Polio and Its Histories

It is difficult to find a single disease that has inspired a sheer mass of historiography comparable to that addressing polio in the United States. There are myriad reasons for this abundance: the giant shadow cast by Franklin Delano Roosevelt, the tendency of many polio epidemics to concentrate among young children and adolescents, the stark visibility of polio, the post-World War Two rise of the American biomedical research enterprise and its connection to the development of a vaccine, and of course the success in virtually eliminating the disease from the American population. Heather Green Wooten situates her work in this broader literature, and this book fills a niche as the first study devoted to assessing the history of polio in Texas during the middle decades of the twentieth century. Drawing primarily on oral and archival techniques, Wooten produces a lively and well-researched account of how Texans understood and responded to polio during those decades.

However, Wooten’s monograph is not disability history. This is not necessarily a problem; if there is anything the historiography on polio suggests, it is that the history of the disease in the United States supports a wide variety of approaches and frameworks. And there is surely an ample polio historiography to choose from that overtly utilizes disability history methods. Nevertheless, one cannot help but feel in reading The Polio Years in Texas that the absence of some themes and frameworks central to disability history detracts from the project. For example, there is little trace of the social model of disability. Rather, the disabilities experienced by polio survivors seem to be interpreted within a classical medical model in which disability is perceived largely as an individual abnormality that requires fixing via biomedical techniques and interventions. Thus chapter 7, which assesses the long-term experiences of Texas polio victims after the acute crisis had passed, refers repeatedly to the burden imposed by disabled polio survivors on families. That the burden was significant is of little doubt; whether the primary cause of that burden is the survivor’s disability or the inadequate social and economic resources extended to families caring for polio survivors is an entirely different question. The latter question is left underdeveloped in the book, which is a missed opportunity to probe the ways in which the lived experiences of polio survivors were shaped by prejudicial attitudes toward disability in mid-twentieth-century Texas.

Similarly, there are many instances throughout the book where polio survivors are referred to outside of their historical context as “crippled” or “handicapped.” It is of course legitimate to chart the historical usage of such terms; it is another thing to utilize them as analytic descriptors without reference to the larger project within disability studies that seeks to reclaim such terms and empower their utterers. The latter is a conscious political act, but it is less clear that entitling chapter 1 the “Dawn of a Crippling Threat” reflects such consciousness.

Perhaps the most significant concern that arises from...
absence of a specific disability history framework in the book is the repeated use of the military metaphor in framing polio. The subtitle begins the pattern: "Battling a Terrifying Unknown." While the historical use of the military metaphor for polio during and immediately after World War Two is significant, Wooten makes frequent use of the metaphor in her own conceptual analysis. In this way the military metaphor becomes less an object of critical inquiry and more a rhetorical choice that frames the author’s analysis. Thus "the enemy overseas had been replaced by an increasingly vicious adversary at home – one that seemed unstoppable" (p. 68). And “in the absence of scientific certainty, public health officials continued to wage war on polio with traditional weapons” (p. 71). Polio "invaded a student housing complex near the University of Texas at Austin in 1948," and "as Hitler’s army fiercely fought its way across eastern Europe toward Stalingrad, polio infiltrated Texas from Abilene to Corpus Christi" (pp. 69, 59). There is a vibrant literature warning against the use of the military metaphor in conceptualizing disease and disability.[3] Among many problems raised by the metaphor, this literature generally notes the easy slippage between the object of the war and the person experiencing the illness or disability, such that the risk of stigmatizing the person along with the illness as the “enemy” is high. From a disability history perspective, this is a particularly significant problem because twentieth-century American disability history literally is (although is not reducible to) a history of stigma and discrimination. In addition, the triumphalism underscored by the military metaphor is a significant problem for disabled persons inasmuch as an individual simply managing the experiences of long-term disability (i.e., disability that cannot be “fixed” or cured) runs the risk of being seen as a failure, as a commander who has lost the fight. In contrast, the social model of disability suggests that if there is in some cases any failure in ameliorating the burden of living as a disabled person, the root of that failure is not the individual’s inability to “conquer” the malady, but rather inadequate social support and social policy, and the stigma and prejudice reflected therein.[4]

Finally, the social model of disability bears much in common with the general focus within many arenas of cultural studies on the power of socialization in structuring inequalities. Accordingly, no account of polio in Texas can ignore the ways in which attitudes and beliefs about race, gender, and class framed the disease and responses to it, and to the book’s credit, Wooten confronts many of these issues head on. Nevertheless, the analyses offered on some of the complex ways in which Texans conceptualized race and polio seem incomplete. For example, Wooten argues that the primary reason why some Texas polio hospitals and institutions accepted African American polio patients was because the disease did not discriminate in its victims (pp. 54-55). But as Andrea Patterson has recently noted, white acknowledgement of this fact existed simultaneously in the Jim Crow South with a variety of virulent racial prejudices and beliefs regarding African Americans’ susceptibility to infectious disease.[5] Moreover, while some Texas institutions did accept African Americans, as Wooten notes, many did not, and hence the fact that infectious disease crosses racial boundaries is not a sufficient explanation for the divergent admissions policies.

Ultimately, Wooten’s account of polio in Texas can and should be taken for what it is even while recognition of what it is not remains salient. What the book is is a lively and well-researched account of the social history of polio in Texas during the middle decades of the twentieth century. Such a story is certainly worth telling, and Wooten does so with verve and thoroughness. What the book is not is a disability history study of polio in Texas. Readers will no doubt differ on the extent, if any, to which it ought to be.

Notes


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