



## Occupational medicine within the national and popular government

La medicina del trabajo en el gobierno nacional y popular

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**ABSTRACT** This article reproduces a document from the Instituto de Medicina del Trabajo [Institute of Occupational Medicine], created on July 16, 1973 in the Faculty of Medicine of the Universidad de Buenos Aires. The document is a transcription of the interventions of Mario Testa, Alberto Ozores Soler and Ricardo Saiegh in the roundtable discussion “Health in factories” carried out on August 1 of the same year. The preceding lines, written by Mario Testa, puts into context that particular historical moment and the significance of the project, which sought to reconsider the relationship between the universities and research, between the teaching of medicine and the role of physicians in society, issues still relevant today. This document was recovered from the Mario Testa fund, in the Center for Documentation and Research Pensar en Salud (CEDOPS) of the Institute of Collective Health in the Universidad Nacional de Lanús.

**KEY WORDS** History, 20th Century; Occupational Medicine; Occupational Risks; Professional Practice; Schools, Medical; Programs of Study; Argentina.

**RESUMEN** Este artículo reproduce un documento del Instituto de Medicina del Trabajo, creado el 16 de julio de 1973 en la Facultad de Medicina de la Universidad de Buenos Aires (UBA), en el que se transcriben las intervenciones de Mario Testa, Alberto Ozores Soler y Ricardo Saiegh en la mesa redonda “La salud en las fábricas” realizada el 1º de agosto del mismo año. Las líneas que lo anteceden, escritas por Mario Testa, contextualizan el momento histórico y destacan el sentido de aquel proyecto que replanteaba el vínculo entre las universidades y la investigación, entre la enseñanza de la medicina y el papel de los médicos en la sociedad, temas que continúan siendo vigentes. Este documento fue recuperado del fondo Mario Testa, perteneciente al Centro de Documentación e Investigación Pensar en Salud (CEDOPS) del Instituto de Salud Colectiva de la Universidad Nacional de Lanús.

**PALABRAS CLAVES** Historia del Siglo XX; Medicina del Trabajo; Riesgos Laborales; Práctica Profesional; Escuelas Médicas; Programas de Estudio; Argentina.

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## **DAYS OF PASSION AND WORK: A BRIEF ACCOUNT OF THE DOCUMENT OF THE INSTITUTE OF OCCUPATIONAL MEDICINE THAT FOLLOWS**

Days of passion and work were what we experienced those few months we headed the Faculty of Medicine of the Universidad de Buenos Aires (UBA). We called it the Faculty of Health Sciences, which was significant in terms of the ideological direction we were attempting to impose from the Dean's office. Within that context, and at Ricardo Saiegh's request, the Institute of Occupational Medicine was created.

The conference that produced the document below was held in an environment reflected in this article's title, when nothing was impossible since – at last! – the political slogan we had so often called out in the streets was coming true and needing to be materialized: a worker-student alliance invading en masse the austere and stately silence of the Aula Magna of the Faculty with flags, chants and banners, a true sign of the new times that were coming.

Much took place in a short period of time. There was a redefinition of the manner in which some research studies were to be conducted, no longer in the characteristic ivory tower of the past, which separated basic from applied research, but rather integrated into the

very place where things were happening: the workshop. And that redefinition turned research into the essential activity of the entire university. It assumed the role we had always dreamed of: a university at the service of the people, transforming it into a “necessary” university, as we liked to consider it.

Our professionals went to factories to become acquainted with workers' daily experiences. The workers responded by supporting our initiatives, understanding them as a chance to transform a situation of oppression (due to the abuse and prevailing labor conditions) and exploitation (due to the appropriation of surplus value and the profit-centered attitude of employers). Indeed, they went even further, offering activist support when the reaction of the academic and political right wing began. Such a situation could only be met with passion and work.

And that was what we did. We erased the limits of space, time, and effort, we were storming heaven, and all that was solid (in Marshall Barman's words) was melting into air. We did not suffer from this great task; on the contrary, we relished it, as only collective joy deriving from the work of solidarity can be relished, joy that gives meaning to life.

It serves as a historical experience, so that those who come after us can improve upon what we did.

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## **OCCUPATIONAL MEDICINE WITHIN THE NATIONAL AND POPULAR GOVERNMENT**

We must seek out ways for the national political plan and medical education programs to address workers' health problems, in connection with workers' needs and not the needs of those who profit from the labor of others.

To do so it will be necessary to dismantle and eradicate the ideas and institutions that supported an Occupational Medicine at the service of exploitation and repression. However, this objective cannot be immediately achieved in its totality; to

imagine that possibility is to believe in bureaucratic and formal organizations when in fact what must be done is to change mentalities and structures forged over years.

We insist that this possibility of change will only be accomplished once work becomes the source of happiness and freedom of individuals and not the origin of their sorrow and slavery. And Occupational Medicine must contribute to this purpose. Taking these factors into account, we believe that, as a starting point, we should revisit the proposal of Germinal Rodríguez, a proposal that could not be materialized in his time: the creation of an Institute of Industrial Hygiene and Safety and Occupational Medicine. In the words of Germinal

Rodríguez, “the creation of an institute for the study of Industrial Medicine is imperative due to the sole fact of the degree of technical development that we have achieved, and above all, due to the economic trend in our country to rapidly free itself from foreign tutelage, not only in terms of the production of manufactured raw materials but also in terms of the subjection our economy to a policy of exportation...”

### Health in the factories

On August 1 of this year [1973], a Roundtable Discussion on the topic “Health in the factories” was held with the presence of physicians Mario Testa, Interventor of the Faculty of Medicine, Alberto Ozores Soler, Interventor of the University Teaching Hospital and Ricardo Saiegh, director of the Institute of Occupational Medicine. This conference took place at the Faculty of Medicine with the attendance of trade unionists and workers as well as a large number of students. We reproduce the full text below, considering the statements to be highly relevant.

#### Comrades:

This roundtable is framed within the general policy of National Reconstruction [*Reconstrucción Nacional*], in accordance with the guidelines established by our leader Lieutenant General Juan Domingo Perón. Thus, we take up the work initiated by the Peronist Government and the then minister of Public Health, Dr. Ramón Carrillo, and in our Faculty of Medicine, by Dr. Germinal Rodríguez who was professor of Hygiene. In so doing, we are trying once again to make one of the principles of our Peronist Movement a reality: to create a university of the people and for the people.

We are thankful for the presence of our union leader comrades and professional colleagues, taking into account that this Institute of Occupational Medicine will develop its tasks in relation to the needs of workers, coordinating its actions with all the organizations that seek to bring dignity to the worker, as the Justicialist [Peronist Party] Doctrine demands. To that end, we are going to develop tasks related to teaching, research and health care by forming unified teams of laborers

and health care workers, understanding health as an inalienable right of all citizens and not, as it has been treated until now, as a commodity.

### Mario Testa

#### *Interventor at the Faculty of Medicine*

When the comrade who just spoke acknowledged the workers, students and professors present, it occurred to me that in a near future it won't be necessary to address people by differentiating categories which may appear to set them apart. At that moment we will address everyone simply as “*compañeros trabajadores*,” fellow workers, comrades, and in this way we will define a fundamental period of the work of the National Reconstruction, currently underway throughout the country and of which we consider ourselves fully a part. The process we are set on carrying out has a clear direction. We could ask why the Faculty of Medicine is today concerned with an issue such as health in the factories, a topic which has not been of concern to the Faculty for a number of years. This was because on the one hand, our country has been, for the last 18 years, an oligarchical and capitalist country, in which health has been addressed differentially according to social groups. On the other hand, in a dependent country – an adjective that has also characterized the last 18 years of our political life – culture and science are always the most dependent areas, since they ensure the continued dependency of everything else, that is, economy and politics. A faithful example of this dependency is the University that we have had to bear in these years: a university that supported scientificism, atrophied by lack of independent thought, with its back to the people, and still worse, a traitor to the people's most urgent needs, among them, obviously, those of the working population. Therefore, it is not surprising that this mixture of an oligarchical, capitalist and dependent country gave rise to the conceptualization of health as a commodity – the characteristic of capitalism is to see everything as a commodity – and to an orientation in Medical studies that would generate individualistic, mercantilistic and antipopular physicians, which are the ways those three categories are transmitted at a personal level.

When the old Faculty of Medicine of those dark years of the regime addressed health in the factories, it did so training “factory physicians” whose real mission was to control the workers’ sickness absenteeism. The factory physician became a member of the team employers use to maintain high levels of productivity. And even if this poor physician wanted to do something else he was unable to, because the Faculty had not taught him anything different and the approach he was offered concerning the issue of “health” was pointed only in that direction.

How things change when Perón comes to power! Perón is the alternative to dependency; he embodies liberation and the guaranteed fight against the oligarchy, because he is the leader of the Argentinian popular masses and the one who makes possible the definitive march towards national socialism. The Faculty of Medicine, as part of the National and Popular University of Buenos Aires, has to adapt its actions to these facts of tremendous political significance for the country. Once again, I want to stress that ours is a political intervention, which we will enforce with decision and activist responsibility, which means that we cannot simply transform this political decision into a technical proposal once the real contents of the transformation being sought have been discussed and analyzed. We believe that it is necessary to re-define the notion of health from a non-dependent perspective, that is, in a liberated homeland, within the context of the global society and the framework laid down by the national and popular government. Within this framework, physicians are no longer individualistic, mercantilistic and alienated professionals but rather are transformed into real agents of health, workers in social coexistence who try to identify the objective conditions that transform a healthy society into one with physically and socially sick individuals. From this liberating perspective, first offered to the country on May 25, physicians are no longer “treaters of sick people,” but rather expand their role to the identification of the agents that cause illness, which will allow them to act effectively to combat the severe deterioration of the health of the people. The elitist concept of medicine is opposed to this new liberating, anti-oligarchical vision and to impose the latter, it is necessary to change the way in which we are teaching medicine. The new

approach has to consider the ecological and epidemiological situations that determine the disease process. On the basis of these principles, we have decided to create the Institute of Occupational Medicine, as a first step towards the clarification of the problems generated by a frequently aggressive environment that surrounds workers in their productive activity. This approach is direct contrast with the previous notion that workers’ health has to be protected since their illness affects productivity, and with the still more harmful notion that the factory physicians must act as an instrument of repression against workers. The factory physicians must become labor epidemiologists. Only in this way they will be able to accomplish the mission that society vests in them in a liberated, fair, free and sovereign homeland, within the framework of national socialism.

### **Alberto Ozores Soler**

*Interventor at the José de San Martín Teaching Hospital*

I want to offer all the comrades gathered in this building the view of someone who was trained years ago in this Faculty, during the time comrade Testa referred to, a time characterized by an oligarchical, liberal medicine at the service of dependency. I want to tell you about the crisis a physician goes through, a physician who has a specialty – public health, in my case – that is not occupational health and who has to begin to understand the phenomenon that is health at the service of the people and their liberation. At this moment I have the responsibility of managing a hospital which is one of the most complex in Latin America; the enormous amount of patients treated annually gives an account of its uniqueness in the Continent. I want to express how I feel when I have to transfer all the principles of our National Justicialist Movement to the daily life of this hospital. Our physicians receive patients who are enclosed within the four walls of the hospital, but within those four walls the health of our people is not being contemplated. This responds to the reality of an elitist, detached, dissociated, and segregated medicine. The current situation, the one we found when we arrived, responds to a medicine that separated curing from prevention:

“Public health specialists dedicate themselves to prevention, medical doctors to curing,” as if preventing and curing were two different things that have nothing in common. There was also a differentiation made between medicine for the rich and for the poor, each of them responding to different health criteria; and there was also a medicine that dissociated family members, with a medicine for children, another for fathers, another for mothers, and so on. There was also a differentiation made depending on the geographical location of our people, with medicine for urban areas and a completely different one for rural areas. Consequently, an infinite number of institutions arose, each with a different aim.

Today we have to begin the task of rebuilding everything that had been dissolved and disintegrated during these 18 years, and in this respect we will be guided by our dear comrade Ramón Carrillo, who in 1945 had already set the foundations for a health policy of integration within a comprehensive conception of individuals and the society in which they live. In his documents Ramón Carrillo began to outline the popular Argentine hospital, a plan that was completely distorted after 1955. Taking up his spirit, we have to bridge the gap between the hospitals and the people, to pull down the four walls of the hospital, to stop thinking about illness and to think deeply about health, but not timidly, as we have done these last years, only conducting vaccination campaigns; we have to fully commit ourselves and denounce to the last consequences all the wrongs that make our people sick. The hospital has to achieve the integrated task of preventing, curing, rehabilitating, and being entirely accountable for the health of the people, and make General Perón’s message to the Argentines from the National Congress come true: “Health will be a priority in the country so long as there is a sick person walking the streets of our nation.”

### **Ricardo Saiegh**

*Director of the Institute of Occupational Medicine*

We were trained at the Faculty of Medicine with a concept of health and illness related to the microbe. Medicine was born with the idea of combating infections, and that has been its legacy

for hundreds of years. However, in our medical training and in our health plans, a pathogenic factor that is as or even more important than the microbe has been ignored, and that is human work. Since humans have worked enslaved, their health has suffered more due to that work than due to microbes.

When the primitive man worked freely, he sang while he worked, imitating nature. Later, when human labor became enslaved, man stopped singing, and singing and work were divorced. Today we face the tragedy that man not only does not sing when he works, but in fact he uses music as a way to achieve infernal production rates. This is a cycle that has been produced in our culture and must be reverted.

As part of this idea of associating illness with pathogenic agents unrelated to work, health problems have been related to the passive sector of the population. The oligarchy has done this as a way of preserving its own health; however, many of us, when we have wanted to denounce the deficiencies of the regime and put health problems into evidence, have referred almost exclusively to childhood, pregnancy and old age. The situation of a man of 30, 35, 40 years old who is working 8, 10 or 12 hours per day is less stirring; it is even understood that such man is in the prime of his life, not likely to fall ill. Furthermore, factories have been carrying out a selective process to hire the healthiest people, perhaps not out of the population as a whole, but at least out of the working class. However that man, who may not groan or cry, is wearing down, deteriorating and exhausting his mind and body.

Bernardino Ramazzini, considered the father of Occupational Medicine, wrote in the year 1700: “Too frequently the worker falls ill, suffers and dies doing the work that allowed him and his family to live and that enriched society. The worker must therefore be protected, supported and compensated, because without work, society would not exist.” This was written almost 300 years ago; however, his words fell into oblivion and were only revisited a hundred years later.

What we see is that the situation of workers is also ignored during the six years of medical studies and later, in the national health plans. The documents analyzing the Argentine health scenario – even those intending to encourage

changes – describe three areas: the public, the private, and union-based health insurance [*obras sociales*]. This is a mistake, since what determines a health analysis is not the organizational system that provides health care, but those who receive it and the way they receive it. In this three-part schema, the workers' sector remains completely unprotected, since it does not depend on any of the three areas, but is rather a cog in the machine of factory medicine.

We have a great teacher in Dr. Germinal Rodríguez, who was the lecturer of Hygiene and Social Medicine and consultant to Dr. Ramón Carrillo in matters related to Hygiene and Preventive Medicine during Perón's government. Twenty three years ago, in 1950, Dr. Germinal Rodríguez said: "Our country is initiating a new industrial era, and so as not to damage the future of our training, it must be carried out assimilating all the advances and technical knowledge that we have at our disposal, extending this industrial civilization uniformly to the very limits of our borders, so that there is not a single person inhabiting Argentine ground who does not feel the protective stimulus of its laws, inspired entirely in public welfare. There are more than 100,000 factories in our country, which indicates that the police cannot be the only power implementing laws and ensuring their enforcement. Such surveillance would require more than even a great mass of industrial inspectors. To collaborate in this task, we have not only to appeal to the conscience of factory owners to balance their industrial lives with a social life compatible with health, but we must also vest effective authority in groups of workers and trade unions who want to appoint public health collaborators, in honorary posts, to serve as auxiliary eyes of the law reaching even the most remote places, investing a principle of authority that, due to its honorary nature, should be undertaken with complete patriotism. There are examples in our country of the protection of Sunday rest. I would say that this is the crucial year for labor legislation concerning medical and social aspects. For the last four years the country has worked feverishly to adjust the terms of the work contract, and employers and workers discuss hours and wages, but they often forget about health. It is time to talk about the construction of the new factories; work below ground level; industrial health services;

lighting regulations; the comfort of working environments; machine safety measures; control of dust, smoke, gases and vapors; manipulation of toxic substances; and regular medical check-ups." This was written 23 years ago. Possibly, many of us today find it limited, but I think it very important to remember this effort that was made so many years ago and how brutally it was buried.

I want to have a reference, maybe an old one but hardly arguable, even in academic terms. Ramazzini wrote the following more than two centuries ago:

We have to confess that certain tasks workers undertake produce considerable damage. In the very place where they obtain the resources for the maintenance of themselves and their families they often contract severe illnesses and curse the trade they have dedicated themselves to, even as they distance themselves from the world of the living. When a doctor arrives to attend some patient of the working class, he ought not to feel his pulse the moment he enters, as is nearly always done without regard to the circumstances of the man who lies sick; he should not remain standing while he considers what he ought to do, as though the fate of a human being were a mere trifle; rather let him condescend to sit down for awhile. He should sit with the solemnity of a judge, if not on a gilded chair as one would at a rich man's house. He should look cheerful, question the patient carefully. I for one have done all that lay in my power, and have not thought it beneath me to step into workshops of the meaner sort now and then and study the obscure operations of mechanical arts.

Starting September 1955, a gradual deterioration in worker's health was seen. Furthermore, the numbers indicate that there was a steady increase in the pace of production, along with a deterioration in workers' real wages, an extension of working hours and an increase in unemployment rates. If we consider that the pre-occupational exams were becoming increasingly strict and that the current unemployment rates exceeded 10% of the active population, it is easy to infer that the employed labor force was subject to a selection that discarded

the less qualified workers. Acknowledging this fact, it would be important to require a post-occupational exam to verify the consequences on the worker's health deriving from the system of exploitation to which the individual was submitted. Meanwhile, just as in the slave markets, the best endowed individuals are selected then used until they have been wrung dry, and when they are no longer productive they are discarded. Afterwards, it is assumed that retirement is the fair payment of this tribute. We may ask ourselves: Are not the so-called diseases of old age truly the consequence of work?

Something similar occurs with disability compensations, which are granted to alleviate the consequences of occupational accidents or professional diseases. There are some examples that can clarify this situation. Let us consider the case of acoustic and thermal trauma. Industrial noise produces in the worker an acoustic trauma that could be measured in two stages. In the first stage, the worker reaches an important degree of deafness; he notices it, consults the physician, and eventually obtains compensation or receives a prosthesis to improve his situation. However, the case of the worker that suffers from hypoacusis diminishing 10, 15 or 20% of his hearing is also common. What happens to that man? When he arrives home, instead of greeting, he shouts. His wife puts the television on at a certain volume and he turns it up. As his wife does not understand what is happening, they quarrel and the man shouts even more. But this man does not want to shout; he does not hear well, he does not hear himself and so he shouts, which causes a situation of tension that if repeated, begins to ruin the peace in the worker's home. Furthermore, it is common that in the workplaces where there are high levels of noise there are also high levels of heat. The worker who is subject to these agents in the workplace arrives home completely exhausted, threatening his affective life to the extent of sexual dysfunction, which is much more common than it is admitted since this society imposes its repressive mechanisms on the workers to make them feel ashamed of their impotence and hide it.

Many of us have fought against wars and microbes because they threaten people's lives. However, there is another agent that has killed more people than the war and the microbes, and

that is work. In England, during the Second World War, in 1943, there were 8,136 losses monthly owing to deaths and injuries at war and 22,109 losses due to deaths and injuries at work. The United States had 28,000 losses monthly on the front line of war, and 170,000 on the labor front. At this moment, the statistics of the International Labor Organization report 15 million victims annually as a result of occupational accidents. Dr. Floreal Ferrara, Minister of Social Welfare of the province of Buenos Aires conducted, some years ago, a study on 1,000 workers in the city of La Plata. He found certain generalized answers among the interviewees, such as: 1) The only reason a person works is to earn a living; 2) The things I like the most about my work are the vacation, the paydays and the end of the workday.

We could analyze another example: unhealthy work. The law establishes that when a job is harmful to health, the worker should work six hours instead of eight. But most work that is unhealthy over eight hours is also unhealthy over six, so the reduction in hours does not make it less harmful. However, as wages are not high enough, many laborers are interested in working in unhealthy industries with six hour workdays even if their health is severely compromised, because those two extra working hours allow them to compensate the insufficient wages. In this way a worker not only sells his labor and his force but also his health.

So far, Occupational Medicine has developed an almost police-like attitude. Some physicians that control absenteeism leave their cars parked around the corner from the worker's house to see if the worker is out of bed. As a result, physicians transform their role from doctors to persecutors of their patients. When these physicians visit a patient and establish a diagnosis, they do not prescribe medications, because their function is not to treat but to control.

Another aspect of significance is that Occupational Medicine is a postgraduate discipline, thus filtering out the student population and barring access to those who want to put their efforts at the service of workers' needs.

Since its creation, the Institute of Occupational Medicine has sought to be at the service of the workers. It has established direct contact with them and their representative organizations in

order to study hygiene, safety and health problems that have been brought to our attention by the comrades of the different trade unions. One of the first tasks to be implemented will be a course for worker delegates, so they can evaluate the sanitary conditions in their own factories; and a course to train trade union physicians will also be delivered.

Furthermore, we will publish simple, easy-to-read booklets and pamphlets, so that the workers can have a guide concerning the prevailing health and safety legislation.

Our intention, through the creation of this institute, is to fight so that man might once again sing while he works; indeed, that is our motto.

#### CITATION

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