

WORLD WAR I AND THE PLIGHT OF THE DISABLED AMERICAN VETERAN

Quincy Mix
FYW: The First World War
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Exiting the most horrific war thus known to human history, veterans across the globe sought to achieve a sense of normalcy and reintegration with the societies they had left behind. The Doughboy, moreover, returned from the Great War with the unique hope of fulfilling his own American Dream, yet significant barriers hindered the possibility of such a reality for the disabled American veteran. Though a Progressive spirit of rehabilitative optimism envisioned the full restoration of disabled veterans as self-sufficient members of society, that initiative faltered as a result of governmental and cultural deficiency. On the one hand, political and governmental entities doubled down on their efforts to rehabilitate America's disabled veterans, but the effect of budget constraints, ineffective and corrupt bureaucracies, and widespread prejudicial attitudes left too many veterans without sufficient care and countless others without any care at all. Furthermore, the sentiments of the American public shifted from a philosophy of support to one of "carry on," marginalizing veterans whose handicaps and conditions drew fear, apprehension, and even condemnation from their communities. This collective isolation and disassociation from the community inevitably affected home and personal life, wherein the social ideals of masculinity and economic independence clashed with the veteran's incapability to provide for his family.

American veterans of the First World War brought home a wide range of afflictions—thousands returned "as amputees, as victims of psychological damage (better known as shell shock), with respiratory illness, with blindness, with hearing loss, or with other forms of physical mutilation."¹ While some despaired at the irreparability of such handicaps, the philosophy of

1. Michael J. Lansing, "Salvaging the Manpower of America': Conservation, Manhood, and Disabled Veterans During World War I," *Environmental History* 14, no. 1 (January 2009): 34. America: History & Life, EBSCOhost (37270071).

conservation and restoration² touted by Progressives like Theodore Roosevelt trumped the political and social agenda of post-war America.³ With the goal of fully rehabilitating the disabled veteran, lawmakers amended the War Risk Insurance Act in 1917 to address not only veteran compensation but also treatment and vocational training. A year later, Congress authorized the creation of two independent agencies under The Vocational Rehabilitation Act, supplementing the Public Health Service with the new Bureau of War Risk Insurance as well as the Federal Board of Vocational Education.⁴ Bolstered by a spirited and positive propaganda campaign of government-issue films, posters, and magazines,⁵ these agencies purported to offer disabled veterans a “grand vision for restorative care and vocational promise.”⁶

Despite the earnest intentions of their founders, however, each of the aforementioned government programs incurred a series of complications, not the least of which pertained to funding and budgetary issues. Faced with a daunting \$25 billion expense for disabled veteran services, officials endeavored to cut costs by eradicating the dependence on government handouts that had so negatively characterized America’s Civil War veterans. Resentment over the “menace” of “post-Civil War largesse”⁷ thus prompted policy makers to curb the pensions of disabled veterans after the Great War.⁸ Yet, as the reports of the U.S. Army Surgeon General

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2. Lansing, ‘*Salvaging the Manpower of America*’, 36.
 3. John M. Kinder, *Paying with Their Bodies: American War and the Problem of the Disabled Veteran* (Chicago, University of Chicago Press, 2015), 120.
 4. U.S. Department of Veterans Affairs, Office of Public Affairs, *VA History in Brief*, http://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf, 7, Accessed Oct. 21, 2015.
 5. Beth Linker, “Shooting Disabled Soldiers: Medicine and Photography in World War I America,” *Journal of the History of Medicine & Allied Sciences* 66, no. 3 (July 2011): 319. Academic Search Premier, EBSCOhost (62291306).
 6. Kinder, *Paying with Their Bodies*, 125.
 7. Kinder, *Paying with Their Bodies*, 112-120.
 8. Linker, *Shooting Disabled Soldiers*, 337.

indicated, even this unpopular adjustment of pension policy effected through the War Risk Insurance Act failed to ameliorate the mounting financial strain.⁹ A consistent lack of proper funding not only depleted necessary personnel quotas but also retarded the vast bureaucracy of “medical, military, governmental and voluntary networks of assistance.”¹⁰ Disillusioned by bureaucratic complexity and gross delays in the processing of claims, nearly 30 percent of disabled veterans abandoned all further association with rehabilitation programs after the war.¹¹ Although the creation of the Veterans’ Bureau aimed at resolving the numerous clerical redundancies among the three principal veterans’ agencies through consolidation and reorganization,¹² over 500,000 claims still remained unprocessed by the federal government nearly a decade later.¹³ In total, it is estimated that the fallout from this “bureaucratic labyrinth” left over over half the wounded veteran population without any rehabilitative assistance after the First World War.¹⁴

Unfortunately, these complications and mismanagements fostered not only “notorious” inefficiency but also widespread corruption and malpractice. While the government propagandized select instances of rehabilitative victory as proof of the programs’ efficacy, the majority of cases did not reflect the same success. Seeking to find less expensive alternatives to

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9. Annessa C. Stagner, “Healing the Soldier, Restoring the Nation: Representations of Shell Shock in the USA During and After the First World War,” *Journal of Contemporary History* 49, no. 2 (April 2014): 267-268. Academic Search Premier, EBSCOhost (95449185).
 10. Anna Carden-Coyne, “Ungrateful Bodies: Rehabilitation, Resistance and Disabled American Veterans of the First World War,” *European Review of History: Revue européenne d’histoire* 14, no. 4 (December 2007): 559. DOI:10.1080/13507480701752185.
 11. Lansing, ‘*Salvaging the Manpower of America*’, 49.
 12. U.S. Department of Veterans Affairs, *VA History in Brief*, 8.
 13. Carden-Coyne, *Ungrateful Bodies*, 549.
 14. Jennifer D. Keene, *World War I: The American Soldier Experience* (Lincoln: University of Nebraska Press, 2011), 175-176.

thorough medical and vocational services, administrators within the Veterans' Bureau prematurely declared many patients ready for dismissal, regardless of veterans' protestations that they had received inadequate treatment or training.¹⁵ The firing and subsequent imprisonment of Bureau director Col. Charles Forbes for "conspiracy to defraud the government on hospital contracts" in 1923 further embroiled the veterans' agencies in scandal, yet instances of misconduct also emanated from the private sector.¹⁶ Indeed, many private institutions capitalized on their subsidized government contracts, exploiting the grievous lack of oversight to relax or altogether dispense with proper standards of veteran treatment.¹⁷ Thus, a lack of accountability enabled countless private organizations and businesses to benefit financially from the veterans' situation without actually providing necessary services for them.

Whether private or public, most institutions operated under a prejudicial bias when it came to treating certain kinds of disabled veterans, particularly those who suffered from shell shock as well as African Americans. With regard to the former, medical practitioners tended to devote more serious consideration to physical rather than psychological impairments. Despite the recent advances in psychiatric care, a soldier afflicted with shell shock more often garnered criticism for his supposed weakness and immaturity.¹⁸ Moreover, military doctors erroneously conjectured that removal from a trench warfare environment would eventually halt the symptoms of shell shock altogether; therefore, rehabilitation for the psychologically disabled lasted only up to four months before officials ceased all attempts to "heal" them. Worse still, most soldiers found to have relapsed after dismissal from treatment typically entered not into another care

15. Kinder, *Paying with Their Bodies*, 130-133.

16. U.S. Department of Veterans Affairs, *VA History in Brief*, 8.

17. Kinder, *Paying with Their Bodies*, 136.

18. Keene, *The American Soldier Experience*, 176.

facility but rather into an insane asylum.¹⁹ Studies of the two decades succeeding the war demonstrate the utter failure of such a regimen in rehabilitating the psychologically disabled, estimating that veterans' hospitals encountered a staggering 10,000 cases of neuropsychiatric disease during that time.²⁰ Outspoken wartime psychiatrists and veterans' advocates like Dr. Thomas Salmon criticized the government's failure to properly care for veterans suffering with shell shock and other mental illnesses, attributing such negligence to the dramatic rise in veteran suicides following the Great War.²¹

Like victims of shell shock, disabled African American veterans also suffered greatly under the prejudices of the government administration, yet their mistreatment stemmed from a pervasive national racism. Labeled as "undesirables" by most rehabilitation clinics, black veterans found their access to healthcare and vocational training severely limited, and whatever options remained nonetheless qualified only as second-rate programs.²² Opportunities were even fewer in the South, where many bureaucrats spearheaded a consorted effort with the vocational administration to limit career possibilities for rehabilitated black veterans.²³ So-called inborn intelligence exams formulated around racist stereotypes and "biased criteria" determined for a veteran what vocational path the state deemed him capable of achieving.²⁴ Unsurprisingly, the tests classified between 80 and 90 percent of disabled black veterans as "moronic." This documented lack of "sufficient character" thus gave proctors and officials another excuse to keep

19. Stagner, *Healing the Soldier*, 266-267.

20. Keene, *The American Soldier Experience*, 174.

21. Stagner, *Healing the Soldier*, 268-269.

22. Kinder, *Paying with Their Bodies*, 134-135.

23. Keene, *The American Soldier Experience*, 176.

24. Kinder, *Paying with Their Bodies*, 137.

the majority of disabled black veterans out of higher quality vocational programs.²⁵ Attesting to that reality, a 1922 inspection of “Negro Training” facilities throughout the United States cited overall “appalling” conditions and serious managerial neglect.²⁶ Even with this evidence, congressional enactments such as the World War Veterans Act of 1924 failed to root out the ingrained racism of the federal management.²⁷ To be sure, the inadequacies of government compounded the plights of all kinds of disabled veterans, but African American and shell-shocked soldiers alike arguably bore the brunt of that failed political experiment.

In noting the many shortcomings of the federal government, however, it is also critical to identify their underlying cultural issues and recognize the pivotal role which communities played in determining the fortunes of disabled veterans. Like the politicians who crafted the veterans’ legislation, communities believed they had a vested interest in helping restore the lives of wounded soldiers after the Great War. Yet approaching veteran rehabilitation from the Progressive vision of “social responsibility, economic independence, and middle-class propriety” caused the public to regard disabled veterans as a minor social problem that simply required fixing.²⁸ What may have seemed a minor social problem nevertheless transformed into a wearisome national obligation. As VFW Commander Hezekiah Duff remarked to President Hoover, “All these citizens know is that these veterans were hale and hearty before they went into service during the World War, and that they are physical and mental wrecks as well as

25. Scott Gelber, “A ‘Hard-Boiled Order’: The Reeducation of Disabled WWI Veterans in New York City,” *Journal of Social History* 39, no. 1 (Fall 2005): 168. Academic Search Premier, EBSCOhost (18390752).

26. Kinder, *Paying with Their Bodies*, 135.

27. Stagner, *Healing the Soldier*, 268.

28. Kinder, *Paying with Their Bodies*, 121.

industrial losses today.”²⁹ Given that mantras like “return to normalcy” and magazines like *Carry On* represented the cultural mindset of post-World War I America, the accuracy of the commander’s assessment is evident. Sadly, many communities regarded their disabled veterans as social and economic burdens, citizens both incapable of contributing to the work force and compelled to live off government assistance. More than that, constant exposure to the veterans’ disfigured bodies and distorted temperaments provided the public with daily reminders of the war they all longed to forget. As such, the mere presence of recovering veterans in society meant that for many communities the war could never truly be over.³⁰ Challenging that notion therefore became the new national imperative, yet not without a cost.

Unfortunately, the American public’s strengthened resolve to put the Great War behind them came largely at the expense of the disabled veteran’s reintegration. Correspondences between the Surgeon General and the Secretary of War in 1917 indicated not just an “apparent fear of the [disabled] soldier in American society” but specifically a collective anxiety concerning the soldier’s ability to reintegrate after the war.³¹ Ironically, the collective fear that disabled veterans would not be able to successfully reintegrate with society is precisely what prevented the soldier from doing so. In some cases, this fear manifested itself in eugenics-based legislation designed to hide the “defective,” physically disabled soldier.³² Cities like Chicago, for

29. Letter from Hezekiah N. Duff to Herbert Hoover, 29 January 1930, in “VFW, 1930,” box 359, SFHH, quoted in Stephen R. Ortiz, “Rethinking the Bonus March: Federal Bonus Policy, the Veterans of Foreign Wars, and the Origins of a Protest Movement,” *Journal of Policy History* 18, no. 3 (July 2006): 280-281. America: History & Life, EBSCOhost (21386568).

30. Carden-Coyne, *Ungrateful Bodies*, 544.

31. Carden-Coyne, *Ungrateful Bodies*, 548-549.

32. Beth Linker, *War’s Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011), 3.

example, enacted ordinances which required disfigured veterans to wear some form of disguise or mask lest they frighten other civilians. While these “ugliness” laws catered to the sensitivities of the public, they utterly disregarded the insecurities of disabled veterans. Whatever the community’s justification, singling out veterans’ handicaps by legislation or any other means communicated an explicit desire to keep the uncomfortable problem of the disabled veteran out of sight and out of mind.³³

Moreover, in the same way that the government belittled the plight of the psychologically disabled veteran, so also American communities developed a particular animus and suspicion toward soldiers with shell shock. While the public initially sympathized with the hardships of shell-shocked veterans, news and media sources like *The New York Times* began to regurgitate military rhetoric, framing psychological wounds as indicators of poor character rather than legitimate medical concerns. As a result, many assumed the mentally unstable veteran simply lacked the requisite courage of a virtuous soldier and must have been “imperfectly and nervously adjusted” before ever joining the military. Others suggested the soldier’s alleged inner weakness indicated his need for a spiritual regeneration. Influential leaders within the Christian Church such as John Zyburra, P. H. J. Lerrigo, and Alexander Smellie advocated that the symptoms of shell shock could be healed through confession, conversion, and the miraculous power of the Holy Spirit. Surrendering his heart to faith in Christ, a soldier could thus conquer his inner demons and awaken his God-given potential.³⁴ Granted, it would be unfair to discount the transformative potential of religious experience in the lives of countless disabled veterans. But correlating redemption from sin with healing from shell shock foisted undue social judgment

33. Keene, *The American Soldier Experience*, 177-178.

34. Stagner, *Healing the Soldier*, 262-263.

upon the veteran, essentially telling him his sins and shortcomings stood in the way of his cure and reentry into “normal” life.³⁵ That philosophy garnered widespread acceptance, however, as more veterans with shell shock descended into erratic, dangerous lifestyles and criminal activities.³⁶ Holding shell-shocked veterans responsible for their “socially aberrant”³⁷ and “eccentric” behavior, the public therefore regarded the psychologically disabled as unemployable degenerates, men whose unpredictability and apparent insanity rendered them unfit for even menial jobs.³⁸ The onset of the Great Depression only worsened this issue for both the psychologically and physically disabled veteran, and reports from the Veterans’ Administration estimated that by 1931 the overall veteran unemployment rate exceeded the public average by nearly 50 percent.³⁹ Yet even while businesses continued to reject disabled veteran applicants, especially those with psychological handicaps, communities still voiced a paradoxical disapproval of shell-shocked veterans who sought government assistance. To the American public, reliance on any kind of state welfare for any reason denoted the possibility of “malingering” the federal government and provoked in many communities a collective suspicion of all disabled veterans’ needs and motives.⁴⁰ Suspicion’s gradual evolution into deep-seated antipathy depleted whatever little public sympathy remained for the disabled veteran, thereby solidifying his status as the social pariah of countless post-war American communities.⁴¹

35. Kinder, *Paying with Their Bodies*, 111.

36. Stagner, *Healing the Soldier*, 268.

37. Carden-Coyne, *Ungrateful Bodies*, 551.

38. Keene, *The American Soldier Experience*, 175.

39. Ortiz, *Rethinking the Bonus March*, 280.

40. Carden-Coyne, *Ungrateful Bodies*, 557.

41. Keene, *The American Soldier Experience*, 178.

Ultimately, however, the public's mounting hostility disenfranchised the disabled veteran not only from his community but also from his own masculinity. Since the Progressive emphasis on economic autonomy valued most of all the ability to earn wages, the disabled veteran's capacity to make a substantial living determined the social legitimacy of his manliness.⁴² As such, many disabled veterans lamented the infeasibility of securing well-paying, specialized careers with their preexisting conditions.⁴³ Besides losing the ability to function in most working environments, disabled soldiers also struggled to come to terms with their "unnatural" appearances, finding themselves embarrassed by their marred physiques and effeminate emotional displays.⁴⁴ Even as many veterans finally acknowledged that their situations necessitated some form of financial and vocational assistance, they nevertheless considered such dependence an emasculating prospect.⁴⁵ Outward cultural criticism therefore only compounded their inward shame, confusion, and insecurity over the inadequacy of their manhood,⁴⁶ and whatever aid they derived from pensions, medications, or prosthetics still left many veterans feeling like shadows of their former selves. Moreover, the veteran's inability to provide for the well-being of his family further aggravated his personal turmoil. Forced to rely on his wife's care as she earned the family income in his stead, the disabled veteran perceived, to his shame and dismay, his diminishing role within the traditional family structure.⁴⁷ Thus, the insurmountable weight of society's Progressive ideals and public censure degraded the disabled American

42. Lansing, *'Salvaging the Manpower of America'*, 41.

43. Kinder, *Paying with Their Bodies*, 122.

44. Michel Roper, "Between the Psyche and the Social: Masculinity, Subjectivity and the First World War Veteran," *The Journal of Men's Studies* no. 3 (2007): 251-270. Academic OneFile, EBSCOhost (510703131).

45. Lansing, *'Salvaging the Manpower of America'*, 42.

46. Kinder, *Paying with Their Bodies*, 129.

47. Lansing, *'Salvaging the Manpower of America'*, 37-42.

veteran at the most “primal” level, causing him to question his basic identity as father, husband, and provider within the family unit.⁴⁸

Based on the evidence presented, one would be hard-pressed to call the American rehabilitation effort a success. Rather, the historical record indicates just the opposite. Though social Progressives and idealistic politicians succeeded in translating their shared vision of veteran reintegration into federal policy, they lost their noble intentions in a mire of bureaucratic complications and defects. Likewise, the American public traded their sympathy for prejudiced resentment and by various social tactics precluded the majority of disabled veterans from re-entering their communities. Whether through legislation, religious condemnation, or employer discrimination, the social rejection exercised by the American populace unsettled the wounded soldier down to his very core, even to challenging his base masculinity. Yet perhaps none were more qualified to judge the nation’s failure to reintegrate disabled veterans than the veterans themselves, and so they did nearly 14 years after the Great War. Taking their plight to the streets during the Great Depression, tens of thousands marched on Washington, D.C., where instead of receiving their much-needed federal bonuses, they met the ultimate rejection. Face to face in conflict with their uniformed brothers, these veterans realized they had become not just a social inconvenience but a national enemy.⁴⁹ Those the United States once welcomed home with open arms now stood at the end of a loaded rifle, and as such, America rendered her promised restoration for disabled veterans inconsequential. As the saying goes, America’s actions toward the disabled First World War veteran spoke far louder than her words.

48. Roper, *Between the Psyche and the Social*, 263.

49. Ortiz, *Rethinking the Bonus March*, 295-296.

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