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The Manager, the Doctor and the Technician. Political Recognition and Institutionalization of Sport for the physically Disabled in France (1968-1973)

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It was in 1969, six years after the creation of the first sports federation for the physically disabled in France, that regular ties started developing with the Ministry of Youth and Sports. The aim of this article is to question the impact of these ties on the evolution of the movement towards the model of 'classic' sports federations. Between 1968 and 1973, data from the Ministry of Youth and Sports kept in the National Archives, added to information published in the federal press (crossed with accounts from people who figured in disabled sports at the time), reveals a reorganization of the internal relations between the managers (who are physically disabled people) and the doctors (who generally come from the field of re-education). In fact, the political recognition contributed in redefining the doctors' role regarding a project requiring the constitution of rules and regulations, as well as sports categories. These new circumstances entail their collaboration with another federal agent, who therefore becomes central: the sports technician.

Keywords: Paralympic sports, history, French federation, ministry of youth and sports, doctors, technicians.

Introduction

In 1969, Pierre Volait, president of the *French Federation of Sports for the Physically Disabled* (FFSHP), was a candidate for his own succession, only to be beaten by Marcel Avronsart. At the time, the FFSHP had only just replaced (in March 1968) the *Sports Federation for the Physically Disabled of France* (FSHPF), which had been founded by Philippe Berthe five years previously as a continuation to the dynamic instigated by the participation to the first Paralympics (Rome, 1960). The period from 1969 to 1973 was then marked by a rapid transformation of federal structures, in which three processes came into play. The first, strictly political and administrative, is related to the strengthening of external ties with the Ministry of sports (MJS) headed by Joseph Comiti (1968-1974). The two other processes, more internal, are related to the Federation's actual functioning. On the one side, they concern a reconfiguration of the place and role of the doctors, and on the other side, they relate to the gradual creation and organization of a body of trained and recognized technicians. Are these evolutions a result of a reinforced dynamic, enabled through co-operating with the MJS? That will be the premise on which this contribution is based.

In 1971, when Marcel Avronsart was re-elected in the face of Yves Nayme (from Saint-Etienne, France), deep changes seemed in motion already. In spite of his defeat, Nayme decided to pursue his action by emancipating himself from the control of the Federation (FFSHP). The crisis that erupted at the turn between 1971 and 1972, leading to the movement's division and the creation of the *French Omnisport Federation for the Physically Disabled* (FFOHP), reveals the stakes and the tensions generated by the rapid institutionalization, copied on the model of sports. On June 20, 1972, during this crisis, the Ministry (MJS) granted the FFSHP the status of National Federation¹, thus validating a decisive step in the recognition of disabled sports by the French sports movement.

In order to study the links between the recognition of the FFSHP by the MJS and the reorganization of the doctors' position, particularly in their relations with a body of federally trained technicians, this article will be based on three sources. The first is composed of several boxes of documents from the youth and sports administration concerning the FFSHP, stored in the National Archives. The earliest documents registered there go back to 1968, with the first box (F44bis 6074) divided into three files: the first two are respectively named 'Diverse correspondence' (1968-1972) and 'The Nayme case FFOHP' (1972-1974), which are comprised of letters exchanged between federal agents, as well as memorandums and circulars that enable to glimpse the position adopted by the MJS regarding these agents; and a third file concerning the actions taken for the 'Project for the creation of a B.E.'² (1972-1974). The second box (F44bis 6073) was from the same period (1970-1975) and dealt entirely with the works carried out by the 'medical commission' of the FFSHP. These files attest of the Ministry's interest in these works during those times of great changes. The two other sources used in this article are more in relation to the outlook and the debates within disabled sports. First, there are the federal bulletins, published between 1968 and 1973 (the magazine *Second souffle* for the FFSHP, to which was added the *FFOHP Magazine* after 1972). Finally, the transformations spotted in these written accounts were crossed with either individual or collective interviews carried out with agents who were involved at the time with the FFSHP³ and with the FFOHP.⁴

We will use this data to evidence the following: first, that obtaining the status of National Federation was less linked to a linear and homogenous development of the movement up to the beginning of the 1970's (as the story produced by the inheritors of this movement could lead one to believe⁵), but had more to do with a political necessity of resolving a troubled situation, a crisis that was dividing the movement; and secondly, that obtaining this status was a decisive

step in developing a technical reflection on sports for the physically disabled which was emancipated from the medical outlook on disability.

An accelerated Access to the Status of National Federation

The ties that were being knotted between the new FFSHP and the MJS from 1969 onwards instigated a double project, a dispersion of federal structures throughout the regions of France and a technical structuring of the sports movement for physically disabled people. The demands made by the MJS were clear as to the deployment of the federal activity into the provinces, with the creation of regional committees. This was one of the conditions to the ministerial support of the young federation. The colonel Crespin, Director of Physical and Sport Education reminds this to Avronsart in a letter dated June 12, 1969:

During your visit on the 30th of April, we spoke of the project concerning the future structures of your Federation. I would appreciate you to let me know of the developments that you were able to give to the project of creating regional committees.⁶

In this context, it is the weight rapidly taken on by a new generation of clubs, located in the provinces and following in the traces of the Saint-Etienne club directed by Nayme, offering an alternative project⁷, that generated the crisis which, in 1971-1972, led to the division of the movement. On June 20, 1972, the FFSHP obtained a delegation of powers, that is to say a prerogative of public power giving it the possibility of organizing events and handing out titles of France champion, as well as representing the country in international settings by insuring the Federation's legal monopoly of non-competition. If this delegation of power took place in an accelerated way, it was because it appeared to the MJS as a way out of the crisis situation. Indeed, in this way, the MJS sought to reinforce the FFSHP, both on a national and on an international level, thus limiting the opportunities for a rival Federal organization to emerge.

In fact, a first form of co-operation took place with the Ministry of Joseph Comiti, before the FFSHP was even created, near the end of 1967, in the form of the nomination of a "Representative of the Minister of Youth and Sports" alongside the FSHPF, Christian Gaudefroy. His function was to be a link between the president Volait and Crespin. Between 1968 and 1970, the organization of the movement took two directions. While the Federation wanted to reinforce its links with the Ministry, it also integrated new agents from the regional committees that were being set up. On the part of the MJS, although the exchange was initiated, it is late in developing during the year 1968. Several letters from the General Secretary, Huguette Tanguy, remained unanswered, as did the invitation, extended by Volait to Crespin, for Gaudefroy to accompany the French delegation to the Paralympics in Tel Aviv in summer 1968. However, the FFSHP still persisted in its search for ministerial recognition, which would enable it to fully integrate the French sports movement as well as to be the only national sports institution to be officially recognized, and carried on in its attempt to conform with the expectations of the administrative supervision.

During the general assembly in March 1969, Avronsart was named to succeed Volait. In the wake of this, he initiated an exchange with colonel Crespin on April 30, 1969. Ten months later, in a note sent to the cabinet of the Secretary of State to the Minister in charge of Youth and Sports, Gaudefroy explains what this exchange was about. More precisely, he explains that the discussion led to a decision to act in favor of uniting the 'Associations isolated into various regional committees': 'This is what appears in the letter addressed on 21.10.1969 by the General Secretary of the FFSHP to the Presidents of the Associations affiliated to the FFSHP, and of which you will find a copy enclosed'. Finally, Gaudefroy emphasized that: 'the organization of the FFSHP is demanded by the Directing Committee of this Federation and is encouraged by the Direction of the Physical and Sports Education department (letter B 587 of June 12, 1969)'.⁸

The decentralizing dynamic was part of this framework. Thus, as was noted in the minutes of the General Assembly of March 1970:

Our supervisory Ministry requests, in the same way as the international credits have been diminished for the able-bodied, that our policy be mainly aimed on the development of sport throughout the masses of disabled people. We have therefore decided, with the support of the Directing Committee, to devote a large part of our budget this season to promoting sport throughout the regions [of France].⁹

While the founders were seated in the region of Paris, it is in this context that new, non-Parisian, agents began to gain influence. With them, another vision of sports for the physically disabled took shape through the organization of large scale sporting events. Yves Nayme, the founder of the *Sports Association for the Physically disabled of the Loire* [French region] (ASHPL) and of the *Regional Committee for the Lyonnais Forez Dauphiné Savoie* [also French regions] (created respectively in 1962 and 1965), was the main figurehead. After the success of the World Games of Saint-Etienne in summer 1970, which aimed to touch ‘the great masses of the disabled’¹⁰ (and which regrouped over 800 participants from 23 nations), he set out to organize Winter World Games in Courchevel in March, 1972. However, after losing the elections to Marcel Avronsart at the beginning of 1971, he decided to dispense with any help from the FFSHP, while criticizing its inertia. The tension resulting from this decision led, at the end of 1971, to him being barred for life from the FFSHP. On February 12, 1972, the ASHPL and the *Sports Association for the Physically Disabled of Rennes* founded the FFOHP. From the 18th to the 25th of March, the Games of Courchevel took place under its authority. Faced with the FFOHP, which threatened with a monopoly on the organization of sports for the physically disabled, the General Assembly of the FFSHP that took place on March 19 voted a motion with thirty votes to seven:

We recognize the FFSHP as being the only official responsible federation, in charge of promoting and developing sport throughout the world of the physically disabled. We hereby reassert our respect for it, and our attachment to its spirit and its statutes.¹¹

The recognition by the Ministry was accelerated by the crisis that erupted in 1971-1972. In fact, as early as February 28, 1972, after an interview with Avronsart, Crespin ‘asked that be examined the possibility of granting a delegation of power to [the FFSHP]’, in order for only this federation, and not ‘just any National Organization of Sports for the Physically Disabled’, be ‘allowed to award titles of French Champion for the Physically Disabled’.¹²

On its part, and through the voice of its president Guttmann, the *International Sports Organisation for the Disabled* (ISOD) supported the FFSHP in its effort to ‘overcome the rival action undertaken by M. Nayme, the main aim of which seems to be the creation of another international movement in direct competition with the ISOD’. On June 5, in a confidential note to Crespin, Gaudefroy indicates that the terms of the response project issued from Comiti to Guttmann ‘can only be maintained if the delegation of powers to the FFSHP is granted’. On the part of the Director’s board for Physical and Sports Education, a decree project had already been drawn up by the Head of the Subdivision of Sporting Activities (bureau S2). Gaudefroy, who was attached to the medical bureau (S3), imparted to Crespin:

I persist in believing that this delegation of power will be a decisive factor in putting an end to this deplorable division, the consequences of which bear directly on the cohesion and unity of sports for the physically disabled and the disabled athletes, while simultaneously slowing the action of the FFSHP and its President, who are actually encountering difficulties in organizing the Heidelberg Games (1st to 10th August, 1972) in peace. This is the reason why I am taking the liberty of asking again that you insist on this point to the Minister.¹³

On June 22, Comiti thanked Guttmann for alerting him to the ‘dire consequences’ caused by the creation of a second sports federation for the physically disabled in France by Nayme: ‘This is the reason why, he affirms, I have decided to grant to the FFSHP a delegation of power as

the leading Federation'. In 1973, the FFSHP became a member of the French National Olympic and Sports Committee (CNOSF).

In this way, although the division of the movement could have ended the efforts of rapprochement of the FFSHP with the MJS, and lead to its disappearance, the Federation's prerogatives were in fact confirmed and officially recognized. What is more, although the dissident federation created by Nayme kept going until the end of 1976, he was nevertheless durably set aside. Finally, the crisis created some more unexpected effects. In forcing the Ministry to take position, and to grant a delegation of power to the FFSHP, the foundations of a reunification around the model of classic sports federations were laid. Being granted the delegation of power, combined to the affiliation with the CNOSF, opened the way to organizational transformations leading to a notion more oriented towards sports than medical aspects, and in which the place and the influence of the various parties were modified.

Restructuring the medical Committee and rethinking the Doctors' Role

Although doctors were implicated since the very beginning of sports for the physically disabled in France¹⁴, during the period of time studied here, the role of the FFSHP medical committee underwent a change. On April 10, 1967, following one of this committee's meetings, Volait already started clarifying the doctor's and the disabled athlete's mutual scopes of practice:

It is up to us to prove what we *can* do and it is the Medical Commission's charge and responsibility to propose what we *must* do. [...] We have a duty to regulate our speed with regards to what is counseled and ordered as a last resort by the doctor; in reciprocity we expect that he should not undermine our possibilities and, quite the opposite, that he be constantly by our sides, seeing eye to eye, in search of a continuous betterment of both our physical and moral health.¹⁵

Two months later, the Federal Managing Committee voted for the rules and regulations of the new sports commission.¹⁶ The reorganization of the medical committee on October 11, 1971, accelerated these first evolutions. Although the previous classification based on the types of disability remain,¹⁷ an additional national doctor responsible for each discipline is nominated.

Finally, the actual boundaries between the medical side and the sports one were redefined, but also the way in which these two aspects collaborate. More than simply guaranteeing a secure and re-educative practice of sports, the medical committee became a pillar for sportivization. The doctors had to work alongside the trainers, in a relationship that oscillated between collaboration and competition, in order to produce a legitimate definition of what good practices are. This modification in the use of medical expertise appears very clearly in the medical commission's documents archived between 1970 and 1975 by the MJS,¹⁸ containing minutes of meetings, classification systems and correspondence between doctors.

At the very beginning of the 1970s, the re-educative value of the practices and the talks about social re-habilitation were still very much in evidence at the FFSHP. Certain members of the medical committee, working in re-education centers, expressed reservations concerning the concepts of performance and overcoming limits in sports.¹⁹ However, it has to be said that the committee had to face a double challenge. On the one hand, it had to encourage the fair comparison between the athletes' performances. On the other hand, it had to favor an 'all disabilities' practice. Thus, tensions emerged, particularly in the debates concerning the lower limit of spinal cord injury in wheelchair basket-ball competitions. While Dr Piera stated that 'it would not be desirable to see lightly disabled people, who can still walk correctly, sit in a wheelchair to play basket-ball',²⁰ the national basket-ball trainer (Perri) noted that 'this point of view risks eliminating those with polio sequelae and amputees'.²¹ A new type of knowledge emerged progressively between that of the doctors and the athletes' practices, carried by the sports technicians. This implies a new organization in the sharing of expertise.

On June 10, 1972, while the delegation of power to the FFSHP was approaching, during his welcome speech to the 1st national medical study day for disabled sports (JMNESHP), Avronsart announced: ‘We have asked a certain number of our national trainers to take part in this workshop in order to find possible answers to your questions’.²² Boubée, physiotherapist and medico-technical advisor at the FFSHP insisted that: ‘each category of disability has its own pedagogical problems’.²³ Oppositions were rapidly put forth by the doctors. D^r Busnel concluded his presentation with: ‘Finally, last problem concerning basket-ball, the trainers’.²⁴ He reproached these last the use of strategies that exclude certain forms of deficiency with the aim of increasing sporting success. Berthe, the founder of the federation, responded to the doctors’ advice by pointing out that ‘everything rests on the trainer’s and the instructor’s experience as they have to take into account both the different types of disabilities and the person’s general physical and psychological health’.²⁵ He was supported by Avronsart: ‘I would just like to point out that M. Berthe has a vast experience, because he is himself a femoral amputee, but also because he is a national trainer in this federation’.²⁶

Highlighting the triple expertise as athlete, disabled and trainer revealed the thinly veiled competition between the sports commissions and the medical committee. During a meeting on February 24, 1973, this last added to the order of the day the ‘Relation [...] with the sports committees’. Going beyond the negotiations with the trainers, the medical committee’s work was organized around two main missions: codifying that which is indicated or not; and the classification of different disabilities in view of competition.²⁷ In this way, in an account from October 1971, one can read the following concerning volley-ball:

D^r Michault, consulted on the indication of this sport for amputees, advises its practice, finding no formal contraindication. It is therefore asked of the Federation’s Directing Board that this discipline be inscribed in the table listing the physical activities that can be practiced by the physically disabled.²⁸

In June 1972, the 1st JMNESHP was mainly focused on this question. The point was to contribute to the massification of sports for the physically disabled, in direct line with the ‘all disabilities’ stance promoted by the federation. For this to function, accessibility needed to be granted to all the activities: ‘The important point is that the greatest number of disabled people benefit from swimming [...]. Competition doesn’t need to be sought at all costs’.²⁹

One year later, on June 23, 1973, the 2nd JMNESHP had quite a different aim. It focused on classification difficulties for competitions. Medical expertise was called upon to establish regulatory categories that could legitimate comparisons of sport performances by insuring the athletes’ equity. The oldest classification system to be found in the medical commission’s archives is the one used in the Games of Saint-Etienne in 1970. It was based on a first distinction between disabled people ‘in a wheelchair’ (group I) and ‘standing disabled people’ (group II). This division related to the sharing of the public between the two existing international federations, the ISOD which regrouped since 1964 ‘the amputees and those classified in the “other” category during the Games of Stoke Mandeville’, and the *International Stoke Mandeville Wheelchair Sports Federation* (ISMWSF) which regrouped only people in wheelchairs.

The group I, for example, held four categories based on a deficiency criteria: the upper level of the spinal cord injury and whether or not it is complete. When the deficiency is associated with a homogeneous level of incapacity, the criteria of its reach is enough to characterize the category.³⁰ When this is not the case, the criteria of incapacity are used in complement. The D class thus encompasses the ‘damage to the radicular and assimilated neurological motor sequelae, preventing the practice of athletics in any other way than in a wheelchair’, and the ‘double tibia amputees who can only practice athletics in a wheelchair and without wearing their prostheses’. Finally, when a deficiency relates to different levels of incapacity, such as is

the case with poliomyelitis, these are clearly defined and classed. In the 1970s regulations, no indication was however given as to the methods for evaluating these incapacities.

The following years were marked both by a refining of incapacity criteria and by a more qualitative turn, with the introduction of a new rule of categorization: the specificity of the physical task to be accomplished. The classification approved in 1972 added four new criteria for distinguishing neurological disorders: the spasticity/flaccidity of muscles, the 'functional possibilities' (associated, amongst other things, with the level of autonomy in a wheelchair), passive articular mobility and non-functional joints. Group I thus increased from four to six categories. The main evaluation tool, the 'testing of functional muscles in the lower limbs and the torso' measured the strength of all the muscles which are dedicated to a same function.³¹ A communication concerning the use of this tool was transmitted during the 2nd JMNESHP.³² Furthermore, in 1972, a brochure was edited for the use of the evaluators, composed essentially of doctors at the time. The main concern was to harmonize the classification processes, thus guaranteeing equity within competition.

In parallel, the year 1972 was also the time when a questioning of muscular testing began to emerge. Indeed, some found it to be inapt in determining 'real motor capacities' insofar as, for a given assessment, the ability for a task can vary depending on the deficiency. In the case of swimming, D^r Piera pointed out that gluteal muscles are way more important than the other ones in the lower limbs, and that this should be taken into account.³³ It is so that emerged the necessity of considering the classifications depending on the functionality in a given physical task, that is to say based on what Fougeyrollas named handicap situations.³⁴ In this context, trainers acquired a new form of legitimacy. Thus, M. Fouju, the person in charge of national swimming, got the last word in the debates concerning the lower limits of disability in this discipline, and the medical examination form adopted by the medical committee on February 24, 1973, included a 'space for any functional comments made by the trainer'.

As the trainers gained influence, an evolution in the doctors' outlook can be noted, becoming both more theoretical and more cautious. Is the committee realizing that it 'began by examining relatively simple aspects',³⁵ and that it must now face more complex issues? Jostled by the trainers, were the doctors not forced to justify themselves from then on? In 1973, D^r Maury observed 'the necessity of gathering as many medical documents about disabled sport as possible, enabling us eventually to go back over what was said'.³⁶ The bibliographic study carried out by D^r Tintrelin on more than 160 scientific articles concerning disabled sports was presented during the third edition of the JMNESHP, on September 28, 1974. In the wake of D^r Allemandou, who pointed out the inadequacy of applying/adapting methods used in classical sports, the medical committee opened the way, from 1972 onwards, to the creation of a specific field of engineering for disabled sports. Within this framework, a refinement of the notion of incapacity accompanied the notion of ability in the physical task. The linking of disabled sports to an already autonomous field of sports³⁷ resulting from the delegation of power, contributed to reinforce the authority of the FFSHP technicians, as well as their autonomy regarding strictly medical considerations.

Looking to create a Corps of trained and recognized Technicians

A first exchange of letters between Avronsart, Gaudefroy and Crespin concerning a detachment of FFSHP national trainers was initiated between October 14, 1969, and February 19, 1970.³⁸ The request was made by the FFSHP. It then disappeared from the archives. It was not until the days leading up to the granting of the delegation of power (June 20, 1972) that further thought was given to the topic of the technicians. There was thereon no more question of detaching national trainers, but to create a National Certificate (*Brevet d'Etat, B.E.*). On June 8, 1972, two days before the 1st JMNESHP, Crespin wrote to D^r Perié, head of the MJS medical bureau, in

order to impart his project of creating a B.E. of physical or sports educator for the physically disabled. On June 14, D^r Perié sent him a favorable answer and suggested that they enlist the help of D^r Piera, general secretary of the FFSHP medical committee. On November 28, in a note to the Minister's chief of cabinet, Gaudefroy mentioned a project of creating a B.E. in view of teaching physical activities to the disabled³⁹.

A decree on February 6, 1973, created a framework for assigning a 'three level National Certificate (B.E.) of Sports Educator, each level including a common training and a training that will be specific to one or more sport disciplines' (art. 1). On February 13, Avronsart wrote to the Secretary of State asking for the addition of 'or option for the physically disabled'. He furthermore argued for the texts to include a 'course specific to the physically disabled in the core curriculum'. Overall, the president of the FFSHP expressed his concern 'about the lack of precision of the texts bearing on disabled sports and the possibility for some of them to take the core curriculum tests'.⁴⁰

The three proposed levels match respectively the levels of 'disabled sports monitor', 'trainer of one or several of the sport disciplines practiced by the physically disabled', and 'trainer-inspector of one or several of the sport disciplines practiced by the Physically Disabled'.⁴¹ The text also specifies that 'None can teach sports to the physically disabled for a fee that is not a holder of a National Certificate (B.E.)' (art.1), that 'the candidate can be physically disabled or not'⁴² (art. 3), and that 'temporary delegation is granted to the FFSHP [...] to handle the tests for the training program specific to disabled sports' (art. 4).

The articles 7, 8, and 9 from the decree of February 6, 1973 give details for the specific tests for each of the three levels of the National Certificate (B.E.). Concerning the '1st degree of disabled sports monitor' (art. 7), two series of tests are put forward: on the one hand, two 'written tests' bearing on 'medical and technical aspects of disabled sports in general' (coefficient 3) and on 'rules and regulations of Games and of the organizing of disabled sports' (coefficient 2); on the other hand, a series of three 'technical and educational tests' (for a total coefficient of 5).⁴³ The tests for the '2nd degree trainer of one or several of the sport disciplines practiced by the physically disabled' (art. 8) are more or less based on the same grounds, with also two 'written tests' (one medical and technical,⁴⁴ the other on administrative and regulatory aspects⁴⁵) with a coefficient of 5, to which are added four more 'technical and educational' tests with a coefficient of 7.⁴⁶

At this stage, several points need to be discussed. First, we can note the importance of the regulatory and classification aspects (more than four months prior to the 2nd JMNESHP) around which are organized the second written tests of these first two degrees. Secondly, we can observe that medical aspects appear explicitly in only one part of a coefficient 3 written test. What is more, we can note that this test is diminished for the 2nd degree, which focuses more on technical and educational aspects (with a stronger coefficient than for the 1st degree). The emphasis on specialization in sport disciplines therefore matches a minimization of the relative part granted to medical knowledge. Furthermore, this last term disappears completely from the three tests for the 'National Certificate (B.E.) for the 3rd degree of trainer-inspector of one or several of the sport disciplines previously chosen as an elective (art. 9)'.⁴⁷

The decree of February 6, 1973 also included, in article 18, 'transitory dispositions' and 'equivalences' in order to validate the experience gained by the FFSHP technicians and enable them to obtain National Certificates (B.E.).⁴⁸ The aim was thus clearly to rapidly gather a corps of trained and recognized technicians. The responsibility for managing this corps would then fall to the federation, 'in charge of taking all necessary measures to insure the effective activity of the Disabled Sports Monitors (1st degree), the Trainers (2nd degree) and the Trainer-Inspectors (3rd degree), within the sports associations or organizations with which a contract has been signed and duly recorded' (art. 17). This is probably the cause of the caution and the corrections applied to the text by Avronsart on February 13, 1973. Despite its desire to benefit

from trained and recognized technicians, the FFSHP probably realized, as did other federations from the previous decade, just to what extent the creation of national sport counselors and sport educator diplomas put them under control of the State.⁴⁹ Nevertheless, the FFSHP clearly perceived the advantage of having seconded staff from the MJS (therefore paid by it). This will not happen until 1976.

Conclusion: accelerating down the Path of Sports

If the relations that were woven with the MJS as early as the end of the 1960s testify of their engagement in a will for alignment with the rest of the movement for able-bodied sports, the tensions that emerge after the World Games of Saint-Etienne (1970) concerning the organization of the International Winter Games, and the division that ensued during the 'FFOHP years'⁵⁰, hurry the access of the FFSHP to the delegation of power. In return, this last offers a decisive leeway to the managers for accelerating the ongoing reorganization, specifically in the relations between the medical committee and the sports commission. Whereas, up until the mid-1960s, the support given by the world of re-education and by the networks of former combatants was central in the federal structuring,⁵¹ the beginning of the 1970s is marked by a stronger specialization of the roles of manager, doctor and technician, but also by a redefining of their respective attributions.

The reorganization of the medical committee initiated in 1971 truly took shape with the first two national medical study days for disabled sports of June 1972 and June 1973. The granting of the delegation of power, on June 20, 1972, probably explains in part the change of tone and of outlook that took place in between these two days. During the second one, the trainers had gained in self-confidence and in importance, and the debates concerning classification took a definite turn towards functional aspects, with the aim of creating 'all disabilities' and fair sporting events. At the same time as it accelerated and reorganized the regulatory effort, the delegation of power led to the recognition of a corps of trained and certified technicians, possessing specific knowledge that progressively emancipated from strictly medical knowledge.

This evolution of the doctor's role must of course be placed in a larger historical context linked to the changes in the way disability is perceived. As it was noted by Marcellini and Lantz: 'there is a mirror connection between the historical evolution of theories on disability and the progressive transformation of the paralympic organization and of the classification systems of paralympic athletes'.⁵² Taking into account the social effects of physical deficiencies is linked here to a period marked by the focus on the social model of handicap at the expense of the previous medical model, centered on deficiency categories associated to incapacities.⁵³ The first half of the 1970s was typical of this change leading, under the impulse of militant movements, to see disability as a limitation to social participation, thus attracting attention to accessibility issues, both to public places and to social practices.⁵⁴ In this context, it is not surprising that the FFSHP expressed more than ever the wish to make physical activity available to all handicaps.

However, although the MJS archived a bulletin of the Physically Disabled Intellectuals' Group (GIHP) concerning 'architectural barriers', the FFSHP did not develop any links with militant movements from the beginning of the 1970s. In the same way, the influence of international disabled sports forums did not constitute a decisive motor for understanding the processes described, since it was France that carried out the 'all disabilities' line of action and the regulatory innovations (notably in terms of classifications) associated within these forums.⁵⁵ If the ISOD carried weight, it was due to Guttman's intervention with the Minister of sports to resolve the crisis created by the division of the movement. This intervention acted as a

catalyst to the converging dynamics that pushed, with the MJS's recognition, towards both a specialization in the sporting world and definite autonomy from the medical world.

Notes

¹ The allocation of a delegation of power to sports federations is part of the ruling of August 28, 1945. See Terret, *Histoire du sport*.

² Brevet d'État (National Certificate).

³ President Berthe's widow and President Volait; three General Secretaries (Huguette Tanguy, Georges Morin et Claude Sugny) and a treasurer (Pierre Cochard); one of the first technical counselors allocated by the MJS (Christian Paillard); two athletes who represented France at the Paralympics in the 1960s and 1970s before taking up administration functions (André Hennaert et Alain Siclis).

⁴ Two members of the bureau (Gérard Masson et André Auberger); three volunteers of the ASPHL (Maguy Pelletier, Pierre Bayard et Jean Molin); the president of the Rhodanienne [Rhône region] Association for the Physically Disabled (D^r Réty); a volunteer swimming technical counselor (Pierre Randaxe); a photographer/documentary maker (Jean-Claude Parayre). The two main protagonists of the following part of the story, Marcel Avronsart and Yves Nayme, could unfortunately not be interviewed due to their early deaths.

⁵ Auberger, *La même flamme*; Auberger, *Un Fauteuil pour la vie*; Hennaert, *Du Djebel aux Djebel aux Jeux Paralympique*.

⁶ SS, n° 22, 1969, 2.

⁷ Marcellini et al., 'La scission (1972-1977) : Les "années FFOHP"'

⁸ Note written by Christian Gaudefroy and dated February 5, 1970 (AN F44bis 6074), addressed to M. Augustin (Cabinet member of the State Secretary to the Prime Minister in charge of Youth and Sports).

⁹ SS, n° 25, 1970, 8.

¹⁰ SS, n° 25, 1970, 11.

¹¹ SS, n° 29, 1972, 12.

¹² Note from the bureau S.2 to the bureau S.3 of the Head Office of Physical and Sports Education dated March 3, 1972 (AN, F44bis 6074).

¹³ AN, F44bis 6074.

¹⁴ Ruffié et Ferez, *Corps, sport, handicaps*. Doctors are called upon to recruit members and benefit from the special installations within re-education centers, but also to weigh in the decisions of international sports organizations for disabled sports and on the national public authorities (role of sports in functional re-education and social readapting).

¹⁵ SS, n° 13, 1967, 2.

¹⁶ SS, n° 14, 1967, 16.

¹⁷ D^r Michaut, for instance, is head of the 'amputee' national commission.

¹⁸ AN, F44bis 6073.

¹⁹ D^r Maury, president of the medical committee, declared: 'Certain performances are remarkable and constitute an exploit, but it must be realized that in sports education we take a calculated risk, and none of these performances overstep the limits of what can be asked of this type of patient' (1st JMNESH, 1972, 90). [AN, F44bis 6073]

²⁰ 'Those who must benefit the most from this sport are the paraplegics, who need to muscle their upper limbs and develop their balance and dexterity in the wheelchair' (medical committee, October 11, 1971, 2).

²¹ Medical Committee, October 11, 1972, 2. [AN, F44bis 6073]

²² 1st JMNESH, 1972, 5. [AN, F44bis 6073]

²³ 1st JMNESH, 1972, 13. [AN, F44bis 6073]

²⁴ 1st JMNESH, 1972, 53. [AN, F44bis 6073]

²⁵ 1st JMNESH, 1972, 24. [AN, F44bis 6073]

²⁶ 1st JMNESH, 1972, 24. [AN, F44bis 6073]

²⁷ P^r Grossiord, 1st JMNESH, 1972, 9. [AN, F44bis 6073]

²⁸ Medical Committee, October 11, 1971, 4. [AN, F44bis 6073]

²⁹ D^r Piera, 1st JMNESH, 1972, 42. [AN, F44bis 6073]

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- ³⁰ Class A, for instance, encompasses ‘complete spinal injuries, sensory and motor, up to D11’.
- ³¹ For example, a number 2 classification is relative to ‘muscular contractions which are sufficient to produce a movement without weight conflict and that reaches to the full extent of the passive movement’ (2nd JMNESHP, 1973, 14). [AN, F44bis 6073]
- ³² 2nd JMNESHP, 1973, 13. [AN, F44bis 6073]
- ³³ 1st JMNESHP, 1972, 41. [AN, F44bis 6073]
- ³⁴ Fougeyrollas, *Le Funambule, le fil et la toile*.
- ³⁵ P^r Grossiord, 1st JMNESHP, 1972, 9. [AN, F44bis 6073]
- ³⁶ 2nd JMNESHP, 1973, 69. [AN, F44bis 6073]
- ³⁷ Defrance, ‘L’autonomisation du champ sportif’; Defrance, ‘La politique de l’apolitisme’.
- ³⁸ AN, F44bis 6074.
- ³⁹ AN, F44bis 6074 (for both letters of June 8 and 14, 1972, as well as for the note of November 28, 1972).
- ⁴⁰ AN, F44bis 6074.
- ⁴¹ ‘Physically Disabled’ is written with capital letters in the text.
- ⁴² Article 3 requires that ‘the candidates provide a certificate attesting to the fact the he/she attended first aid lessons without enduring certain tests on account of physical disability’, an aspect that president Avronsart questioned in his letter to the State Secretary on February 13, 1973.
- ⁴³ With a ‘technical test’ (coefficient 2), ‘an educational test’ (coefficient 2) and an ‘athletics preparation test including a demonstration’ (coefficient 1).
- ⁴⁴ On the ‘medical and technical aspects (and possibly tactical ones) of the selected sports discipline’ (coefficient 3).
- ⁴⁵ On the ‘organization, regulation, administration of the selected sports discipline’ (coefficient 2).
- ⁴⁶ A ‘technical demonstration’ (coefficient 2), an ‘educational test (and possibly tactical)’ (coefficient 2), a ‘practical test relating to training difficulties’ (coefficient 2), a ‘physical preparation test’ (coefficient 2), and an ‘interview with the jury concerning the candidate’s activities as an Educator or as a Player (in the case of the candidate being physically disabled)’ (coefficient 1).
- ⁴⁷ The 3rd degree comprises ‘a technical test including a presentation followed by a demonstration relating to executive training’ (coefficient 3), an ‘educational test including the organizing and presentation of an executive improvement session’ (coefficient 2) and an ‘interview with the jury concerning the candidate’s activities as an Educator or as a Player (in the case of the candidate being physically disabled)’ (coefficient 1).
- ⁴⁸ For the 1st degree, one has to be the holder of ‘a federal 1st degree or to prove two years’ experience on a national, regional, departmental or local level within the federation’; for the 2nd degree, of ‘a federal 2nd degree or to prove four years of active experience, in one of the disciplines of disabled sports, on a national level, and within the FFSHP’; for the 3rd degree, of a ‘federal 3rd degree or to prove six years of active experience, in one of the disciplines of disabled sports, on a national level and within the FFSHP.
- ⁴⁹ See Pierre, ‘Des brevets d’État d’éducateur sportif aux diplômes professionnels de 1963 à nos jours’. If the 989 EPS circular of April 5, 1957, created a body of national sports counselors, it is not until the circular of June 10, 1966, signed by Crespin, that the function of national technical manager (DTN) was defined (AN, F44bis 10521). Before Crespin, a certain number of positions were already allocated, such as Robert Robin’s to the French Federation of Athletics in 1961 (Amar, *Nés pour courir*), but it was he that generalized them after 1966 (Le Noé, ‘Marceau Crespin a-t-il existé?’).
- ⁵⁰ Marcellini et al., ‘La scission (1972-1973)’.
- ⁵¹ Ferez et al., ‘De l’auto-organisation des mutilés de guerre à la structuration d’une Fédération sportive pour handicapés physiques’.
- ⁵² Marcellini et Lantz, ‘Compétition et classification paralympique’.
- ⁵³ Stiker, *Les Métamorphoses du Handicap de 1970 à nos Jours*.
- ⁵⁴ Barral et al., *L’Institution du handicap, le rôle des associations (19^e 20^e siècles)*; Fougeyrollas, *Le Funambule, le fil et la toile*.
- ⁵⁵ Ruffié et Ferez, *Corps, sport, handicaps*.

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List of acronyms

- CNOSF: Comité National Olympique et Sportif Français [French National Olympics and Sports committee]
- FFOHP: Fédération Française Omnisport pour Handicapés Physiques [French Omnisport Federation for the Physically Disabled]
- FFSHP: Fédération Française de Sport pour Handicapés Physiques [French Federation of Sports for the Physically Disabled]
- FSHPF: Fédération Sportive des Handicapés Physiques de France [Sports Federation for the Physically Disabled of France]
- GIHP: Groupement des Intellectuels Handicapés Physiques [Physically Disabled Intellectuals' Group]
- ISMWSF: International Stoke Mandeville Wheelchair Sports Federation
- ISOD: International Sports Organisation for the Disabled
- JMNESH: Journée Médicale Nationale d'Étude sur le Sport pour Handicapés Physiques [National Medical Study Day for Disabled Sports]
- MJS: Ministère de la Jeunesse et des Sports [Ministry of Youth and Sports]