

AT: Welcome to the Infinite Women podcast. I'm your host, Allison Tyra, and today I'm joined by historian Dr. Rebecca Scales, an associate professor at the Rochester Institute of Technology, to talk about Red Cross nurse and polio survivor Ellen Poidatz. So first, can you tell us about what she is remembered for?

RS: Well, I think the first thing I would say is, I'm not sure she is in fact remembered by that many people. And part of the reason I became interested in her as a person is because she's actually quite an important historical figure, but very few people have ever heard of her. But Ellen Poidatz was a bourgeois woman who was a Red Cross volunteer nurse during World War I. And she also happened to be a polio survivor. And at the end of the war, she decided to take her experience working in a rehabilitation hospital for disabled World War I soldiers and open what would become the first residential rehabilitation facility for children with polio in France. And this institution, which still exists today under the name the Fondation Ellen Poidatz, it's still a rehabilitation facility that operates privately. But it is still, I would say, not terribly well-known to people outside of the disability community or people in the community of rehabilitation services.

But what interests me about her is that she was the first person to really imagine residential rehabilitation care. And what essentially happened is that by the end of the 1930s on the eve of the Second World War, she had really established a national reputation for herself because she had created this facility that provided something very unique, which was a combination of physiotherapy, orthopedics, and post-surgical care in an environment that she very proudly described as familial, which provided the children who were there with education for multiple years. And this was again, something that didn't exist anywhere in France.

AT: And so fortunately, in our vaccinated modern world, a lot of people may not necessarily understand how bad polio was. So could you give us that context about both how widespread it was, but also what polio does to a person?

RS: At the moment that Poidatz created her facility in 1919, polio was not really considered to be the preeminent health concern in France. The disease that people were really worried about was in fact, tuberculosis, which was the largest killer of people in France, both adults and children, and which was also a disabling disease. And I think part of what inspired Poidatz to create this institution, which she called the Colonie de Saint-Fargeau, was the fact that she herself had to travel abroad for medical care as a child. Her parents had sent her to an orthopedic sanitarium in Germany, which they learned about, where she both underwent orthopedic surgeries and rehabilitation care. So polio was still a disease that was important in France, but there were small outbreaks across the country. It hadn't really reached a situation where it had become an epidemic disease yet. That did however happen shortly after Poidatz created this institution. 1930 was the year of the first major polio epidemic in France, where there were close to 1500 cases across the country. And for people who don't really understand what polio is, it is of course a virus that attacks the spinal cord and can cause widespread paralysis across the body. Sometimes people recover from these paralytic symptoms, which occur during the infectious stage of the disease. At other times people are left with really significant sequelae and require many years of rehabilitation care.

So what's interesting about her is that she was a person who was really thinking ahead. She recognized that polio was something that French physicians were not at all equipped to treat. That is partly why she wanted to create this facility. But in the decade after she created it, it suddenly became a much more pressing problem, as physicians around the country started to realize that they actually didn't have the equipment or the facilities to provide the kind of lengthy rehabilitation services that children with polio required, because sometimes people would be in rehabilitation for as many as five years. And this was especially the case with children because as their bodies grew and changed, doctors would sometimes require them to undergo different surgical procedures that were designed to improve various types of skeletal deformations, as they referred to them at the time, that were created by polio. So she was very much ahead of her time in thinking about a disease that was going to become much more important and would become much more significant during the

Second World War and its aftermath.

AT: And so you mentioned that she had polio herself when she was younger. She was able to get treatment in Germany. So did she have any ongoing effects from when she had polio?

RS: She did. And this is something that I think is interesting. It's also a bit difficult to write about given the historical records that I have. It's very clear to me that she is a woman who had visible disabilities that others identified as visible disabilities. And I think in creating this facility for disabled children, she went out of her way to hire other disabled staff members to work alongside her, including disabled nurses. And in fact, one of the orthopedic surgeons that worked at the facility was himself a disabled man. And so I think that she very much saw the experience of being disabled as central to the work of the facility she created. There are children who left recollections of this facility who will talk about how she and some of the other staff members walked with limps or wore braces. And I think that the fact that the children remember and noticed this is a reminder of the fact that they identified her as someone who was in a sense in the same situation as them. They shared some form of self-identification with her. And I think she herself saw this self-identification as important in sort of teaching disabled children, I think, from her perspective, how to live in the world. But it's also very interesting to think about, and Ellen Poidatz was from a very elite family. Her father was the director of one of the largest French newspapers of the turn of the century. And he was also a banker. So she came from an extraordinarily wealthy and well-placed family. And there are stories about her returning from treatment in Germany and becoming involved in the social circles of the time. She was apparently quite an active horsewoman. And so there are accounts of her that show up in sporting magazines where she's participating in various dressage competitions and that sort of thing. But then those sort of disappear. And it's kind of unclear how polio continued to affect her as an adult. She did not marry until much later in life, which is something that would have very much been expected for a woman of her era and of her social class. And I can't help but think that that is somehow connected to her status as a disabled woman. But she left behind very few written records that really share her own emotions and her own feelings about about this. And so I've had to be very careful in piecing together her story not to impose views on her that did not exist or make assumptions about her that did not exist at the time.

AT: Yeah, and I know that's a much bigger issue with women's history, with disabled history, with queer history, with any sort of marginalized history. You're dealing with a relative lack of documentation a lot of the time. And so you're left to try and fill in the gaps as best you can.

RS: Yes, and I have a copy of the very first public talk she gave at a fundraiser for this institution that she created in which she talked a bit about her life as a child and this story of going to Germany for polio care. The longest account that I have of this actually is in a memoir that her sister wrote, which was published after her sister's death by members of the family. And the sister talks at length about the family's trip to Germany and what the physiotherapy regime in Germany was like. But she doesn't really say much about her sister as an adult. And so a lot of what we know about Poidatz really just comes from reports that she wrote to local authorities about the foundation she had created and the work that she was doing. And then these sort of public talks which she gave, which were sometimes excerpted and published in the press. And of course, those statements are also written for an external audience, right? They are designed to be read by an external audience. And so she's choosing to emphasize particular things about herself or her institution. And so it really is very tricky to know how she felt about her own polio and how it had affected her life. But certainly she was a woman who simply because of the money that she had and the financial resources that she had, had many opportunities that a lot of other disabled women would not have had during that same time period.

AT: And I have to point out that when we're talking about how she deliberately staffed the facility largely with

people with disabilities, particularly disabilities that would have been similar to what the children would have been facing. That's something that we don't even have today. Like when we're talking about how she was ahead of her time in different ways, she's ahead of our time largely on that front, I feel.

RS: Yes, to a certain extent, it's coincidental that she ended up working with a number of other disabled medical professionals. So in the rehabilitation facility where she worked during World War I, the orthopedic surgeon who directed that facility was a man who, as far as I can tell from documents, had probably had tuberculosis as a child, and this had left some very significant impacts on him. And then she also befriended a nurse who was a career nurse. I've not been able to find out very much about her, but she was an infirmière-major, which means that she had sort of received official nursing training before World War I, but she too was a tuberculosis survivor.

And so in meeting these two people and working with them during the war, I think this was a really, perhaps eye-opening experience for Poidatz, because she was learning nursing on the job, but she was also working alongside people that to a certain extent, were doing the same job she was with similar kinds of physical limitations. And it's very clear that Poidatz saw these medical professionals as being examples to the disabled men that they were working with.

She sort of jokingly refers to herself and her friend, who was a TB survivor as gimps in white smocks, and what she means is they were sort of running around the hospital, visibly limping, but that this was something which she thought would show these disabled soldiers who had lost limbs or who were recuperating from orthopedic surgeries that they too could pick themselves up and go on back into the world. There's a lot of problematic aspects to that way of thinking about disability, but she clearly, I think, saw herself as an example of what it could mean to be rehabilitated, and to go on and forge a life. And I think that's what she was trying to communicate to the children that she worked with by hiring these other disabled staff members to work with her.

AT: Well, and when we're talking about the context of Europe when she opened the facility in 1919, we're talking about very soon after World War I, and that drastically changed the dynamics of the society that she was in, because France was dealing with about a million permanently disabled veterans due to World War I, and there were very limited disability services available, and that created a lot of things happening in the society that I'm sure you are much better equipped than I am to speak to.

RS: Yes, I would say historians who study rehabilitation medicine often see World War I as a sort of turning point, when what we think of as modern rehabilitation was sort of invented. And what's interesting about this is that many of the techniques that were used in World War I era rehabilitation, what people at the time called mechanotherapy, such as using various types of machines to retrain and strengthen muscles. Some of these techniques were already in place in the late 19th century in various sorts of health spas or orthopedic clinics. But what really happened in World War I is that armies and societies in general were faced with dealing with a massive number of disabled people that they had never had disability on the scale before that they had to deal with. And of course, the problem with soldiers is that because these men are citizens who are out fighting for their country on the battlefield, you cannot simply say, tsk, tsk, too bad that you're disabled. We're going to send you to an asylum or it's okay for you to just stay at home now and be taken care of. They really felt that rehabilitating these men was something that was seen as both a political and material necessity, in order for these societies to continue functioning both during and after the war.

And so of course, a lot of wartime rehabilitation was focused on returning men to the labor force. It was very much driven by the concerns of the labor market and of keeping disabled men from becoming permanent invalids. This was a very much a concern of middle-class physicians at the time, as well as the French government. And so what's interesting to me about this is that, in World War I, France devoted an enormous effort to building an infrastructure of rehabilitation hospitals. The army had its own, but there were also

municipalities and private charities that created clinics to retrain men with particular disabilities for certain professions, to give them work after the war. And so there was a huge amount of public investment in this new thing called rehabilitation. But what happened at the end of the war was that as soon as the armistice was signed, many of these facilities began to close, and many of the physicians who had spent quite a bit of time involved in rehabilitation medicine during the war decided they wanted to go home and back to their normal practices. This was especially true of private physicians who had been co-opted into military service during the war. And so I think what's very interesting about this is that outside of a few rehabilitation facilities, which were nationalized by the government, there was a network of them in the 1920s that were run by what we might think of as the Ministry of Veterans Affairs. Many of these rehabilitation facilities just disappeared. And with it, the sort of knowledge disappeared.

And so what's interesting to me about Poidatz is that this is a woman who I think based on her own experience of surviving polio, looked at the situation and said, of course, it's logical that we're going to take this system and this way of thinking about bodies in a new way as something that can be repaired and rehabilitated. Of course, we're going to take this and apply it to civilians. Why would we not do that? Right? It's completely illogical to her that no one sees the value of extending this to civilians. And certainly she's one of the first people that's really thinking about extending these methods to children. And so in a way, she becomes part of this minority of post-World War I medical professionals who were interested in transforming what was seen as a wartime necessity into peacetime.

AT: It's really surprising to me that with all those reasons that you mentioned for these rehabilitation programs to be happening, so you can't just ignore all of these formerly able-bodied men who now had disabilities while serving their country. And so that's a whole political issue for the people in charge because it was seen as a right that the men had earned because they were disabled in service as opposed to kids who were just, oh, shucks, that's too bad. So it's really confusing and surprising to me that all of these facilities would have been shut down so suddenly.

RS: Well, I think what essentially happens at the end of the war is that the Ministry of Veterans Affairs essentially tries to assess how many veterans are left that are in need of rehabilitation. And so it consolidates what were essentially many dozens of rehabilitation facilities into about, I think there are nine regional facilities around France and major cities. And those institutions remain open and some of them actually still exist today under slightly different names. But essentially, rehabilitation services were consolidated into these bigger institutions. It was really many of these private schools for vocational retraining that closed down at the end of the war. So if you were a veteran who was still in need of some form of vocational retraining or rehabilitation after the war, you could apply to be sent to one of these regional schools.

But one of the things that's really interesting about these schools to me as well is that a lot of them really were focused on professional rehabilitation or vocational retraining, that is to say retraining men for jobs so they could go back into the workforce. What we think of today as sort of physical rehabilitation, that is to say physiotherapy, was something that existed frankly on quite a small scale within these institutions during the war. And that disappears almost entirely in the 1920s. And I think the thought was from government officials, at least that by the 1920s, most of these disabled men had already been through physiotherapy. They had already gotten the prostheses that they needed. And that job retraining was the most important thing. And of course, the 1920s was really dominated by a battle over pensions, because there was really not a new pension law put into place until 1919 that consolidated the different pensions that men would receive for their various types of injuries. But the French government was really strapped for cash in the 1920s. And in fact, one of the ways that they funded paying veterans pensions was through the national lottery, because the state really just did not have enough money to cover this enormous expenditure. And so when Poidatz approaches state officials about obtaining state funding for her facility, most of the time they acknowledge her request with some money. But she is really one of a minority of people advocating for extending these kinds of services to

civilians.

AT: She didn't die until 1949. And obviously, the institution that she created went on long after that. But particularly in the context that this was a school for children with disabilities, how did they survive the Nazi occupation during World War II?

RS: Yeah, this is a really fascinating question. One thing that we know about France and World War II is that despite the fact that France was occupied by the Germans, and indeed France introduced racial legislation similar to some of the laws that existed in Germany, particularly anti-Semitic legislation, there was not the same sort of deliberate targeting of disabled populations that you see in places like Germany during the Second World War. There's been a long sort of debate about this among historians because the Vichy regime, which was the collaborationist regime that governed France during the Second World War and openly collaborated with the Germans, this was a conservative right-wing proto-fascist regime. And certainly had many of the same kind of natalist goals as the Nazis had embraced in the 1930s. They wanted women to produce more babies for France and that sort of thing. But there's no evidence of any deliberate attempts to exterminate disabled people in France in the way that you see in Germany. There's been quite a lot of research done on psychiatric asylums and starvation in psychiatric asylums because there were a large number of people who were institutionalized who died in France during the Second World War. But I think most of the work that's been done on that has shown that that was really due to genuine food shortages, perhaps also neglect on the part of physicians, but there's there's no real evidence to suggest that there was deliberate extermination that took place.

So I would say that's kind of the state of the historiography around this question and the way that historians have thought about it. In the case of this institution, one of the things that's really fascinating to me about it is that Saint-Fargeau, which is this village about 50 miles outside of Paris, was very much in the German occupied zone. I'm not even sure that anyone in the German administration paid any attention to the existence of this facility, which was tucked away in a tiny little village. And in fact, the biggest challenge that I think she faced in running this facility during the Second World War was keeping the children supplied with food. And so, they had massive food stores at the beginning of the war, which they used, children's parents sometimes sent packages of food through the mail. So it's kind of fascinating. There were children in the facility that were that were from the region of Paris, but also from all over the country. And so what that meant in practical terms is that during the war, there were children whose families were on the other side of the demarcation line in the unoccupied zone, whereas this facility was in the occupied zone. But the biggest problem they really seemed to face was things like shortages of leather for orthopedic braces and food shortages. And she managed to navigate that quite deftly.

The other thing that is sort of paradoxical about all of this is that she continued to receive some government subventions during the war from the Vichy regime. And I think one of the reasons why Poidatz was able to continue receiving funding is because she had integrated herself into the existing welfare system, the system of social insurance that was created before World War II, which Vichy expanded. But it's also because she portrayed her institution as a sort of familial institution, that is to say that part of her mission that she publicly touted to people was that she was saving French families and saving French children. And after World War I, France was a country that was obsessed with its birth rate and the need to produce more children. And so the message that she had pushed really even since the 1920s was that rehabilitating disabled children was about saving them for France, not just saving them for themselves, right? She focused a lot on how she would help children live a fulfilling life. But in a lot of her public speeches, she talked incessantly about France's demographic problem and now her institution was a solution to the demographic problem. And so I think that kind of rhetoric is partly what allowed her to cement her institution within this existing world of social welfare of the interwar years and even the Second World War.

AT: Because they had been freaking out about the declining birth rate basically since the turn of the century. And then with the population loss that they would have experienced during World War I, that only made it worse. So by playing into that anxiety, she's presenting herself as a solution rather than a problem.

RS: Yes. And this is interesting to me because I would say throughout the interwar years, there are many ways that Poidatz could have presented her work to the public and to the people that she was asking for money, state officials, municipal officials, private donors. She could have said, well, we recognize that disabled men have rights to rehabilitation and jobs because they are citizens who went off to fight on the battlefield. And we must give them these services in exchange for the injuries they suffered on the battlefield. She could have made that sort of argument, which is certainly very much the kind of argument that was used by other interwar reformers and was even used by some other disabled activists in the 1930s to advocate for the expansion of services to disabled civilians.

But that's not at all what she did. From 1919 onward, she continues to say in every public speech and every report she writes, we are facing this massive demographic loss after World War I. And the reason we need to save these disabled children is because they too will be a loss if we don't transform them so that they can join the workforce and become full citizens and be parents who raise their own children and contribute to the nation. And so this is just a constant refrain. And you can see when she receives donations, for example, from the Municipal Council of Paris or from the state officials in the region where her facility is, they often reference this as a reason why they're giving her money. So it's clearly a very effective argument to be making in the 1920s, right? And it's one that I think brings her institution to the attention of a lot of people where it might otherwise have flown under the radar.

AT: It's also interesting because I feel like there is a much larger pattern at play where women who are fighting for something are much more palatable if they're doing it through this like maternal lens. So when she's framing it as, "I'm taking care of these children," not just for the good of France, but also sort of framing herself as that homemaker almost like she has created this home for a family. I assume a fair amount of that was genuinely how she saw it. But there is also a strategic component, whether she was aware of that or not, to a female activist presenting herself through that maternal lens.

RS: Yes, I think there are two aspects to this story. On the one hand, I do think she very much saw herself and the other female staff members that worked in her facility as sort of surrogate parents to these children who were often at her institution for anywhere from three months to five years, right? And she insisted that the children call her Maman or Mama, and called the other head nurse, Tante or Aunt. And so I think she very much was trying to create what she saw as a family-like environment for these children who she knew were going to be separated from their own families for a very long period of time. She saw this is really critical, to their psychological well-being. And she had this idea that her institution was a kind of substitute family for these children.

But I also think that this worked for her politically in really important sorts of ways. And you can see this very clearly. I read a report from a government official who was sent to investigate the operations of the institution in 1921, which is just a couple of years after she opened. And one of the immediate things he points to is this sort of familial environment where these nurses are sitting with the children at the table, teaching them how to eat with their knives and forks. And he's very impressed by this. But it's true that at the turn of the century, women were very involved in social work movements in France. And I think it's because, this is one area where women had quite a lot of freedom to participate in public life.

And some of this goes back to Catholic traditions of *noblesse oblige* where you have generations of Catholic women who are involved in charitable good works. And this is one of the ways that women are active in their communities. But I would say from the 1890s onward, there are, in fact, a large number of women in France, both Protestant and Catholic, who become very involved in social work, because this is seen as a legitimate

sphere of public action for women. And so framing what she's doing in this kind of maternalist terms, as in "the work that I'm doing is about saving children and saving French families," is a strategy of legitimization, where she is very much trying to claim a space for herself in the public sphere as a woman who really has no formal education and no actual training outside of her World War I experience. And so, she's using that for political reasons.

AT: Well, and it's interesting that you brought up noblesse oblige, which is an inherently classed mindset. And I believe one of the things that you've talked about is this intersection of marginalization and privilege. So, as we've discussed, she was a disabled woman, but she was also white from a very wealthy family, etc. And she very much brought that bourgeois maternalism to the culture that she created at the colony, which, as you said, the children that were there to be cared for and to learn and to grow, they didn't necessarily come from that same type of background. And so, there were those issues of the culture that she is creating because that is the only lived experience that she has doesn't necessarily work for all the kids that she is meant to be serving.

RS: Yes. And I think this is an interesting problem. It's something that I spend a lot of time thinking about. And there again, it's difficult to fully get a complete picture of this. Because one of the things that exists in the archive that one can work with are written memories of some of the children who were at this facility that were collected as part of these memory books that were published on anniversaries of this institution. And of course, many of these memories are extremely positive. So one can imagine that not every child had a positive experience there. And I think she very much imposed a kind of bourgeois discipline, expectations about children's behavior at the table, sitting up straight, not talking too loudly at meals, not being too raucous in their play. And I think certainly for kids who came from working class families or very urban families where they were used to being out playing in the streets or just living in a home environment where they had five or six siblings living in tiny spaces, it must have been a shock to their system to move into this dormitory space that was quite regimented. And so I think you can sometimes read between the lines of these memories that children have left and pick out these moments when they talk about shock at the system, the discipline that they were subjected to. But I don't think she was a terribly stern taskmaster either. She very much thought that these children deserve to have a chance to play, and she spent a huge amount of money organizing holiday events, Christmas trees, cinema excursions, or she had a film projector the campus where they could have movie nights, which is quite extraordinary in the 1920s and '30s.

So she was someone who really, I think, thought that children deserve to play too, but she really believed that their job at the colony was to work hard, both whether it was in terms of their rehabilitation exercises, but also in the classroom, because she was insistent that the children be educated at least so that they could all obtain their primary school certificate, which was the passage into the world of adulthood in France during this time. And of course, the other thing that's rather curious about all of this is that she was very insistent that Catholic children receive a religious education. And so her own religious beliefs are somewhat ambiguous. She certainly was raised in a Catholic home and I think was socially a part of the world of Catholicism. Some of her siblings were very involved in particular Catholic social movements, but she herself seems to have been possibly something of an unbeliever, a person who saw Catholicism as socially useful. But she was very good friends with the local priest, and so she would have the local priest come on Sundays to do catechism for the children, or she would send them to church at the village church and then bring the priest home for lunch on Sundays. And so many of these children talk about sort of religion as being an important element of their experience there. But there were, of course, some Jewish children and some Protestant children and how exactly they reacted to this, we don't really know. But they did exist even though this institution was formally Catholic.

AT: Well, just going back to how much of this was personal versus strategic, if very much how she is selling this, as "you should give us money because we are going to turn these children into the best possible citizens

they could be” in terms of they are going to be productive, then it makes sense that she's insisting that they work hard. But it's also, I think there's a bit of respectability politics in there, not just from her own perspective and her own background and how that was influencing “what makes a good adult,” but also she wants these kids to represent her and her organization well when they leave. So she, I would imagine, obviously, I have not read any primary sources. I do not know what was in her head, but I could certainly see, given the politics that she was playing, how important it would have been to ensure that when these kids do become adults, when they do go out into the world as alumni of her institution, that they are representing it well.

RS: Oh yes, this is very much true. And it's interesting that you use the term respectability politics because this is something that I think a lot about in relationship to the history of disability organizations in France, perhaps a bit later than this one. But certainly, she wants these children to become hardworking, dutiful citizens, and I think some of this mentality is built into the logic of rehabilitation medicine as it develops during the war, because so much of the focus of rehabilitation medicine is on restoring people to labor and creating these adult workers who are both independent but also disciplined. The biggest fear that physicians have about disabled veterans during the war is that they're going to become permanent invalids and loafers who don't do anything for the rest of their lives. Or they're going to become political agitators. And so a lot of the way that rehabilitation was imagined by these wartime doctors was about how can we create independence and self-sufficiency in these adult men, but also ensure that they are disciplined hardworking citizens. And that's very much part of the political mentality of the time. It's a viewpoint that's shared by a lot of politicians during World War I, but a lot of physicians as well.

So I think Poidatz certainly internalizes that. And I certainly see her trying to instill that in children. I mean, obviously, in the case of children, we're talking about a population where the focus is not so much on teaching them to labor, but on having them become good students. And she does actually try in her early years to create some form of professional vocational training in this facility, especially for adolescents. And all of her efforts to do this really fail. And it's not really clear why. The archives about this particular question are quite sparse. She has someone who comes in and teaches musical engraving and photographing retouching. And I think the idea is that these are professions that can be accomplished from a seated position. I think it's also that she probably has some friends in Paris that she knows who maybe are involved in these businesses and who are willing to say like, “okay, let's give it a shot. We'll see if these kids can do this.” And so none of these attempts at vocational retraining work out at the Colonie de Saint-Fargeau, but she instead focuses a lot of her attention on the delivery of primary education for these kids. But yes, it's very clear to me that her message to them is, to survive in this world as a disabled person, you will have to work very hard and be disciplined. And it's partly about saying to them, you need to think about your disability in a particular kind of way. You need to think about this is something that you can learn to live with, that you can learn to work around. And other people are probably going to continue to look at you differently for the rest of your life. But this is just the way it is. You're going to have to go along and deal with it. And that's not a very 21st century way of thinking about disability. And so on the one hand, I'm very critical of her perspective from a contemporary point of view. But at the same time, I recognize that this is a woman who I think was also just trying to give these children the opportunity to have a life that was maybe different than what their parents would have imagined for them.

AT: Well, there's also the question of when it comes to her legacy and how she is remembered and related to how she was presented at the time, there is this desire on behalf of certain people to hold her up in sort of the exceptionalism. Like, I believe there is a term “super crip,” meaning a disabled hero or heroine who has triumphed over the odds. And that exceptionalism really not only makes her less three-dimensional, it ignores those privileges that she did have that did enable her to achieve these things. But it also, just generally speaking exceptionalism creates this issue where if we're putting people on a pedestal, how does that impact the rest of the community that shares that disability or other marginalization? So can you speak a bit to her legacy, the good and the bad, I guess?



RS: Yeah, this is a really interesting question. I think it's true that most of the contemporary periodicals of the time that talk about her, the accounts we have with her from the press, from journalists or people who go and visit the colony, they present her as the sort of Christ-like healer that can raise disabled children up from the ground. She's a sort of, the good mother to her children, the caring nurse, they present her in these very classic maternalist sentimental tropes. But at the same time, the phrase that they almost always use is she overcame her disability to do these things. And there's obviously a problem with that in the way that it presents disability is something to be overcome. And the people who are successful as having defied their disability. And this is actually very common trope, not just in France, but in many Western countries in the early 20th century. And it's a very common trope that's applied to polio survivors across the Western world in the '20s, '30s and '40s. You see this as well in discussions of people like FDR, for example. Or other polio survivors in the US and scholars who have studied polio in the United States regularly point to this. Certainly people who have written about polio in the US and memoirs of polio survivors in the United States talk about how this sort of pressure to kind of overcome with something that they felt very strongly. And that it really exerted an enormous amount of social pressure on them as children in rehabilitation facilities or even in their societies to try and "be normal." And to meet all of these standards of bodily normality that existed at the time. And so I think on the one hand, Poidatz herself played a role in creating these kinds of ideas of herself as a super cripple for strategic reasons at the time. But I think they're super problematic. And the fact that her successors in the association that she bequeathed this institution to continue to talk about her in that way is really problematic. And it's a reminder that this sort of expectation was placed on a lot of disabled children in rehabilitation facilities that they had to transform their bodies and become something else. But this is something that really existed into the '50s and '60s and beyond.

And to come back to that idea about respectability politics, the person who becomes the director after Poidatz, André Trannoy, who was, in fact, the president of the French Association for Paralyzed People, which is still today like the largest association of people with physical disabilities in France, he too is a polio survivor. But I think of him very much as someone who embraced that sort of notion of respectability politics. That's what he wanted. He wanted to help disabled people fit into the world of the normals. That was his approach to dealing with a disability. And so I think that's partly what contributes to this perception of her that endures long after she's gone.

AT: Well, and I think we're also getting into the issue of the lone genius myth. So you see this in arts, in business, in science. And here we see it as though the woman who is the founder, obviously she did put a lot of work into this organization, but it wouldn't have been possible without the other staff. It wouldn't have been possible without her status and wealth and the support that she got externally. So it does sort of seem to gloss over all of these supports that she did have.

RS: Yes, I think that that's true. I think the fact that she was able to do this, to create this facility, to create a form of polio rehabilitation that did not exist anywhere else in France at the time, the fact that she was able to do this had a lot to do with the fact that she was a wealthy woman. She started this facility using her own money, and then later sought out state subventions and private charitable donations to keep it running. But she created this with her inheritance essentially. And so her starting point was, she's a wealthy woman with a lot of family connections, to the press, to the media world, to politicians and prominent figures in Paris. And certainly that creates opportunities for her that wouldn't have existed for other people. But I think despite her own efforts to cultivate a particular image of herself and her institution, I do still think that this is a woman who experienced quite a significant amount of discrimination in her lifetime. And I think she thought about that a lot in the way that she worked with children. As much as her own class biases and her own expectations about what a good life should look like, I think shaped the way that she handled the children, she was not unrealistic. And she very much understood that many of the children that she was dealing with were coming from very different kinds of

family lives than she herself grew up with. And I think one of the things that I find fascinating about her, and this is just very clear from the archival record, is that while she did infuse her own class perspective in her vision of discipline and education, she didn't discriminate against children whose backgrounds were so different from her own. She's a woman who I think did actually have a significant amount of recognition that other people's lives didn't look like hers. She dealt with children who came from sometimes extraordinarily impoverished situations. And she also knew the difference between children who came from really impoverished families and children who maybe had a little less than others, but weren't coming from deeply underprivileged backgrounds. She's complicated and she's very hard to understand because as I've said, she had so many of the biases of her class and her background of that era, but at the same time, I think was fairly realistic and fairly accepting of children who came from very different kinds of family situations. Yes, she sent home children who didn't adhere to her disciplinary standards and her expectations if they weren't working hard in the rehabilitation room. Okay, she'd tell their parents and then maybe they get sent home, but she was not just unrealistic in her expectations.

AT: Well, and I think it's important to remember that people don't have to be all good or all bad, and no one is that one dimensional. And I think that the issue is that a lot of times we want to idealize people, we want to idolize heroes, and it's never that lacking in nuance. No one is ever that simple.

RS: No, and certainly there are people within this early community of polio survivors that do want to lionize her, because they see her as very forward-thinking. And she was, but yes, she was a complicated person full of many contradictions as well, many of which it's very hard to unpack. There are many times when I wish that this was a woman who left behind extensive correspondence or a diary or something so that I could know what she was thinking about particular issues. And it's just not, those are just not sources that exist for historians.

AT: Yeah, to be fair, I think you just described the greatest hope of pretty much any historian ever is, I really wish this person had just left a very detailed and extensive diary throughout their entire life. So I know exactly what they were thinking at all times.

RS: Yeah.

AT: Please, Santa? But so your work also reframes the evolution of the social disability care system through a gendered lens. So what does that look like?

RS: Well, I think one of the reasons why I find this institution very interesting is just the way that she used this kind of maternalist politics to anchor this institution in the social welfare system that was developing in the interwar years. And so one of the larger stories that I want to tell about her and about this particular institution has to do with how we think about the welfare state in France. I think if you talk to historians or just the general public, when people think about the welfare state, they think about things like the creation of Social Security, which came at the end of World War II, or the expansion of hospital facilities and free medical care, or virtually free medical care, and that sort of thing. What's interesting about France is that this is a country that even today has what we might call a hybrid public/private welfare system. That is to say, a lot of services that are provided to individuals in a range of areas, but particularly in the field of disability, a lot of services provided to people with disabilities, whether it's medical services, rehabilitation care, education, are often funneled through private institutions that are partially supported by the state.

And this is really a system that I would say began to develop in the 1920s and '30s. And Poidatz and her facility at the Colonie de Saint-Fargeau, this was one of the institutions that I think was at the beginning of this way of thinking about providing services to disabled people. And so what is important to me is that she used her status as a woman and this support that she received for her kind of maternalists in familial politics to help

anchor this institution in this public private welfare system. Because throughout her her lifetime, she funded this facility through a combination of charitable donations, as well as public subventions. So she received money from municipal governments, the state, to help create this facility. And then she also was able to provide services through the existing system of health insurance that was starting to develop in the 1930s. So children who came from families that had access to the health insurance system could have their care covered that way.

She provided care to a lot of children who were receiving public assistance from their local communities. And so I think by sort of anchoring the facility in that system, she created a way for it to endure, as it were. But what I find really interesting about this as well is that after World War II, and after her death, when this facility is taken over by her successor, André Trannoy, he continues that tradition. And the state is more than willing, in the aftermath of World War II, to continue delivering services to disabled people this way through this combination of public and private funding. And so I'm interested in this because I think this is still the way that services get delivered today. But it's also a problematic tradition. Because if you are relying on charitable donations and private philanthropy to continue to run your institution rather than state funding, part of what you're also saying is that disabled people are the worthy recipients of charity, as opposed to rights-bearing citizens. And one of the things I find really interesting is that Trannoy, who takes over this facility in the late 1940s, he starts to use this facility and the children in it as kind of poster children to campaign for more charitable donations and more state funding for rehabilitation. And of course, the time he takes over this facility is the moment when large-scale polio epidemics are beginning to erupt almost every year in France. So there are many, many more children and even adults who are seeking rehabilitation care. And so the children in this facility become the poster children for his kind of national fundraising drives. And anyone who knows anything about the history of polio in the United States knows that the March of Dimes, which was this philanthropic organization created in the 1930s to raise money for polio research and care, is an organization that has a problematic legacy in the way that it deals with disability. And I think Trannoy is doing something very similar in France in the '40s and '50s. So to me, this legacy of this sort of hybrid funding model is, in fact, very important in how people made sense of disability for decades after Poidatz's own death.

AT: Join us next time on the Infinite Women podcast. And remember, well-behaved women rarely make history.