



## *So that man might once again sing while he works. The Instituto de Medicina del Trabajo (IMT) and worker health*

*Para que el hombre vuelva a cantar mientras trabaja. El Instituto de Medicina del Trabajo (IMT) y la salud de los trabajadores*

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**ABSTRACT** This text is the product of an investigation initiated in 2006 with the objective of recuperating the memories and experiences of those involved in the creation of the Instituto de Medicina del Trabajo (IMT) (Institute of Occupational Medicine) between 1973 and 1974 in the Faculty of Medicine of the Universidad de Buenos Aires. Thirteen interviews with referential figures of the Institute were conducted, using their oral histories as a resource, and a survey of documents from personal archives of members of the IMT and from public records was carried out. The IMT constituted an innovate experience in the field of occupational health, questioning the categories and practices in hygiene, safety, and occupational medicine prevalent at that time. The primary results demonstrate the novel character of the experience and the way in which the IMT was able to create its own autonomous and alternative discourse that prompted the development of critical thought in relation to health and work. This capacity transcended the limits of the country and still today influences the discourse of research and educational centers from many different countries. The sources collected as part of this investigation now form part of the Centro de Documentación Pensar en Salud (Thinking about Health Documentation Center) of the Instituto de Salud Colectiva.

**KEY WORDS** History of Medicine; Occupational Medicine; Occupational Health; Occupational Risks; Argentina.

**RESUMEN** Este texto es producto de una investigación iniciada en el año 2006, que tuvo por objetivo recuperar la memoria y la experiencia de los actores involucrados en la creación y desarrollo del Instituto de Medicina del Trabajo (IMT) entre los años 1973 y 1974 en la Facultad de Medicina de la Universidad de Buenos Aires. Para ello, utilizando el recurso de la historia oral, se realizaron trece entrevistas a los principales referentes del Instituto, se efectuó un relevamiento documental en archivos personales de los miembros del IMT y en archivos públicos. El IMT, constituyó una experiencia innovadora en el campo de la salud laboral que cuestionó las categorías y prácticas en higiene, seguridad y medicina del trabajo dominantes en la época. Los principales resultados demuestran el carácter innovador de la experiencia y cómo el IMT logró formar un discurso propio, alternativo y autónomo que se convirtió en referente para la construcción de un pensamiento crítico en la relación salud y trabajo que trascendió las fronteras del país y que hoy forma parte del discurso de numerosos centros de docencia e investigación de diferentes países. Las fuentes recuperadas en el curso de esta investigación forman parte del Centro de Documentación Pensar en Salud del Instituto de Salud Colectiva.

**PALABRAS CLAVE** Historia de la Medicina; Medicina del Trabajo; Salud Laboral; Riesgos Laborales; Argentina.

## INTRODUCTION

In July 1973, a few months after a major political overhaul in the Universidad de Buenos Aires (UBA), the Institute of Occupational Medicine (IMT, from the Spanish *Instituto de Medicina del Trabajo*) was created within the Faculty of Medicine of that university. It was conceptualized as part of a political project in the health field, organized and elaborated with renewed ideas about the relationship between health and work.

The distinctive feature of the IMT was its focus on the active participation of workers and their organizations in occupational health, hygiene and safety. To this end, academic activities were carried out in association with trade unions in order to provide worker training, a series of collaborative research agreements were developed to understand the working conditions in certain industries, and the active participation of the workers was encouraged through "hygiene commissions" formed in each factory or company.

This interest in the centrality of workers in occupational hygiene and safety control was in constant tension with the established role of doctors and of the health sciences in general. By examining the place afforded to workers in the control of their health, it was possible to question the existing paradigm of occupational medicine as well as the role of medical professionals, of the university and of the health sciences as a whole. The process that led to the creation of the IMT was, at the same time, a critical exploration of the conditions to which Argentine workers were subject in terms of salary and general living conditions, as well as of the scant interest that health issues had generated among the unions. Therefore, this initiative of the Faculty of Medicine, although short-lived, was able to raise the issue of occupational safety and health in a way that transcended, questioned and sought to significantly modify the medical discipline.

Two critical situations influenced and made possible the development of the IMT. On the one hand, the particular political moment experienced in Argentina, which had reached the university classrooms in addition to other

territories of knowledge production; on the other, the conditions that many sectors of the labor movement were undergoing and the degree of mobilization they were experiencing. The IMT acted as a link between these two frequently distant worlds, seeking to modify the relationship between technical-scientific processes and worker demands.

The purpose of this study was to recover the experiences of the IMT through the testimonies of those who participated in this process of constructing a critical consciousness regarding the relationship between health and labor.

## ABOUT THE STUDY

The field of social medicine as way of thinking about health has been explored very little in Argentina and there is no systematic record preserving the memory of those who have formed part of this school of thought. Furthermore, at the start of this study we were unable to find material available documenting the work IMT. Fortunately, in 1973, the *Actas de las Jornadas Nacionales de Medicina del Trabajo* (Minutes of the National Conference of Occupational Medicine) (1) organized by this institution were published, which allowed us to have access to the primary sources of this event and to the first expressions of such a rare experience as is the joint formulation between health professionals and workers of a public health agenda in the workplace.

The analysis presented is the result of a project entitled "The Institute of Occupational Medicine and the development of critical thinking in public health during the 1960s and 1970s in Argentina," a research study carried out over five years (2006-2011) with the objective of recovering and analyzing the contributions of the IMT (a) regarding the relation between work and health.

A documentary survey of primary sources was carried out and using this initial information, guideline questionnaires for each of the interviews were designed. Thirteen interviews were conducted with referential figures of the Institute: Felipe Aguerre, Luis Benencio, Silvia Chejter, Ruben Efron, Gilou

García Reioso, Omar Glezer, Estela Giménez, Horacio Kujnisky, Eduardo Menéndez, Carlos Rodríguez, Osvaldo Saidón, Ricardo Saiegh and Mario Testa. Many of them were filmed and served as a base for elaborating oral documents. The collected and elaborated material was then processed, edited and catalogued and the contents written out and edited. The testimony and narration of the experience of those interviewed were used in order to comprehend the more concrete and everyday dimensions of the process, which were not included in the official documents.

In order to preserve the vast and rich documentary material resulting from this investigation, the Thinking about Health Documentation Center (CEDOPS, from the Spanish *Centro de Documentación "Pensar en Salud"*) was created within the Institute of Collective Health at the Universidad de Lanús. This Documentation Center (2) stores the interviews and the documentary material used as primary sources in this analysis so as to make them available to and to allow for future research studies.

### **THE FACULTY OF MEDICINE, THE IMT, AND "OCCUPATIONAL MEDICINE AT THE SERVICE OF WORKERS"**

A starting point for those who elaborated the guiding principles of the IMT was the necessity of linking knowledge produced in scientific and university environments with social needs, in particular the needs of workers. The rupture between science and scientism and the positive relationship between knowledge and politics – pronounced by the most radicalized student sectors since the 1960s – were in this way recovered. The IMT assigned itself a fundamental role in connecting knowledge developed within the university to the world of work.

One of the first measures taken by the government of Hector Cámpora, who took office on May 25, 1973, was the overhaul of the national universities. This political act allowed for the creation of policies such as those developed in the Faculty of Medicine of the Universidad de Buenos Aires, which at that time was renamed the

Universidad Nacional y Popular de Buenos Aires (National and Popular University of Buenos Aires). During the administration of Rodolfo Puiggrós and that of his successors Ernesto Villanueva and Raul Laguzzi as rectors of the UBA, other similar innovations took place, such as the Mother and Child Institute in the Faculty of Medicine and some time later, the Regional Pathology Institute with headquarters in the Muñiz Hospital. In the Faculty of Pharmacology, the Drug Institute located in the Ramon Carrillo pharmaceutical production plant dedicated itself to domestic drug production. The Social Medicine Department was created in 1973 with the idea of coordinating the activities and functions of these new institutes, although it was never able to carry out this task. In different faculties of the UBA, chairs, courses and departments were developed according to the discourse of the "university at the service of national reconstruction," with the goal of bringing science as a whole closer to problems considered socially relevant (b). In accordance with the executive order that mandated the overhaul of the Universidad de Buenos Aires, the changes were directed at "definitively putting the universities at the service of the people," as the universities were experiencing a severe crisis reflected "in the cultural realm and in the economic and political dependency that Argentina was suffering" (6 p.202).

A number of the new university administrators were connected to the Montoneros [an armed group of the Peronist left], or at least had the support of that organization. In 1973, in the distribution of positions of influence within the State, the university would be held by the Peronist left. During that year, the Peronist University Youth (JUP, Juventud Universitaria Peronista) won almost all of the student union elections – nine of the thirteen student unions existing at the time – thus consolidating its influence in the university government (c).

In the Faculty of Medicine, after the brief term of Tomas Mascitti, Mario Testa became the new dean of the overhaul. He had the support of an important sector of the JUP, and was in agreement with the fundamental principles of the public health policies proposed by that sector of Peronism for this new phase, the primary objective of which was the creation of a Unified

National Health Program (d) (8,9). Since the end of 1972, with the possibility of elections putting an end to the *de facto* government close at hand, various groups of professionals had come together within Peronism with the goal of influencing the political content of the next government's program. Within that context, Mario Testa had returned to the country a short time before and was collaborating, in conjunction with some members of the Peronist Youth, in the development of the core contents of a health program (9). The project Mario Testa announced for the Faculty of Medicine focused on admissions (unrestricted until just a short time before), on a progressive course of study in which students would gain skills of increasing importance, on the integration of university studies with work as well as with research, on the decentralization of teaching, and on the coordination of university curricula and knowledge with the health program of the national government (8 p.77).

This new phase allowed the directors and some of the members of the IMT to reenter the university in decision-making roles, which was experienced as a continuity between prior student activism and university administration. These were young graduates who, in many cases, did not have any formal training in occupational medicine but whose political activism and participation in left-wing organizations since the 1960s had put them in contact with grassroots unions and helped them to understand the working conditions in different sectors of production. The relationship the IMT wished to establish with the most combative sectors of the labor movement and its conceptualization of the key role of these sectors in the production process would be very important to the IMT and its capacity to integrate young professionals from different political and ideological backgrounds within the same project (10). In a short time, physicians, psychologists, psychiatrists, social science professionals, engineers and technicians with a broad range of ideological stances, in some cases connected with political organizations that did not support the government, also joined the IMT.

The heterogeneous membership of the IMT was united by a common interest in

establishing an organic relationship with unionized workers, by the belief that the politicization of these sectors regarding their exploitation was necessary, and by a shared concern regarding the effects of working conditions upon workers' health. For the IMT's leadership, working conditions formed an organic and material whole directly affecting the life of workers and their families beyond the workplace. An important part of this thinking had been developed in the 1960s, in particular during the strikes that took place in the industries in the province of Cordoba during those years. According to Ricardo Saiegh, the first director of the Institute, the creation of the IMT was the result of experience and reflection:

...as part of our activism in relation to the worker struggles during the Cordobazo [massive worker and student protest that took place on May 29, 1969], we started analyzing one aspect of that political struggle more deeply, in this case the effect that labor had on workers [...] In 1973, when the popular government took office, we had the idea of creating a tool to channel these concerns, which became the Institute of Occupational Medicine (11).

At that moment, after the electoral victory of the Peronist Justicialist Front for National Liberation (FREJULI, *Frente Justicialista de Liberación Nacional*), a series of conflicts that took place mainly in the factories situated in the Greater Buenos Aires area expressed demands regarding the control of working conditions which were added to other non-salary based demands, such as the reclassification of labor tasks, the reincorporation of dismissed workers, and the conflicts within the plants over the appointment of new and genuine union leadership (12). On the one hand, it was about putting in motion a series of "overdue" worker demands given validity by the new political situation, and on the other hand, the "intensification of the class struggle as a result of the consensus politics established by the government in the Social Pact between company owners and the CGT [government-sponsored union]" (13 p.333) (e). Frequently, especially during mid-1973 and the beginning of 1974, a

number of strikes and factory occupations emphasized issues of occupational hygiene and safety. In general, these protests were a strategy used by labor groups that challenged the “bureaucratized” union leadership and encouraged more grassroots participation.

The relationship between IMT directors and combative unions encouraged the participation of these labor leaders and fostered contact with workplaces where conflicts had arisen. After the project was implemented, workers enrolled in opposition union organizations could be seen in the university. One of the first organizations that joined the IMT belonged to Astarsa Shipyards. The contact came through two of its leaders: Juan Sosa, who had a previous connection with directors of the Institute and Luis Benencio, an active member of the opposition in the shipyard. It is worth mentioning the participation of the IMT at the beginning of 1974 during the strike of South American Company of Industry and Trade (INSUD, *Compañía Sudamericana de Industria y Comercio*), whose main demand was related to the health damages produced by the workers’ exposure to lead.

The development of the political events during the 1960s put into focus a decade later an issue that was not new for left-wing intellectuals and political sectors: the identification of the working class with Peronism. This relationship, at moments difficult for the left to comprehend, seemed to cement itself in the particular political scenario resulting from Hector J. Campora’s rise to power. Once the choice the working class had made to support Peron in 1945 was accepted as positive, then in the present the only possible alternative of political construction was through Peronism (16). This coincided with the progressive incorporation of sectors traditionally at odds with Peronism, such as university students and professional middle classes (17, 18). Ruben Efron, part of the leadership of the IMT, states that the members of the Institute:

...were interested in Gramsci, in the concept of hegemony, and we always dreamed of the possibility of building hegemony and the role of professionals and intellectuals within factories. An important part of our political practice was

focused on that. [...] The basis of our idea was to build politics that established relationships among professionals, technicians and the possibility of articulating with the conditions of worker control over industrial hygiene and safety. (19)

The presence of workers in the control over health issues was, according to the IMT, the only possible way to guarantee that workers could transform their own working conditions. Therefore, a series of ideas and institutions, which were created to benefit workers but which actually worked as “agents of the repressive system,” began to be questioned (20 p.6). The fundamental criticism of the way occupational medicine was practiced at that time was that the mechanisms of health control in operation exclusively favored the idea of health as a commodity (21 p.17). The university held a key role in socializing the essential knowledge needed to carry out a real control of hygiene and health within the factories and therefore had the obligation to train technicians and professionals capable of dealing with labor problems from a new perspective, which could be paraphrased as “occupational health at the service of workers” (20 p.1).

The image of the “factory doctor” was useful in order to describe the process that occupational medicine was experiencing. Doctors were increasingly associated with control of absenteeism, their role changing from “practitioners” towards a function of “medical policing” and as a consequence distrust was fostered between them and workers (20p.19). Therefore, over the preceding 18 years a kind of “reverse medicine” had emerged, which was more oriented toward demonstrating that workers were not sick than to making correct diagnoses and providing proper treatment (21 p.6). This criterion was translated into economic compensation for occupational accidents and permanent injuries, and the purpose of any medical care received was limited to assuring that sick workers resumed their work quickly (20 p.19). According to the new discourse, the kind of occupational health that was necessary was one that:

...focused on the preservation of the physical and psychological conditions of the working

population instead of, as generally happens, on absenteeism indexes or the increase of production costs that occupational illnesses or accidents could cause. (20 p.39).

These arguments were not limited to an isolated observation of the work process. On the contrary, this line of argument affirmed that the two decades after Peron's overthrow in 1955 had been decisive for the development of dependent capitalism and for the subsequent intensification of labor exploitation (20). This situation had spread and could be seen in factory medical offices, in industrial safety conditions, in the so-called labor or absenteeism control clinics, in university hygiene and occupational medicine courses, in government agencies of occupational hygiene and safety control and in the collusion of many bureaucratized union leaders who supported the dictatorship (22 p.5-6).

The notion of "occupational health at the service of workers" also achieved a historical dimension; it was described as the continuation of the bright past the working class had had during Juan Domingo Peron's government, in contrast to the rights progressively lost over the last decades and the process of dependence into which Argentine capitalism had sunk. It was in the contemporary historical process that the IMT found its legitimacy and defined its meaning, in opposition to the recent past and within a critical political situation that made transformation possible. The Institute's discourse placed it in alignment with the Peronist project and thus enabled the Institute to more effectively communicate with the working class.

### **Researching working conditions, the interaction between workers and professionals, and the concepts of harmful work environment and worker control**

The rapid development and short existence of the IMT made it difficult to systematize the work done and to expand and reflect upon each project undertaken. However, by examining the practice of the IMT, some of the core ideas that guided IMT staff and the way in which those ideas were implemented can be

recovered. With its existence of a little over a year, the Institute initiated two major courses of action: one directed at professional and worker training and the other at research regarding the working conditions in different industries. Both of them implied a close relationship with workers.

In August 1973, a postgraduate course was taught that included topics typically absent from standard medical training, such as "industrial toxicology," "psychopathology in the workplace" and "a critical history of occupational medicine." Professionals specialized in each subject were invited to participate. Some were practicing medicine at the Hospital de Clínicas, where the Institute had its headquarters, and although they did not have prior knowledge of the project, they quickly accepted the proposal (g). This program was an introduction to occupational medicine and was especially targeted at factory doctors. The Dean's Office of the School of Medicine had planned, if the curriculum could be modified, to incorporate these subjects into the Social Medicine course that would be among the first required by the Health Sciences (formerly Medicine) degree program. It would ultimately be offered only one year, in 1974.

The worker training courses (Figure 1) were offered at different times and included within the curriculum concepts regarding the work environment and factors harmful to health: industrial toxicology, occupational fatigue, accidentology, workplace safety, organization of industrial hygiene and safety, and labor legislation (21 p.30). The training courses multiplied and, according to data from the Institute, were attended by 1,300 workers from a number of different unions (23 p.28). These courses were taught within the Faculty of Medicine and were accredited by the university; the workers were symbolically granted a diploma during the Faculty's graduation ceremonies.

In order to reinforce the connection with unionized workers, the National Conference of Occupational Medicine was held from November 1-3, 1973. Mining, telecommunication and shipyard union leaders participated, as well as worker commissions from different sectors that presented the problems and needs in their unions regarding health and working

Table 1. Course titles and topics covered in worker training courses taught at the Institute of Occupational Medicine between 1973 and 1974. Faculty of Medicine, Universidad de Buenos Aires, Argentina.

Course Title	Topics covered
Health issues in industries	Work environment: noise, heat, dust. Industrial toxicology Fatigue Occupational safety and accidents Organization of industrial hygiene and safety Labor legislation
Course in the Argentine Mine Workers Association (Asociación Obrera Minera Argentina)	Health and labor Work environment: noise, heat, dust Mining activities and pneumoconiosis Medical problems related to heat
Course at the Labor Federation of Argentine Ceramicists (Federación Obrera Ceramistas de la Republica Argentina)	Work environment: noise, heat, dust Chemical risks Physical risks Psychological risks Medical problems Legal aspects
Course for workers of the Metallurgical and Automotive Industry	General risks faced by automotive and metallurgical industry workers Welding risks and diseases of welders Polishing risks and diseases of polishers Lever operation risks and diseases of lever operators Lathe operation risks and diseases of lathe operators Risks in thermal treatments and electrotyping Assembly line risks and associated pathologies
Course for the Milk Industry Workers Union (Sindicato de Trabajadores de la Industria Lechera)	Work environment: noise, heat, dust Chemical risks Physical risks Psychological risks Medical problems Legal aspects

Source: Own elaboration based on the *Boletín del Instituto de Medicina de Buenos Aires* (21) and *Un año de realizaciones* (23).

conditions. Almost all the members of the Institute took part in discussion panels which around 1,000 people attended, according to the conference organizers (1).

The conference promoted a more dynamic relationship between the IMT and the unions, particularly with those opposed to the bureaucratized union representation and with

those belonging to the second and third lines of leadership in their unions (24). It was also a way to make the political orientation of the Institute explicit within the University and the Faculty of Medicine where it had its headquarters, as well as within the heterogeneous universe that made up the political support for the government in office since March 1973 and within which deep

political and ideological differences were increasingly openly debated (h). In this sense, the conference sessions can be considered as a way to ratify, in a reduced arena but nevertheless with certain visibility and great symbolic power, the initiative and organizational capacity of the youngest sectors that had approached Peronism and found in it the closest possibility of a path towards socialism at a national level, but that had also discovered its main contradiction to be the centrality of traditional trade unionism.

Despite the relationship that the IMT developed with grassroots working class sectors, the project was not immune to the conflicting interests within Peronism, and it was not always easy for young university students to limit the working relationship to these favored sectors. In reference to this situation, Mario Testa remembers:

*We couldn't... privately, we talked about trade union bureaucracy, but when they came, it was all: comrade, yes comrade, take a seat, comrade, come in, comrade. (24)*

Apart from these this resistance and these limitations, the IMT was able to make a priority the project of an occupational medicine able to reach all workers and at the same time innovative in its perspective and approach. In practice, the Institute was able to draft analysis (analytic) criteria that avoided reducing the analytical scope to the workplace and isolating the work environment, proposing instead a view from which it was possible to connect the worker, the worker's health, and the place in which that work was carried out. The questions motivating each study were of an epidemiological nature and considered the work environment as the one that "generates, perpetuates or concentrates certain risk factors that should be focused on" when evaluating the diseases and illnesses of those affected (25). This epidemiological focus and the way it was approached – with the incorporation of disciplines in addition to the biomedical and the inclusion of workers within the process – were cohesive elements that made it possible to attract professionals of different political affiliations and for them to coexist.

The consensus among IMT members regarding the objective of the Institute and the fluid relationship with worker organizations allowed common projects to be implemented quickly. The Dean of the Faculty of Medicine and the Institute directors signed a number of research agreements with different unions to carry out studies on problems considered priority by the parties involved (i). In a short time, between August and November 1973, a series of working groups sustained by a large group of professionals (j) were in operation, with participation from many different disciplines. Several Chilean and Uruguayan doctors and nurses, recently exiled and with more experience than local doctors, were also incorporated (k).

Among the research projects carried out, the most important was on the Pirquitas mine in the province of Jujuy (l). At that time, the province had one of the highest levels of child morbidity and one of the shortest life expectancies in Argentina. In the National Conference of Occupational Medicine, the health conditions of workers in Jujuy had been discussed based on a notice submitted by authorities of the province, which then led to the signing of an agreement between the Faculty of Medicine and the Health Undersecretariat in Jujuy. At the end of November a large multidisciplinary group of IMT members settled in the vicinity of the mine for several days. These members of the Institute went to Pirquitas with a hypothesis: that there was no regular registration of retired miners because miners died before reaching retirement age (10,29). The information was attributed to the Argentine Mine Workers Association (AOMA, Asociación Minera Argentina), a mining trade union with which they had been directly connected in the last few months through its general secretary Carlos R. Cabrera.

The field research in Pirquitas allowed for the identification of different dimensions that affect the health of miners. Doctors and toxicologists worked for a number of days collecting clinical data that showed the presence of pneumoconiosis and the need for immediate treatment of the condition. Engineers specialized in industrial safety assessed the quantities of dust, humidity, noise and vibrations, among another factors, in the work environment. The active participation of the mental health team allowed



for the development one of the most important areas of study in the Institute: the psychological dimension of occupational risk factors, which had been little considered within occupational medicine and had enormous significance in this experience. Using individual interviews, predesigned surveys and group meetings, specific aspects regarding the psychological effects of mining work for both miners and the family groups to which they belonged were explored. The team noted a recurring dream among the workers related to a black dog that sat upon their chests and provoked in them a distressing sensation of asphyxia that woke them up. The interpretation was that this black dog, considered a mythical animal by the inhabitants of the region, appeared in their dreams as a symbol of their frequent lung diseases (m). The mental health team became interested in issues that were present in the daily life of the community settled in the mine, such as phobias and fears of accidents, diseases and death, as well as the effect that this kind of activity in the mine shafts had on workers outside of the sphere of production (10).

The idea that mining work was trying was not new; some time before, the AOMA had promoted a project to draft a statute for workers in the sector with the objective of solving problems specific to this type of work – frequent diseases, accidents, living conditions in the campsites – and with the intention of modifying the retirement age (10). Pirquitas was a key experience for IMT members, as it was there that they developed a series of multidisciplinary strategies that could be later observed in other investigations. Not only did these strategies seek to reveal the most poignant risks that the work produced, but they also offered an opportunity to question the effects of work in a more complex way.

In association with the Buenos Aires chapter of the Federation of Argentine Telephone Workers and Employees (FOETRA, *Federación de Obreros y Empleados Telefónicos de la República Argentina*), the union that represented the phone workers of the National Telecommunications Company (ENTEL, *Empresa Nacional de Telecomunicaciones*), the IMT carried out an interdisciplinary research study of the health of phone operators. As had happened

in the case of the miners, the hypothesis was formulated based on inquiries that the union had previously made regarding the health of its affiliates. A series of psychological, auditory and orthopedic effects were found, produced by a work pace that demanded many tasks be performed simultaneously (11).

In both cases, multidisciplinary and interdisciplinary work was not simply a functional operational method for the IMT teams, but rather responded to a conceptualization of how occupational risks in industries and workplaces operated. Labor organizations were considered a product of social relationships and had to be analyzed as such. Therefore, the issues provoked in individuals could be understood not only “as individual but also as a manifestation of the conditions silently shared by all [workers]” (1 p.128). In this way, isolated analyses were avoided in order to understand as a whole the factors harmful to health and their interaction and permanence, in opposition to diagnostic criteria and medical proceedings that considered only the individually affected worker (1 p.77). Interrelating such dimensions as the psychological with risk factors like the exposure to noise, health and dust, proposing a more critical analysis of the effects of the work pace, and assessing its consequences in the person at work, together constituted a way of thinking about the role of health professionals and technicians within the industries.

The studies carried out in the mine in Jujuy and with telephone operators evidenced a particular aspect of the conceptual position that the IMT was developing regarding work and occupational diseases. The form of questioning and the interest in health disorders not usually taken into account had as a base an original formulation which the IMT defined as the “daily micro-trauma of work” (1 p.42). This category aimed to displace the idea of “professional illnesses,” which were usually individualized in the legislation and were common in the medical discourse, as they did not reflect the deeper problems implied in the relationship between the worker and his work (1 p.41). The concepts of unhappiness, alienation and dissatisfaction were used to explain the problematic relationship between work and the person who performs it; this

was in turn closely related to the social condition in which that relationship developed each day.

The slogan chosen by the IMT to illustrate its objectives summarizes these ideas well: *so that man might once again sing while he works*. With this clear reference to the capitalist exploitation of the labor force, the slogan evidenced a core problem in worker health: the very thing that makes self-fulfillment possible, in this case the worker's labor, is also the factor responsible for his alienation (1 p.125) and that "state of unhappiness that originates in the worker for not having a free relationship with his labor" (1 p.42).

Other research studies made it possible to reexamine the diagnostic criteria that occupational medicine applied. One of these studies was developed to look into the effects of lead exposure in the Caseros branch of the automotive company FIAT, as well as another metallurgical company by the name of Pratti Vazquez e Iglesias S.A. in the locality of Avellaneda. Some of the members of the IMT clinical team had previous knowledge based upon experiences providing medical care in the graphics union that caused them to doubt lab analyses as a basis for diagnosis and to question the legally established lead exposure levels. The IMT team combined the biochemical analyses used to measure lead absorption with other electrophysiological analyses. The results demonstrated that almost every person tested had some level of poisoning and that the biochemical tests by themselves did not make it possible to differentiate between clinically demonstrable and latent cases (n). Moreover, the correlation between exposure intensity, calculated in the amount of hours worked, and disease was established (28, 31 p. 87-88).

The knowledge produced by the Institute regarding lead poisoning was then used by workers of the INSUD. A strike began during the first months of 1974 in the lead processing plant of that company in the locality of La Matanza, in Greater Buenos Aires, reaching its point of highest tension in the month of March when the manager Enrique Mendelsohn was kidnapped. The IMT supported the community soup kitchen that the workers organized near the premises, participated in the workers' meetings,

and wrote a technical report about lead poisoning in the plant that could be used to substantiate the demands being made (33).

The demands directed at the company focused on the inadequate working conditions in the processing of lead and on the collusion of factory doctors who did not acknowledge illnesses such as saturnism in workers. On the other hand, the Commission of Delegates of the INSUD accused the Metallurgical Trade Union (*Union Obrera Metalurgica*) of acting in collusion with the company because although their doctors had diagnosed poisoning they did not support the strike.

The Institute provided a key element to support the demands and made it possible to explore the real health conditions of workers in that company. In the interaction with affected workers, the IMT was able to confirm that the symptoms of poisoning often presented themselves long before consulting a doctor but that those symptoms were not mentioned for fear of economic consequences or of being fired directly from their jobs, or because of the intimate nature of their symptoms. The workers were all men, and lead poisoning produced, among other consequences, sexual dysfunction, a condition they were not always willing to admit to their peers or doctors. However, these types of consequences resulting from working with lead and in an inadequate work environment were expressed by INSUD workers in some of the general meetings carried out during the conflict in 1974 that the IMT also attended. To the surprise of IMT members, the workers as well as their families spoke publicly about the issue and clearly established the relation between the problems expressed and the work carried out in the plant of the company in question (o).

These kinds of exercises were especially valued by IMT researchers because they reinforced the idea that workers were the most pertinent guardians of occupational health; they also highlighted the ability of workers to detect the most frequent health problems produced by their work and the clarity with which they related such damages to working conditions. Furthermore, most of the Institute members were young professionals and not all of them were trained in the occupational health field. In the interaction

with workers and in this concrete field of practice, they found it possible to experience a role as professionals which, among other things, allowed them to explore less evident aspects of illness as a process that goes beyond individual and biological disease.

The urgency of the political events in 1973 and the speed at which the actions of the IMT were implemented did not leave much room to systematize what was being done. In some cases, research projects and experiences such as those at INSUD and Pirquitas were related to concepts and definitions developed later on and that influenced the professional careers of the people involved, as in the case of Eduardo Menéndez and his elaboration of the Hegemonic Medical Model, which he published just after the creation of the Institute (p).

The legislation at the time regarding occupational hygiene was also reexamined. The research into noise within the plants directly questioned the levels authorized by the regulations. The IMT team of engineers analyzed the relevant legislation and verified that it was highly lax and that it was biased in assessing the effects produced by noise. Horacio Kujnisky (q), a member of the team, summarizes:

...within the law, the criterion applied to hearing loss considered that at the end of your productive work life, when you retired, it was enough if you ended up hearing at least common speech. It didn't matter if you lost the rest of your hearing capacity. We were fighting against that (36).

The legislation was questioned because it was permissive and scarcely protected people from disability, in addition to the isolated criteria it imposed. Luis Benencio, from the company Astarsa, confirmed that the compliance with the regulations was usually not enough to guarantee the wellbeing of the workers (r):

You know what happens? If you were going to take the measurements according to the regulations, some of them would not be enough to declare a public health issue. It's very curious... It wasn't that in some places employers were screwing us over, no, no, it was

that the results of measurements just were not enough. The problem was that in some places, there was welding going on and the same time there were gusts of wind blowing everything around you, so, what were you going to measure? You couldn't. You couldn't measure dust, smoke, or anything... So there were places that could not be declared unhealthy according to law (15 p.119).

In this regard the issue of worker control over the working conditions was becoming more central for the project of the Institute. *"We're the ones who feel what goes on,"* said Juan Sosa during one of the meetings of the IMT at the Faculty of Medicine (1 p.75). Each worker possessed a fundamental element with which to measure and assess the conditions of his daily work because the main instrument was his body, which was the best index for measuring the influence of risk factors present in the workplace.

Sosa's comment becomes even more intelligible within the concept of worker control, which was an ultimate goal of the IMT. Tools such as the medical manual for workers – *Manual de Medicina para los Trabajadores* (22) – as well as worker trainings did not intend just to educate workers and provide a guide for dealing with risks. The IMT aimed to visualize the incidence of certain work conditions within occupational health and safety and proposed worker control as a concrete strategy to modify the situation in the industries and in the production system.

In order to communicate in clear language the concept of work environment and factors harmful to health, establish critical arguments for assessing legislation, and propose tools for worker control, a long and detailed three-part document was produced. The first part named and described workplace risks; the second analyzed the current legislation at the time; and the third, more proposal-oriented, developed the idea of worker control over working conditions and proposed mechanisms to make that control possible. It may be that the IMT attempted a massive circulation of the text in order to expand upon and overcome the limits of the worker training courses, but unfortunately it has not been possible to confirm the destination of the material nor whether it was finally published. The

distribution was likely limited to the contacts the Institute had with different unions.

With simple illustrations, the *Manual* described the “work environment” and the factors harmful to health that circulate within it (Figures 1 and 2). Four groups of risk elements were described: the first group dealt with the “workplace microclimate” and included the effects of light, noise, heat, temperature and humidity; the second described pollutants in the work environment and defined their maximum acceptable levels according to law; the third covered aspects connected to “physical effort and awkward postures”; and the fourth corresponded to the psychological

effects that the pace and conditions of work had on workers.

The concepts of work environment and risk factors was analyzed in constant reference to the exposure levels that the regulations considered acceptable for the health of workers. For this purpose, the *Manual* (22) defined the indexes of reference for measuring noise, light, humidity, etc.; the maximum and minimum levels admissible for each type of activity according to law; and the health risks present in the work environment when these conditions were not respected. The way in which the contents were presented is interesting in that they allowed for the comparison of the admitted and

Figure 1. Description of the occupational microclimate.

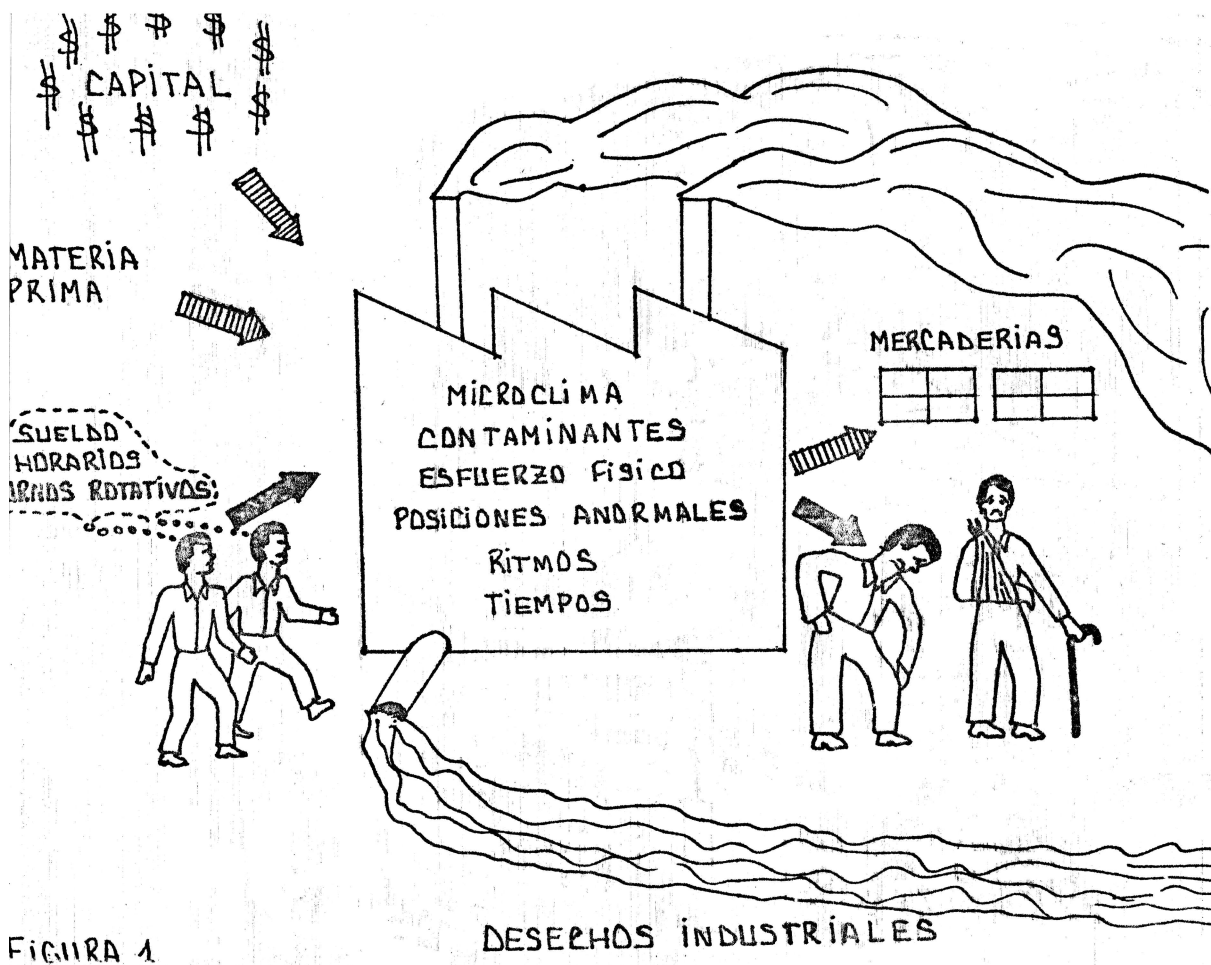
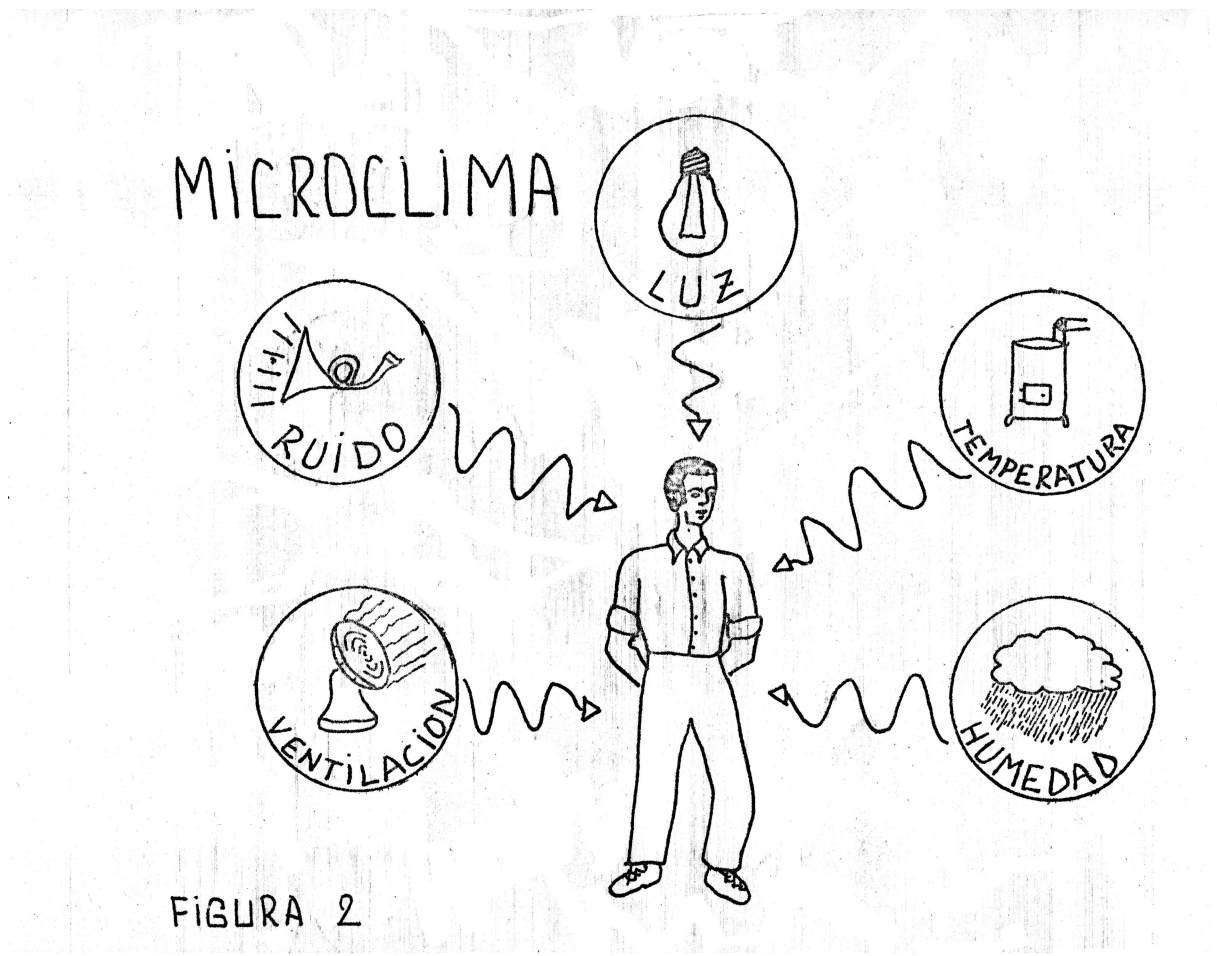


FIGURA 1

DESEÑOS INDUSTRIALES

Source: Instituto de Medicina del Trabajo (22).

Figure 2. Description of the work environment.



source: Instituto de Medicina del Trabajo (22).

recommended values and their impact on occupational accidents and health deterioration. In order to clarify the importance of reassessing the established values, the report included examples of research studies and their results when the safety measures were higher (Figure 3).

The proposal-oriented section of the *Manual* (22) defined instruments to make possible worker control of the working conditions by means of *Internal Hygiene Commissions* and a *Book of Risks and Damages*. The latter would have a personal version made especially for each worker and a collective version for the group of workers at each company. Consequently, each worker could maintain control over his condition and have

knowledge of the diagnoses made by the medical staff of the company; this evaluation would be part of the general record controlled by the *Internal Hygiene Commission* in each plant. The IMT affirmed that in this way, the effect of worker control "is twofold: not only is health once again the patrimony of those who put it at risk in their work, but also everyone participates in the control over working conditions and finally in control over the production" (22 p.59).

Some promising experiences being developed at that time were taken as precedents for the concepts of worker control and work environments. In its last pages, the *Manual* (22) makes reference to the experience in Astarsa – a situation with which the directors of the Institute

Figure 3. Lighting, eye strain, harmful effects in the industry.

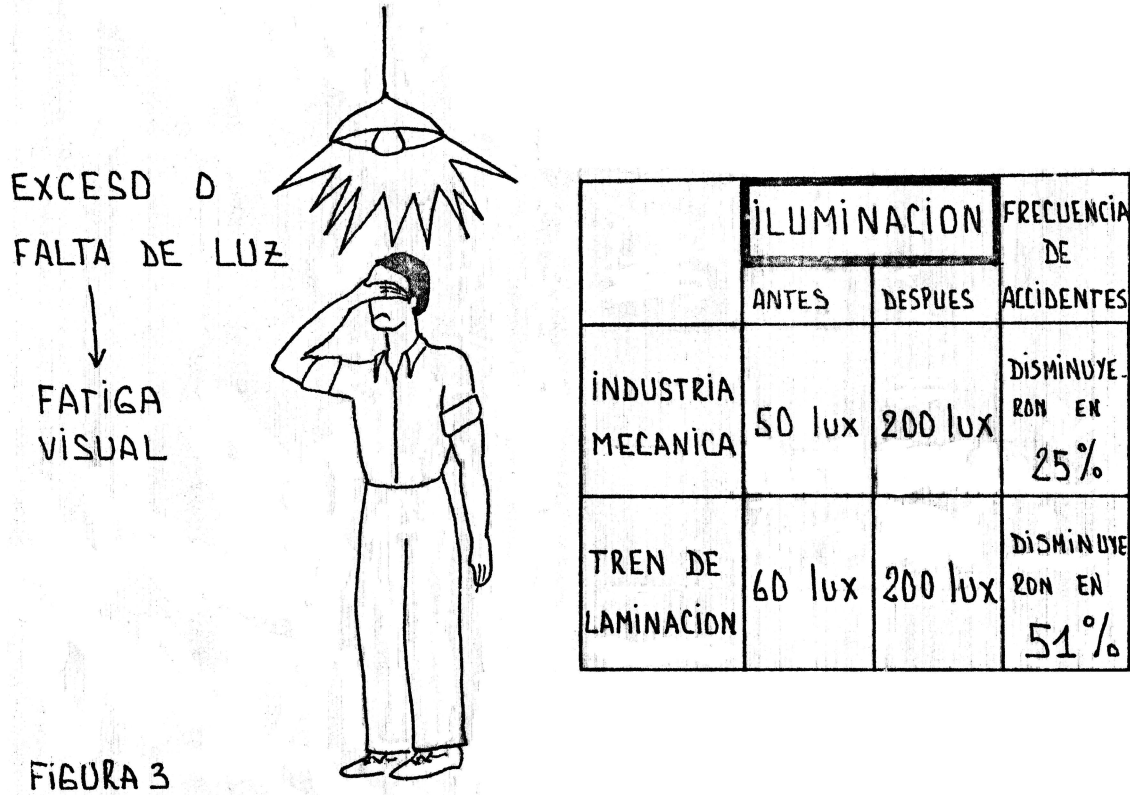


FIGURA 3

Source: Instituto de Medicina del Trabajo (22).

Note: The table above summarizes the results of an experience carried out in the mechanical industry, in which the legal minimum lighting levels were increased. A 25% decrease in occupational accidents was observed.

were well acquainted, and where worker hygiene commissions had already been implemented – and to the Italian Worker Model (MOI, *Modelo Obrero Italiano*) promoted by the Confederazione Generale Italiana del Lavoro, that had been circulating since the 1960s in that country (s).

In Italy, in the context of worker protests against the capitalist organization of work, a model of action and exploration regarding the harmful effects of industrial work was developed, with a key characteristic being the role the workers occupied in it (39). During the 1970s, a considerable number of workers became researchers

of their own labor conditions. The distinctive slogan of this movement was “health is not for sale” and “no delegation” of worker control over the conditions in their workplace (40 p.63).

Cristina Laurell analyzed the Italian case as a conceptualization of the working class that was able to develop a view of health different from the one in existence until that moment. The MOI explained health as a vital part of the workers and not as a good with a price; this meant rebelling against the idea of the immutability of the capitalist organization of work as it raised the possibility of modifying

production conditions to remove their harmful effects (40). It also meant a qualitative advance in worker demands and such a degree of worker mobilization that it was able to influence the General Reform of the Italian National Public Health System in 1978.

The Argentine and Italian experiences had some elements in common. The ideas regarding the “demercantilization” of health, “dealienation” and worker control were shared by both and were widely expressed under the slogan of “occupational medicine at the service of workers.” In practice, that idea was integrated into a single discourse which included the questioning of occupational medicine as it was practiced at the time, the concept and approach to health and sickness and the role of workers within that process. However, there was one major difference between the Argentine and Italian experiences: in Argentina, the critical ideation came from very different social actors. It was led by university professionals, most of them belonging to the health sciences field, who in a particular political juncture were able to formulate a proposal for worker control over working conditions and who, above all, wanted to create a new focus for the medical criteria and practices in the field of occupational medicine. It was in this sense a repudiation coming from within the field, which was able to extend beyond the limits of that field and show itself as an alternative and as a proposal for a joint political between workers and health professionals (t). Thus, the IMT team became a sort of workers’ ally whose function was to make available necessary knowledge and to “create the need among workers” to make health an issue worth fighting for (26). Health in the workplace and work as a component of health were a two parts of an equation that could have positive results if the exploitation processes implicit in dependent capitalism could be unraveled and if each worker assumed control over his own labor capacity. In this way, the IMT sought to overcome initiatives focused on “cleaning up” the work environment and proposed that every doctor become an “occupational epidemiologist.” Finally, the IMT proposed a reversal of terms: rather than taking care of the workers’ health and anticipating the harmful effects

produced in the work environment, they aspired to modify the production conditions (in English we would take this to mean the conditions in the place where things are produced?)— in every sense – so that they would no longer be a risk to workers’ health.

## EPILOGUE

The activities within the IMT were carried out for a little over than a year. By the end of 1974 most activity had ceased, although some of the research projects continued for a few more months. The conservative and authoritarian turn the government had taken became particularly evident in July of that year with the death of Juan D. Peron and with his widow Maria Estela Martinez sworn-in as the new president. Alberto Ottalagano, who came from the extreme right wing of Peronism, began to intervene in the Universidad de Buenos Aires, with Oscar Ivanissevich at the head of the Ministry of Education. Within the university, starting in late 1973, tensions among the different sectors supporting the government had mounted and the university leadership, coming from Revolutionary Peronism, began to find limitations within an environment they thought was theirs but that was becoming increasingly constrained. Consequently, many projects in operation slowed and eventually stopped their activity. In addition, the way in which conflicts were solved – many times by using political weapons particular to the university – dispelled the camaraderie that the university’s renewal had at first generated. In a short time, the university would become an important site of political violence.

The Faculty of Medicine was not at the sidelines of these conflicts; in May 1974, Dean Mario Testa resigned his position. A few days before, the tension between Juan Domingo Peron and groups of young people from the left-wing of Peronism had heightened until finally exploding with the expulsion of the Montoneros from Plaza de Mayo [during a government-sponsored political act for International Worker’s Day]. However, the leadership in the Faculty of Medicine preserved the same

political character. The position of dean was taken over by Ricardo Saiegh, who was at the time director of the IMT, and Ruben Efron occupied his position at the Institute.

At least until September of that year, the Institute kept up its activity and was able to begin training courses for workers, but the violence and persecution perpetuated by the paramilitary groups of the Argentine Anticommunist Alliance (Triple A) finally dispersed its members. Only then was it possible to perceive the quickening pace of political events and the haste to implement changes and obtain results in the short term. The weak organic and institutional insertion that renewal projects such as the IMT had acquired left them powerless before the immensity of the repressive apparatus set in motion and with no political reserve to sustain itself. The daily work of the Institute had been prolific but was not enough to establish a turning point within the paradigm of occupational medicine. The fight was dual and implied two different timeframes: on one hand, related to the speed of the political events to which the IMT was tied since its foundation; and on the other, connected to the rigidity of the academic structures and their dynamic regarding the renewal of ideas and paradigms.

The continuity and projection of the experience of the IMT can be traced in the intellectual and professional biographies of some of its leaders. Ricardo Saiegh, during his first years of exile in Madrid, worked with issues of occupational health, serving as consultant to the Trade Union Confederation of Workers' Commissions (CCOO, *Confederación Sindical de Comisiones Obreras*) and later, to the General Workers Union (UGT, *Unión General de Trabajadores*), with the aim of encouraging city councils to take on functions related to the health of workers. He later became involved in the

public health system after taking office as director of Mental Health in the community of Madrid (42). Carlos Rodriguez, after studying at the Clínica del Lavoro Luigi Devoto in Italy, collaborated with the CCOO in the development of occupational health. He also managed the first two occupational health centers (Barcelona, Cornellá del Llobregat) that offered training, technical assistance and research in occupational health to workers and their unions, especially to members of the CCOO. He was professor of Occupational Medicine at the Universidad Autónoma de Barcelona, and later returned to work in Argentina in different agencies and positions related to occupational health, for example: the Office of Occupational Hygiene and Safety (1984-1989); the National Office of Occupational Health and Safety (1995-1996); General Manager of the Occupational Risks Superintendency (2003-2005) and Minister of Labor and Social Security in the province of Santa Fe (from 2007 to date). Roberto Donalisio complemented the experience of the IMT in Italy in close connection with MOI advocates. Later, in Spain, during the democratic transition, he served as consultant to the *Confederación Sindical Comisiones Obreras* (Trade Union Confederation of Workers' Commissions) on occupational health and safety matters and later became Director of Occupational Health of the Navarra administration.

Despite the abrupt and dramatic interruption of the activities in the IMT, some of its members could later develop their professional careers on the basis of the same concerns that had brought them to the Institute. They were able to expand upon and continue this line of inquiry, however, the forced or preventive exile and estrangement they experienced meant they had to do so outside of their home country.



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## END NOTES

a. It is difficult to create a definitive list of all the people who participated in the different stages of the IMT. The following names – including members of work teams, participants of specific activities, collaborators and teachers – were drawn from the primary sources uncovered and the testimonies collected: Alicia Aboy, Felipe Aguerre, Dalila Becker, Luis Benencio, Silvia Berman, Guillermo Bigliani, Carlos Caccioli, Rubén Cano, Silvia Chejter, Alberto Cohen, Raquel Colombo, Alejandro Cordero, Ángeles Cotello, José Luis D’Alessio, Rubén Díaz, Roberto Donalisio, Armando Dragún, Rubén Efron, Gastón Feldstein, Gilou García Reinoso, Noemí Ghirardi, Estela Giménez, Omar Gleizer, Susana Greco, Omar Guagnini, Victoria Korín, Silvia Kosac, Horacio Kujnisky, María Cristina Lennie, Marta Mastrogiacomio, Eduardo Menéndez, Silvia Mesterman, Jacobo Muhafra, Eduardo Ortiz, Liliana Pérez, Eduardo Perugini, Mary Pizzurno, Carlos Pommerenck, Carlos Rachid, Pedro Reggi, Néstor Rodríguez Brunengo, Osvaldo Saidón, Ricardo Saiegh, Hernando Sala, Remigio Sánchez, Silvio Schneck, María del Carmen Scorziello, Roberto Sica, Carlos Silva, Ana Singerman, Estela Testa, Mario Testa, Norma Vallejos, Ana Ventura, Ramón Villar.

b. In almost all the faculties of the UBA, research projects were started, new courses and chairs were created, and programs were carried out that aimed at renewing the profile of the university. For example, the Institute of Applied Economics was created in the Faculty of Economic Sciences and the First Conference of Popular Housing Experiences was held in the Faculty of Architecture and Urbanism. In most cases, the projects were difficult to develop and had weak levels of institutional implementation. For a more minute account of the Universidad de Buenos Aires during the different Peronist administrations see Aritz Recalde and Iciar Recalde (3). Also see the account solicited of Ricardo Saiegh and

published in many morning newspapers with national circulation (4). For more on the reforms carried out during Rodolfo Puiggrós’ administration, see Rodolfo Puiggrós (5).

c. The presence of Montoneros in the Universidad de Buenos Aires government contrasts with its limited presence in other areas of power. In the Argentine National Congress there were only eight representatives connected to the Montoneros of the 145 belonging to the Peronist Justicialist Front for National Liberation (FREJULI, Frente Justicialista de Liberación Nacional), the coalition that had won the elections and taken office in 1973. In the executive branch, the influence of left-wing Peronism was even more limited and brief, with the short-lived administration of Jorge Taiana as Minister of Education and the longer service of Esteban Righi as Minister of the Interior. The provinces of Salta, Santa Cruz, Mendoza, Formosa y Buenos Aires experienced deep conflicts which ended up in a political overhaul of the majority of these provinces as the Peronist government advanced, for it was considered that their governors supported the left wing of the Peronist movement. For an analysis of the relation between the Peronist government and these provinces, see Alicia Servetto (7p. 73-76).

d. In one of his first speeches, Mario Testa, as dean of the overhaul in the Faculty of Medicine, makes explicit his agreement with and support of the Unified National Health Program.

e. For a detailed description of the conflicts in the Greater Buenos Aires area, see Ruth Werner and Facundo Aguirre (13). The Social Pact, signed in June 1973 between C ampora’s government and the Argentine General Confederation of Labor (CGT, Confederaci n General del Trabajo), the General Economic Confederation (CGE, Confederaci n General Econ mica) and other business sectors, sought to control the inflationary spiral and suspended rights to collective negotiation regarding salaries in order to delegate them exclusively to the CGT. In this

way the Pact acknowledged the political importance of worker organization while at the same time tying that organization to a consensus process with businessmen.

f. Juan "Chango" Sosa was a musician who became part of the proletariat and later became a trade union leader of Astarsa Shipyards. He headed the group that occupied the plant in the locality of Tigre in 1973. The conflict was resolved in favor of the workers during the first days of C ampora's government, and one of the demands met was the formation of a Hygiene Commission made up of plant workers, in which Luis Benencio took part. Sosa was a member of Los Obreros, an armed independent group, and he joined the Peronist Working Youth (Juventud Trabajadora Peronista). Luis Benencio kept up the relationship between the IMT and Astarsa Shipyards during 1973 and 1974 (15).

g. The Introductory Seminar on Occupational Medicine was delivered between August and October 1973. Estela Gimenez and Ana Singerman, toxicologists and professors at the University of Buenos Aires, and Alejandro Cordero, dermatologist, were invited to deliver the seminar. Engineers from the National Office of Industrial Hygiene and Safety and lawyers specialized in labor legislation were also invited to participate (20 p.28-29).

h. At the end of 1973, Peronism was already expressing deep conflicts between the youngest left-wing sectors of the movement and the right-wing sectors of the party, which became more evident after the events that took place in Ezeiza, C ampora's resignation and the assassination of Ignacio Rucci, the General Secretary of the CGT. The Universidad de Buenos Aires was not outside the reach of these conflicts. In October 1973, Rodolfo Puiggr os was forced to resign his position as rector and after the brief and resisted administration of Alberto Banfi that led to the occupation of several faculties, Ernesto Villanueva was appointed to fill the vacant position. The new rector was a young sociologist who had been, until that moment, the Academic Secretary of the UBA and militant in the Peronist Armed Forces (FAP, Fuerzas Armadas Peronistas) and Montoneros (3 p.296-297).

i. Research agreements were signed with the Workers Union of Fiat Caseros (SITRAFIC), the Federation of Argentine Telephone Workers and Employees (FOETRA, Federacion de Obreros y Empleados Telef nicos de la Republica Argentina from Buenos Aires), the Argentine Association of Telegraphists (Asociaci n Argentina de Telegrafistas), the Argentine Mine Workers

Association (Asociaci n Obrera Minera Argentina), the Electroacoustics Laboratory of the Faculty of Engineering and with the Undersecretariat of Public Health of the province of Jujuy.

j. According to IMT members, there were approximately 40 people working at the IMT, some of whom received a salary and had teaching positions within the Faculty of Medicine (26, 27).

k. Their condition as political exiles facilitated the integration of these professionals into the IMT. Some professors voluntarily shared with them the salary paid them by the university (28).

l. The Pirquitas Mining Company is located in Rinconada, a department in the northeast of the province of Jujuy at an altitude over 4000 meters. It employed more than 500 workers in mining activity but concentrated more than 2500 people including the workers' families and the staff working in administrative and other tasks related to the mine.

m. Private communication with Osvaldo Said n in Buenos Aires, in October 2010 and May 2011.

n. A previous version of this research was presented at the International Conference of Occupational Medicine held in Buenos Aires in 1972 and provoked a series of discussions that led to the repudiation on the part of a group of doctors, including Ricardo Saiegh, of what was happening there. They claimed that the event avoided responding to workers' real health problems in underdeveloped countries and ignored the conditions of exploitation they were undergoing. This group of dissident professionals, formed in opposition to the organizers of the Conference, attributed the character of the conference to company interests and to doctors with ties to these companies who were present at the event. (30).

o. Eduardo Men endez, Rub n Efr n and Roberto Donalisio all spoke of the experience but expressed different versions of the meeting in which the sexual disorders were brought to light. According to Roberto Donalisio (32), it was a worker's wife who mentioned the situation but according to Eduardo Men endez (27) and Ruben Efron (19), it was mentioned by one of the affected workers.

p. Eduardo Men endez affirmed that he incorporated IMT experiences with metallurgical workers, the miners from Pirquitas and bus drivers (a project initiated by the Institute but

developed outside of it because of the university overhaul in 1974 that interrupted its activities) to elaborate the notion of the Hegemonic Medical Model. He first published this concept as preface to the book *La salud en la fabrica* by F. Basaglia (34); the revised and updated version was later published by *Salud Colectiva* (35). Other members of the IMT finished their occupational health training abroad in years to follow, for example Roberto Donalizio in Italy and Carlos Rodriguez in Spain. For more on Roberto Donalizio's work after the experience of the IMT, the interview conducted with him in 2011 can be consulted (32).

q. Kujnisky is an engineer and was member of the IMT engineering team. He participated in research on noise in industry work and in agreements made between the faculties of Medicine and Engineering of the University of Buenos Aires.

r. Comment made by "Jaimito" (Luis Benencio) in the Navales working group with former Astarsa workers (May 1988) held in the Center of

Occupational Studies, as cited by Federico Lorenz (15 p.119). See also the interview with Luis Benencio in 2010 (37).

s. One of the first descriptions of work environment was published in 1965 in *Ressegna Sindicale* (38). It centered on the organization of the labor and the pressure and overexploitation it meant for workers. Four characteristic groups were described: the first included temperature, humidity, noise, lighting, pressure, etc.; the second included the levels of concentration of dust, gas, steam; the third made reference to physical fatigue; and the fourth dealt with the psychological effects or disruptions to the biological rhythm such as posture and pace of work (38 p.19).

t. We stress this particularity, because during the years prior to the experience described herein, there were projects developed that focused on worker control and participation in companies but did not include control over hygiene and safety issues within the industries.

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