regarded as a kind of sinner, as someone who had turned away from what was considered right and just. This turned the worker into the possible bearer of a new stigma, in addition to the stigma of being labelled disabled. He would also be considered as someone who had not behaved as he should with regard to himself and others. Furthermore, if we take into account that, as we saw above, the worker had not fulfilled the safety provisions, he could be sanctioned, this method meant a threat to the possibilities of the injured "*productor*" receiving compensation that could be due to him in the case of becoming disabled.

The links established between work and disability stimulated and extended another task of monitoring that was highly relevant for the "*Nuevo Estado*": that of controlling people who did not comply with their duty of working. A significant expression of this was the way in which the question of absenteeism at work was approached. The absence of a worker at his productive post, derived from a temporary disability due to an illness or accident, represented a concern for the negative effects that were considered it could have on the company: it would raise the cost of production; it would disrupt the mechanics of the work; it would mean the worker's training would be lost; it would make the cost of social security more expensive; and it would reduce the economic level of the "*productor*" (Sangro, 1955, p. 80). Medicine had, through the doctors from Inspection of Work or the National Work Accident Fund, followed the state of the patients classified as "invalid" or unable to work with the aim of preventing any possible fraud generated by the "*productores*" who pretended to suffer from physical or mental impairments (Rodríguez & Menéndez, 2006, pp. 85-86). Now it also vindicated an important role in the task for controlling absenteeism for the company doctor, a problem that was considered to be on the rise in spite of the safety and social welfare plans (Sangro, 1955, p. 81). The idea was to establish the performance of periodic check-ups in the companies of all the producers and more selectively in the case of appreciating "an excess of absenteeism in a specific working environment or a specific team of workers" (Sangro, 1955, p. 87). Control of the disability led to the fact that a large part of citizens considered able for working were monitored to protect society from those, who whilst able to work, were not readily disposed to do so or who wanted to use the benefits that the state offered to those considered to be temporarily or permanently "invalid" for work, without deserving them.

Some consequences of this situation should be highlighted. Those whose impairments prevented them from working depended on the diagnosis of physicians in order to maintain their honour. The condition of "invalid for work" was established by an expert and served to show that the persons to whom this characteristic was attributed should not be viewed as persons without honour, but as fallen victims in the fulfilment of their duty as "producers". Moreover, the control exercised by the doctors over the workers in order to establish whether they could be exempted from their duty of working, or of enjoying the resources that the state placed in the hands of those who had acquired his status as "invalid" as a result of an occupational disease or an accident at work, projected a permanent doubt regarding disabled people derived from the possibility that the impairments had been faked. This situation, which, as Turner has shown, has been occurring from the inception of welfare policy contributing to project negative images of welfare claimants, has survived into the era of the modern welfare state (Turner, 2012). In

this way, the growing job of the doctors during the Franco regime to rule out the cases of fraud contributed to promoting in Spain two images: first, that they represented a burden for the public coffers; second, that disabled people could be, at least in some cases, individuals who wished to elude their duty of working. If we take into account the fact that National Syndicalism showed no sympathy for those who were not committed to the collective task of working, denying "idlers" a place in the community (Laín Entralgo, 1941, p. 32), any of these perceptions that were projected onto disabled people were at that time especially stigmatizing.

EPILOGUE

At the end of the decade of the 1950s occupational medicine had reached an important degree of development in Spain. In 1959, the Decree 242/1959 of the 19th of February strengthened the INMHST, reorganising it within the NWI with the idea of ensuring greater coordination and efficiency amongst the services that would be affected by the National Social Security Plan that was being prepared (Decreto, 1959, p. 3104). There was also a significant number of specialists organised around the "*Sociedad Española de Medicina y Seguridad del Trabajo*" (Spanish Society of Medicine and Safety at Work), created in 1956 (Constitución, 1956), which in April of the following year held the 3rd National Conference on this speciality in Madrid. A total of 178 papers were presented at this scientific meeting (III Congreso, 1957, p. 107), which was closed by Franco. The "*Caudillo*" emphasised that nothing would be identified more closely to the concepts that guided the "*Nuevo Estado*" than the tasks developed at the conference, which he considered were aimed at "strengthening work ethics". As Franco underscored, "The eloquent and verified calculation of the fact that three quarters of the work accidents occurred in Spain are avoidable alone would justify all the concerns of a nation and of its technicians to redeem the 414,325 avoidable casualties that affect the working classes" (Crónica, 1957, p. 88).

The way in which the Franco Regime valued work, and therefore how phenomena such as disability could have a negative effect on it, was used to promote occupational medicine. The ideology of National Syndicalism not only saw in this area of medicine as a perfect way to impart its way of interpreting what was represented by the nation's prosperity and the wellbeing of Spaniards in general, but also a way to reduce the opposition amongst Spanish citizens to the Dictatorship and gaining supporters for the national cause. On this point, occupational medicine was used as a significant element to shape the modern state through the growing role of monitoring in the social domain that doctors had been carrying out, particularly from the beginning of the 19th century (Armstrong, 1983). In effect, during the Franco regime occupational medicine worked as a "discipline" which contributed to exercise a form of "bio-power" over the "productores".

The practice of occupational medicine contained a series of elements that could cause Spaniards to change their considerations, both of those who were "able" and those who were considered to be "not able" for work, regarding people with disability. Obviously, it reinforced the perception of disability in accordance with the "medical model"; but also, by promoting the idea that the "human factor" had an important responsibility in the production of accidents, it encouraged an image of the victims as being guilty of their "invalidity". Additionally, as it insisted on the cost that disability had for the national income, it stimulated a view of disabled people as

a burden for the public coffers. Finally, as it formed part of the monitoring mechanisms established by the state to guarantee that those who were classified as "invalids" really were unable to work, it contributed to uphold a damaging idea of disabled people: that some of them could really be individuals who were faking their deficiencies in order to elude their duty to work and benefiting from the advantages that this categorisation brought with it.

Funding

This work was supported by the Ministry of Education, Culture and Sports of the Board of Communities of Castilla-La Mancha [PEII-2014-026-P] and the Ministry of Economy and Competitiveness of Spain [HAR2015-64150-C2-2-P].

Bibliography

- Álvarez, R. (1997). Eugenésia y fascismo en la España de los años treinta. In Rafael Huertas and Carmen Ortiz, *Ciencia y fascismo* (pp. 77-95). Aranjuez: Doce Calles.
- Armstrong, D. (1983). *Political Anatomy of the Body. Medical Knowledge in Britain in the Twentieth Century*. Cambridge: Cambridge University Press.
- Bachiller Baeza, A. (1985). *La Medicina Social en España (El Instituto de Reeducación y la Clínica del Trabajo 1922-1937)*. Valladolid: Universidad de Valladolid.
- Barnes, C., Mercer, G. and Shakespeare, T. (2002). *Exploring Disability. A Sociological Introduction*. Cambridge: Polity Press.
- Cambrosio, A. (1980). Quand la psychologie fait son entrée á l'usine: selection et cõntrole des ouvriers aux États-Unis pendant les années 1910. *Movement social*, 113, 37-65. <https://doi.org/10.2307/3778152>
- Campos R.; Martínez-Pérez, J. and Huertas, R. (2000). *Los ilegales de la Naturaleza. La medicina española ante la teoría de la degeneración (1876-1923)*. Madrid: Consejo Superior de Investigaciones Científicas.
- Cayuela, A. (2014). Por la grandeza de la patria. La biopolítica en la España de Franco. Madrid: FCE.
- Conceptos básicos de propaganda preventiva. (1960). *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 8 (32), 18-23.
- Congreso Nacional de Medicina y Seguridad en el Trabajo. Bilbao, agosto 1943 (1944). Madrid: Ministerio de Trabajo.
- Constitución de la Sociedad Española de Medicina y Seguridad del Trabajo. (1956). *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 4(16), 73-76.
- Cowie, J. (2016). *The Great Exception. The New Deal and the Limits of American Politics (Politics and Society in Modern America)*. Princeton & Oxford: Princeton University Press.

Crónica y Actas del III Congreso Nacional de Medicina y Seguridad en el Trabajo. (1957). Madrid: Nuevas Gráfica.

Cursillo de Medicina del Trabajo para médicos de empresa. (1955). *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 3 (12), 95-97

Decreto de 8 de octubre de 1932. *Gaceta de Madrid*, n. 286, 12 octubre 1932, 218-224. <https://www.boe.es/datos/pdfs/BOE//1932/286/A00218-00224.pdf>

Decreto de 22 de febrero de 1933. *Gaceta de Madrid*, n. 56, 25 febrero 1933, 1531-1535. <https://www.boe.es/datos/pdfs/BOE//1933/056/A01531-01535.pdf>

Decreto 19 abril 1937. *Boletín Oficial del Estado (BOE)*, n. 182, 20 abril 1937, 1033-1034. <https://www.boe.es/datos/pdfs/BOE//1937/182/A01033-01034.pdf>

Decreto de 9 marzo de 1938. *Boletín Oficial del Estado (BOE)*, n. 505, 10 marzo 1938, 6178-6181. <https://www.boe.es/datos/pdfs/BOE//1938/505/A06178-06181.pdf>

Decreto de 24 junio 1938. *Boletín Oficial del Estado (BOE)*, n. 610, 24 junio 1938, 7999-8001. <https://www.boe.es/datos/pdfs/BOE//1938/610/A07999-08001.pdf>

Decreto de 11 de julio de 1941. *Boletín Oficial del Estado (BOE)*, n. 206, 25 julio 1941, 5587. <https://www.boe.es/datos/pdfs/BOE//1941/206/A05587-05587.pdf>

Decreto de 7 de julio de 1944. *Boletín Oficial del Estado (BOE)*, n. 208, 26 de julio 1944, 5707-5709. <https://www.boe.es/datos/pdfs/BOE//1944/208/A05707-05709.pdf>

Decreto de 18 de agosto de 1947. *Boletín Oficial del Estado (BOE)*, n. 282, 9 octubre 1947, 5568-5569. <https://www.boe.es/datos/pdfs/BOE//1947/282/A05568-05569.pdf>

Decreto de 16 de enero de 1948. *Boletín Oficial del Estado (BOE)*, n. 36, 5 de febrero de 1948, 532-533. <https://www.boe.es/datos/pdfs/BOE//1948/036/A00532-00533.pdf>

Decreto de 11 de septiembre de 1953. *Boletín Oficial del Estado (BOE)*, n. 303, 30 de octubre 1953, 6416-6422. <https://www.boe.es/datos/pdfs/BOE//1953/303/A06416-06422.pdf>

Decreto de 21 de agosto de 1956. *Boletín Oficial del Estado (BOE)*, n. 287, 13 de octubre de 1956, 6497-6498. <https://www.boe.es/datos/pdfs/BOE//1956/287/A06497-06498.pdf>

Decreto de 19 de febrero de 1959. *Boletín Oficial del Estado (BOE)*, n. 46, 23 de febrero de 1959, 3104-3107. <https://www.boe.es/datos/pdfs/BOE//1959/046/A03104-03107.pdf>

El Excmo. Sr. Ministro del Trabajo inaugura la Clínica del Trabajo (1940). *Caja Nacional de Seguro de Accidentes del Trabajo. Boletín de Información*, 6, 9-13.

El Instituto Nacional de Medicina del Trabajo. (1952). *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 1 (1), 67-91.

El programa de Falange Española de las J.O.N.S. *ABC*, n. 9.834, 30 noviembre 1934, 32-34.

Ellwood, S. (2001). *Historia de Falange Española*. Barcelona: Crítica.

Ewald, F. (1986). *L'Etat providence*. Paris: Bernard Grasset.

Fernández Conradi, L. and Bartolomé Pineda, A. (2004). Instituto Nacional de Medicina y Seguridad en el Trabajo. In Bartolomé Pineda, A. et al. *Historia de la Medicina del Trabajo en España (1800-200)* (pp. 545-570). Madrid: Editorial MAPFRE.

Finkelstein, V. (1980). *Attitudes and Disabled People: Issues for Discussion*. New York: World Rehabilitation Fund (Reprint. London: R.A.D.A.R.).

Foucault, M. (1983). Afterword. The Subject and Power. In Hubert L. Dreyfuss and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics* (pp. 208-226). Chicago: Chicago University Press.

Foucault, M. (1997). Cours du 17 mars 1976. In Michel Foucault, *"Il faut défendre la société". Cours au Collège de France, 1976*. Paris: Seuil/Gallimard

Foucault, M. (2003). *Histoire de la sexualité 1. La volonté de savoir*. Paris: Gallimard.

García Delgado, J. L. and Jiménez, J. C. (2007). La Economía. In Santos Juliá, José Luis García Delgado, Juan Carlos Jiménez and Juan Pablo Fusi, *La España del siglo XX*. Madrid: Marcial Pons, pp. 279-440.

García Padilla, M. (1990), *Historia de la Acción Social: seguridad social y asistencia, 1939-1975*. In *Historia de la Acción Social pública en España. Beneficencia y previsión*. pp. 397-447.

Girón, J. A. (1942). *Medicina Social. SER*, 1 (6), 7-8.

González Murillo, P. (2005). La política social del Franquismo: el seguro obligatorio de enfermedad. *Aportes. Revista de Historia Contemporánea*, 57, 62-76.

III Congreso Nacional de Medicina y Seguridad del Trabajo. (1957). *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 5(19), 104-110.

Jordana de Pozas, L. (1933). *La Caja Nacional de Accidentes del trabajo y sus primeros resultados*. Madrid: Publicaciones del Instituto Nacional de Previsión.

Juárez, F. (1999). La eugenesia en España, entre la ciencia y la doctrina sociopolítica. *Asclepio*, 51 (2), 117-131.
<https://doi.org/10.3989/asclepio.1999.v51.i2.313>

Juliá, S. (2007). Política y sociedad. In Santos Juliá, José Luis García Delgado, Juan Carlos Jiménez and Juan Pablo Fusi, *La España del siglo XX*. Madrid: Marcial Pons, pp. 15-275.

- Kershaw, I. (2016). *To Hell and Back. Europe 1914-1949*. Penguin Books,
- La Clínica del Trabajo del Instituto Nacional de Previsión*. (1934). Madrid: Publicaciones del Instituto Nacional de Previsión-Unión Poligráfica.
- Laín Entralgo, P. (1941). *Los valores morales del nacionalsindicalismo*. Madrid: Editora Nacional.
- Ley de 1 de septiembre de 1939. *Boletín Oficial del Estado (BOE)*, n. 252, 09 septiembre 1939, 5017-5018.
<https://www.boe.es/datos/pdfs/BOE//1939/252/A05017-05018.pdf>
- Ley de 14 de diciembre de 1942. *Boletín Oficial del Estado (BOE)*, n. 361, 27 diciembre 1942, 10592-10597.
<https://www.boe.es/datos/pdfs/BOE//1942/361/A10592-10597.pdf>
- Ley 14/1986, de 25 de abril, General de Sanidad). *Boletín Oficial del Estado (BOE)*, n. 102, 29 abril 1986, 15207-15224.
<https://www.boe.es/boe/dias/1986/04/29/pdfs/A15207-15224.pdf>
- Martínez-Pérez, J. (1994). La Organización Científica del Trabajo y las estrategias médicas de seguridad laboral en España (1922-1936). *Dynamis*, 14, 131-158.
- Martínez-Pérez, J. and Del Cura, M. (2013). Work injuries, scientific management and the production of disabled bodies in Spain, 1920-1936. In: Sebastian Barsch, Anne Klein and Pieter Verstraete (eds), *The Imperfect Historian – Disabilities Histories in Europe* (pp. 191-213). Frankfurt am Main: Peter Lang.
- Martínez-Pérez, J. and Del Cura, M. (2015). : Bolstering the Greatness of the Homeland: Productivity, Disability and Medicine in Franco's Spain, 1938-1966. *Social History of Medicine*, 28(4), 805-824.
<https://doi.org/10.1093/shm/hkv060>
- Matilla, V. (1942). Política nacional e higiene del trabajo. *SER*, 6, 56-61.
- Menéndez-Navarro, A. (2012). Occupational Health in the First Francoism, 1939-1953. In: Paul D. Blanc and Brian Dolan (eds.), *At Work in the World: Proceedings of the Fourth International Conference on the History of Occupational and Environmental Health* (pp. 93-97). San Francisco: University of California Medical Humanities Press.
- Montoya, A. (1992). *Ideología y las Leyes Laborales de España (1873-1978)*. Madrid: Civitas.
- Moradiellos, E. (2000). *La España de Franco (1939-1975). Política y sociedad*. Madrid: Síntesis.
- Oliver, M. (1990). *The Politics of Disablement*. Houndmills & London: The Macmillan Press. <https://doi.org/10.1007/978-1-349-20895-1>
- Orden de 6 de octubre de 1939. *BOE*, n. 284, 11 octubre 1939, 5714-5717.
<https://www.boe.es/datos/pdfs/BOE//1939/284/A05714-05717.pdf>
- Orden de 31 de enero de 1940. *BOE*, n. 34, 3 febrero 1940, 914-924.
<https://www.boe.es/datos/pdfs/BOE//1940/034/A00914-00924.pdf>

Orden de 21 de septiembre de 1944. *BOE*, n. 274, 30 septiembre 1944, 7260-7261. <https://www.boe.es/datos/pdfs/BOE//1944/274/A07260-07261.pdf>

Orden de 26 de octubre de 1946. *BOE*, n. 305, 1 de noviembre de 1946, 8005-8009. <https://www.boe.es/datos/pdfs/BOE//1946/305/A08005-08009.pdf>

Palomeque López, M. C. (2007). La Ordenación Jurídica de la seguridad e higiene en el trabajo durante el primer y segundo franquismo, de la Guerra Civil a la Ordenanza General, 1939-1971. In *Historia de la prevención de riesgos laborales en España* (pp. 122-139). Madrid: Fundación Francisco Largo Caballero-Fundación 1º de Mayo-Instituto Nacional de Seguridad e Higiene en el Trabajo.

Pérez Zabalza, M. (1952). Renta Nacional, población activa y su importancia en el nivel de vida de las naciones. *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 1 (1), 44-47.

Perfecto, M.A. (2015). El nacional-sindicalismo español como proyecto económico-social. Espacio, tiempo y forma (Serie V)- . *Historia contemporánea*, 27, 131-162.

Pickstone, J. (2000). Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine. In Roger Cooter and John Pickstone, *Medicine in Twentieth-Century* (pp. 1-19)). Amsterdam: Harwood.

Rodríguez, E. and Menéndez, A. (2006), Salud, trabajo y medicina en la legislación social, 1900-1939. *Archivos de Prevención de Riesgos Laborales*, 2006, 9 (2), 81-88.

Ruiz Resa, J. D. (2000). *Trabajo y Franquismo*. Granada: Editorial Comares.

Sangro, P. (1952). Nuevas perspectivas de práctica médica. *Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 1 (1), 61-63.

Sangro, P. (1953). De Medicina social del Trabajo. La Medicina en la empresa. *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 1 (2-3), 70-72, 55-57.

Sangro, P. (1955). El absentismo laboral por motivo de enfermedad. *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 4 (13), 80-91.

Servicios Generales de Divulgación. (1953). *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 1 (4), 65-71.

Turda, M. (2010). *Modernism and Eugenics*. Basingstoke: Palgrave Macmillan. <https://doi.org/10.1057/9780230281332>

Turner, D. M. (2012). 'Fraudulent' disability in historical perspective. <http://www.historyandpolicy.org/papers/policy-paper-130.html>

Vilar-Rodríguez, M. and Pons-Pons, J (2013). The Introduction of Sickness Insurance in Spain in the First Decades of the Franco Dictatorship (1939-1962). *Social History of Medicine*, 26, 267-287. <https://doi.org/10.1093/shm/hks082>

Villar, M. (1954). Necesidad de realizar la educación de la seguridad. *Medicina y Seguridad del Trabajo. Revista del Instituto Nacional de Medicina y Seguridad del Trabajo*, 2 (9), 88-90.

Endnotes

1. This statement about the valuable role that medicine could play in the sustainment of the Franco regime has also been indicated for the case of Hitler's Germany. The relevance of technocrats within the Nazi elite, who recognised the potential of science for the National Socialist system, would show that Hitler's regime was supported by science to reach its goals. Szöllösi-Janze, M. (2001). National Socialism and the Sciences: Reflections, Conclusions and Historical Perspectives. In Margit Szöllösi-Janze, *Science in the Third Reich*, Oxford – New York: Berg, pp. 1-35, 11.
[Return to Text](#)
2. The translation of that fragment of the *Fuero*, like the ones that follow, are the responsibility of the author of the article.
[Return to Text](#)
3. This way of considering the relevance that occupation medicine had in Spain differed from the reasons it had acquired growing importance in the United Kingdom, where it appeared more connected to the development of social medicine and public health linked to the priority the British government gave to the workers' health during the Second World War (McIvor, Johnston, 2007, pp. 92-93).
[Return to Text](#)

[Return to Top of Page](#)

Copyright (c) 2017 José Martínez-Pérez



This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

Beginning with Volume 36, Issue No. 4 (2016), *Disability Studies Quarterly* is published under a Creative Commons Attribution-NonCommercial-NoDerivatives license unless otherwise indicated.

Disability Studies Quarterly is published by The Ohio State University Libraries in partnership with the Society for Disability Studies.

If you encounter problems with the site or have comments to offer, including any access difficulty due to incompatibility with adaptive technology, please contact libkbhelp@lists.osu.edu.

ISSN: 2159-8371 (Online); 1041-5718 (Print)