

*David A. Gerber*

## Introduction: Finding Disabled Veterans in History

Disabled veterans are neglected figures in the histories of war and peace, and the historical scholarship about them at present is fragmentary. There is no synthetic history of disabled veterans. This volume is the only historical collection on the subject. The volume exclusively reflects the histories of large and relatively affluent Western societies, at times with particular emphasis on the United States that reflects both imbalances in the literature and the editor's own specialization. The volume also concentrates upon the experiences of regular armies as opposed, for example, to guerrilla forces. One consequence is that the disabled veteran written about here is always "he," for women have been infrequent and statistically underrepresented participants in Western national armies, and have rarely served in active fighting roles in such forces, though serving with distinction at times in irregular combat forces, such as the World War II antifascist resistance movements. To be sure, women have served in regular armies, mostly as uniformed nurses, and have been injured in combat zones and become disabled while doing so. If the American experience is representative, these disabled women veterans have been seriously neglected by the governments they have served. They have certainly been neglected by historians, whatever their nationality, for there is even less written about their experiences than those of men.<sup>1</sup>

*He*, then, is a man injured or becoming chronically ill while in military service, usually though not necessarily in combat. His military service is often thus foreshortened. Technically, he becomes a veteran only when he leaves the armed forces, but for our purposes we will begin to call him "veteran" from the moment it is clear that he cannot return to active duty, and is headed for civilian life.\* Whether physical or mental, injury or illness may cause permanent impairment or disfigurement, and hence a changed appearance and a partial or complete loss of function and/or earning power and economic self-sufficiency. When especially severe, moreover, disabilities and disfigurements become a particularly significant marker for an individual's or group's social identity and self-understanding.<sup>2</sup> Especially traumatic, visible injuries have tended to become the primary way in which the general population of disabled veterans often seems to have been conceived in the minds of experts, artists, and the general citizenry. In much of the rehabilitation and medical literature about, and the cultural representations of, disabled veterans of the two world wars, we find amputees garnering attention vastly out of proportion to their relatively small numbers, and in effect, becoming representative of all

\*For purposes of convenience, throughout this volume, the authors will continue to contrast veterans with civilians, though the veteran, of course, eventually becomes a civilian. We use civilian to mean those who have not served in armed forces.

disabled veterans.<sup>3</sup> The drama of their injury crowds out everything else about them, and about others, with different, less visible injuries or illnesses.

Awareness of the presence of disabled veterans in Western societies runs continuously, if mostly in muted forms, from ancient texts to the present. But that awareness has greatly grown, alongside the significant growth of their numbers, in the last two centuries, and particularly in the twentieth. The growth in numbers reflects the increasingly massive mobilizations of conscripted citizens by the nation-state to fight modern wars and the increasingly lethal potentialities of modern weaponry. It also reflects both a long, accelerating list of breakthroughs in such areas of general and military medicine as wound ballistics, vascular surgery, anesthesia, infection, and tropical disease, and the creation of systems for the delivery of medical services to frontline troops and for the evacuation of fighting forces to rear positions for intensive treatment.<sup>4</sup> One dramatic consequence of these developments may be seen in the stunning reversal of mortality rates for those men sustaining spinal cord injuries, and hence prone to deadly urinary tract infections, in twentieth-century conflicts. In World War I, only 20 percent of the Canadians and Americans with spinal cord injuries survived to be repatriated in North America; in World War II, largely because of the use of antibiotics, the figure was more than reversed, so that approximately 90 percent survived to return. Of *all* repatriated World War I injured survivors, 61 percent died in hospitals within two months of their return. In contrast, British, Canadian, and American data from World War II showed mortality rates of the repatriated cut to between 2.2 percent and 7.8 percent.<sup>5</sup> Sixty thousand Americans, Canadians and British, it is estimated, survived World War II hospitalization who would have died in World War I.<sup>6</sup>

Our growing awareness of the disabled veteran also results from the greater normalization of his existence. In the distant past, many disabled veterans were pauperized, roleless, and utterly dependent, and they were reduced to street begging, to residence in poorhouses and monasteries, or to thievery, while often also sentimentally lionized in the abstract as heroes. In the twentieth century, disabled veterans became a major project of the modern state, which endowed them with recognition as a group worthy of continuing assistance, and with entitlements in the form of advanced medical care and prosthetics, pension schemes, vocational rehabilitation, and job placement. Alongside this state assistance, activism by disabled veterans in behalf of enhancement of this special provision and of their right to a normalized existence contributed to the nearly complete social reintegration of even the most severely disabled men, such as bilateral limb amputees, the blinded, and those paralyzed by spinal cord injuries.<sup>7</sup>

If the visibility of the disabled generally, and for our purposes disabled veterans specifically, has increased in this century, so, too, has our ability to *see* them—to conceive of the meanings and consequences of disability and to understand the lived experiences of people with disabilities in the context of both war and peace. This conceptual breakthrough has advanced from a number of directions. In the twentieth century, war came to be associated with

bureaucratized and technologized slaughter and large-scale environmental destruction that increasingly found its victims more or less indiscriminately among combatants and civilians alike. As Fussell demonstrated, in the hellish circumstances of trench warfare during World War I men fought desperately to survive, and war failed to retain the romantic haze of heroic values that was perhaps its principal ideological legacy from distant times to the imagination of modern cultures. Soldiers found their courage not in archetypes of good character, but in the desire to avoid displaying humiliating cowardice before their peers.<sup>8</sup> Much more common than the expectation of chivalric behavior has become the understanding of war one finds in the works of psychiatrists from Abram Kardiner to Jonathan Shay and of the neurologist William H. R. Rivers. Their reports on clinical practice document in excruciating detail the devastating psychoneurotic effects of war on the character of those who do the fighting. It is not difficult retrospectively to find these effects throughout history, but in the past they were mixed with the physical problems all soldiers faced from deprivation, disease, and exposure, so the balance of the mental and the physical was unclear. In the twentieth century, armies were healthier and better fed in the field than ever before; thus, the physical has been factored out increasingly, and we are left with war's destruction of the mind. Powerful antiwar implications are also found in the work of the philosopher Elaine Scarry, whose deconstruction of war and its official justifications and avowed purposes makes the case that war ultimately exists solely to create injury to minds and bodies of individuals, and hence, to create victims.<sup>9</sup> Disability and disfigurement are not incidental to war's purposes nor marginal to its effects, but rather, alongside the murder of those killed, the point to begin with. Only in making victims can war achieve its political ends. If we are to understand war, we must come to intellectual, moral, and emotional terms with the disabled veteran.

Changing conceptualizations of disability lead us in the same direction. Beginning in the nineteenth century and accelerating in the early twentieth, disability began to emerge from centuries of understandings based on inchoate combinations of religion, humanitarianism, superstition, and psychic terror. It was increasingly being scientifically conceived according to a medical model, founded on medico-scientific assumptions about pathology and cure. Under the guidance of the medical model, students of disability have come to possess large literatures about therapies and rehabilitation and about the rise and development of public policies to subsidize research about, and to provide varieties of social assistance for, the disabled. Many fewer questions were asked about the identities and experiences of people with disabilities or the ways in which they were culturally understood and socially positioned in daily life by the able-bodied majority. If disability is understood as a transient state pending cure, or alternatively, if permanent, as evidence of the failures of our science, the reluctance to take on this second set of issues is understandable. But as the visibility and longevity of the disabled have steadily grown and their voices have become more insistent, disability has come increasingly to seem normal, if not

necessarily in an absolute statistical sense, certainly in terms of our ordinary expectations of those whom we encounter in daily life and what may happen to any of us, especially as we age. A new, social constructionist model of disability, appropriate in light of this understanding of the normality of disability, has emerged. It analyzes not only (general shifts in cultural understandings and social positioning of the disabled, but also the varieties of self-understandings, social identities, and social groups they have formed.<sup>10</sup> This conception of disability lifts the disabled veteran out of the haze of ideology and technical knowledge by which he has been obscured in the past and gives him a voice in influencing how he is seen. At the least, we become aware that we cannot take for granted that he is represented in what others have said about him, or in the public policies and medical therapies developed in his behalf.

In the context of these understandings, this introduction will proceed, first, to review the current state of our knowledge of the history of disabled veterans in Western societies, as we find it in a wide variety of scholarly, medical, and policy literatures; and second, to introduce the essays themselves. The former discussion is organized along the lines of the categories—*representation, public policy, living with a disability*—by which the essays themselves are grouped in order to assist in effectively contextualizing them. In reality, we may separate these aspects of the disabled veteran's history only for analytical convenience. Meanings that culture and discourse have attached to the disabled veteran have much to do with how he has conceived his identity and how societies and political systems have defined his place. Public policy has shaped cohorts and identities by creating a separate and relatively generous system of benefits. The veterans' own agency in rehabilitation, reintegration, and public activism has influenced public perceptions and policy. Like other group histories, therefore, the disabled veteran's is a densely constructed, ramifying totality.

## Representation

In Western cultures, we find the representation of disabled veterans at the juncture of the discourses of the warrior and of the disabled. Representation of disabled veterans is largely a product of the conflict and the negotiation of these discourses, which lie in a state of constant tension. These tensions begin to assert themselves in the earliest example of the archetype of the disabled veteran we possess: the narrative of Philoctetes, the subject of Martha Edwards's essay in this volume. The root of these tensions lies in gendered assumptions about manhood. On the one hand, the warrior may be valorized as a symbol of masculine honor; on the other, pity and fear, the common emotions associated with our response to disability, serve to subvert honor and infantilize and feminize the male.

The ideal traits of the warrior have been steeped in ideas of *masculine* honor, because war is the archetypal male experience, forming one of the borders of male and female. While the warrior's character traits of courage, toughness, endurance, and a capacity for action have been fairly stable

throughout the centuries, the grounds have shifted for identifying sources of heroism. Chivalric values found heroism in the character inherent in a good man, who is fearless because he is noble. Postheroic assumptions associated with modern warfare find them in a peer group code of behavior that valorizes the individual's ability to respond effectively in war by doing a *job* in the face of fear, which is acknowledged to be inevitable. The measure of the individual lies in self-control, not in an honorable character.<sup>11</sup>

Injury and disability incurred in war have frequently been seen as, in Crane's ironically intended phrase, the "red badge of courage" of a warrior engaged in a cause worthy of his sacrifice. Though governments in wartime have sometimes been divided about allowing civilians to learn about the extent of death and traumatic injury experienced by fighting men in the belief that such knowledge was bad for morale,<sup>12</sup> the disabled veteran as warrior hero has served as a particularly potent symbol for inspiring war efforts. As Dunham notes, in Soviet World War II literature, he evokes gratitude, generosity, and guilt in civilians, and inspires the capacity for dedication and self sacrifice. When war ends, however, and memories of it begin to fade in the general desire to return to a normal peacetime existence, the warrior hero gradually loses his luster and is reduced in stature to a beleaguered disabled man, whose needs may be perceived as an inconvenience.<sup>13</sup> Thus, the generosity his government and the public showed him in the way of preferential public employment, pensions, vocational rehabilitation, prostheses, and education begins to recede. As we shall see in the next section, this is what took place in a number of nations in the two decades after World War I, when governments found themselves needing to check the growth of the numbers of men receiving pensions and other assistance, or actually to retrench expenses because of massive war debts, the postwar recession, and the depression of the 1930s.<sup>14</sup>

As a disabled man, then, the veteran comes to be seen increasingly not as a warrior, but through the images by which people with disabilities have been conceived. As a number of writers have argued, impairments and illnesses have no meanings in and of themselves.<sup>15</sup> A disability incurred in adulthood takes a great deal of getting used to, but ultimately may well become a banal, if inconvenient, fact of life. But it is hardly a trivial fact of life, for culture has endowed disability with a broad range of symbolic meanings, so that, as Martin Norden has observed of movies featuring disabled characters, people with real disabilities cannot see themselves reflected in representations of disability that are ostensibly about their lives.<sup>16</sup>

In Western cultures, pity and fear are responses to disability and to the disabled veteran that are continuous over many centuries. They also overdetermine the use of disability as a dramatic device, for pity and fear have great representational value, as Aristotle observed in identifying them as the tragic emotions most likely to cause dramatic catharsis. They are evoked in the Philoctetes narrative, but they are a staple two millennia later of cinematic and novelistic treatments of disabled civilians and veterans.<sup>17</sup> They are protean responses, for they take a number of different forms and may be employed to suggest

a variety of traits in a disabled character. Disabled characters may evoke fear because they are made to be demonic, or because prejudice leads them to be misunderstood, or because disability itself makes us insecure about our own body integrity. They may evoke pity for their dependence, or for their heroic efforts against great odds to be independent. But pity and fear are distinctive enough to contrast with responses to veterans' disabilities in at least some non Western cultures. As the anthropologist Lindsay French discovered among the large population of Cambodian amputees who were members of guerrilla and resistance armies living in refugee camps in the 1980s and early 1990s, aversive meanings given to missing limbs were conceived within the framework of Theravada Buddhism. Amputations implied degradation, worthlessness, and weakness and presaged "a hopelessly degraded karmic destiny," throughout the cycle of the individual's continuous reincarnation.<sup>18</sup>

In contrast, fear, and the closely allied emotion, anxiety, are the products of several different perceptions rooted in abiding and overdetermined Western concerns. Physically and mentally impaired people have suggested both sinfulness and deformity of the soul and loss of moral and practical autonomy. One or the other account for the impaired individual as, alternately, revengeful, bitter, and self absorbed; dependent, irresponsible, and parasitical; or monstrous, as in the long line of demented, demonic, and depraved fictional creations, such as Quasimodo and the Phantom of the Opera.<sup>19</sup> Neuropsychiatric disability also raises more immediate fears, for it is associated with a direct physical threat to the observer and to society. Though Americans associate the enraged, antisocial, unpredictable madman possessing advanced weapons training with Vietnam War veterans suffering from post traumatic stress disorder,<sup>20</sup> in fact, societies have long been haunted by fears of the violent potential of veterans with unpredictable mental states. Two of the earliest domiciliary institutions established for the care of aged and disabled veterans, France's Hôtel des Invalides (1633) and Britain's Chelsea Hospital (1685), were founded in part to remove from the streets just such men, who, by the definitions of their time, were considered unstable. Impoverished as they mostly were, they turned to begging, picking pockets, and violent thievery,<sup>21</sup> Novels produced out of the experience of the two world wars, such as Eric Maria Remarque's *The Road Back* (1931) and Merle Miller's *That Winter* (1948), feature an unstable veteran with a potential for violence, who suffers lasting mental and emotional problems, sometimes alongside physical impairments, because of war and ends up taking his own life or someone else's.<sup>22</sup>

Pity (and self pity, too) result from the perception that people with disabilities are innocent sufferers: in the case of veterans conscripted into armies, men injured through no fault of their own, and made thus to experience pain, a loss of autonomy, and exile from the community of the able-bodied, just as Philoctetes suffered physical exile on his lonely island.<sup>23</sup> While the impulse to feel kindly, if excessive, sympathy for the disabled veteran may be quite understandable, it frequently has been publicly manipulated for instrumental purposes, thus popularizing pity. Twentieth century veterans' organizations, such

as the American Legion and a broad array of World War I era German groups, learned the ease with which a democratic polity may be manipulated through the potent, guilt inducing symbolism of badly wounded men, especially when backed by powerful veterans' lobbies and block voting. When confronted by legislative delay in approving entitlements for the general, able bodied veterans' population, the American Legion brought greatly disabled men from nearby Walter Reed Army Hospital to lobby Congress in the 1920s.<sup>24</sup> During World War II, it used a well orchestrated campaign of journalistic reports and biting newspaper cartoons highlighting the neglect of disabled veterans, to win congressional adherents to support passage of the G.I. Bill of Rights, which also dealt with the general veterans' population.<sup>25</sup> Governments, too, as in Britain, utilized the same symbolism in parades of disabled veterans during wartime to inspire enlistments, and in postwar commemorations, such as France's 1919 Festival of Victory, to orchestrate national celebration and to maintain wartime levels of political loyalty. Disabled warrior heroes could easily be transformed into "poster boys" for various political agendas.<sup>26</sup>

Pity, however, has not gone unchallenged. During World War I the idea of aggressive normalization through physical restoration and vocational training spread among all of the major belligerents. By the war's final year, it came to constitute a counterdiscourse to traditional ways of conceiving of disabled veterans' postwar prospects, for it insisted that every effort be made to return disabled veterans to the community and to the workforce. All that stood between the disabled veteran and self sufficiency, it was said, was the pitying attitude that led his loved ones and well meaning civilians to infantilize him and the self pity that allowed him to accept a life as a recipient of charity.<sup>27</sup> While the practical achievements of this new program were quite uneven from one country to another, its message was conveyed in imaginative ways that extended the representation of disabled veterans. Advertising and published testimonials for prosthetics for disabled veterans were not new: lithographic images of active men with new prosthetic arms and legs burgeoned in the post Civil War American press. Surveys of the rehabilitation of European disabled veterans from the World War I era now contained stunning photographs of handless men who had been fitted with efficient prosthetic metal hooks, which were much less masking of amputation than their Civil War era precursors, and were portrayed at work in factories, farmyards, and offices.<sup>28</sup> Out of these pictorial roots, in World War II the U.S. Army narrative training films, *Meet McGonegal* (1943) and *Diary of a Sergeant* (1945), both of which dealt with the rehabilitation of bilateral hand amputees and featured handless men telling their stories, developed their own visual style, which focused on the extent to which prosthetics geared to function rather than to aesthetics enabled a man to do just about anything. The effect is that of watching magicians perform tricks.<sup>29</sup> Post World War II Hollywood movies, such as *The Best Years of Our Lives* (1946), about which I myself write in this volume, *The Men* (1950), and *Bright Victory* (1951), absorbed some of these conventions, and alongside the melodramatic narrative plot featured segments that were veritable adver-

tisements for rehabilitation and demonstrated how assistive technologies and prostheses normalized the lives of blinded and paralyzed veterans and amputees.<sup>30</sup> That powerful shaper of Western consciousness, the American movie industry, would function throughout the twentieth century as a key purveyor of images of people with disabilities, including disabled veterans, about whom a narrative was created that seems, as we shall now see, particularly fitted for treatment as mass entertainment.

Pity, like fear, however, would never disappear, for it has been too deeply embedded in the reaction of the able bodied to disability. Indeed, pity often is particularly prominent in the representation of the disabled veteran, and the public sentimentalizing of his losses, as in the controversial 1920 British film *Lest We Forget*, seems to mix effortlessly with patriotic and national feeling in the memory of war. Why should loss and pity be so prominent a feature of this representation, especially when the disabled veteran has also been conceived within the representational field of the warrior hero? The reason perhaps may be found in the crisis of gender that war and disability have created for men. As a number of feminist writers have explained, traditional war has upset the normal balance of gender expectations.<sup>31</sup> Men, who are supposed to behave courageously and show toughness in war, have been potentially feminized to the extent they may find themselves unable to live up to these expectations. Women have come to take over responsibilities at home, in the workplace, and in society that have been vacated by men serving in the armed forces. When injured or ill, and ultimately disabled, the male veteran moved further on the road toward compromised masculinity. He was not only unable to do his part in the war effort, but he became, at least for a time, dependent on a variety of institutions and individuals in the fulfillment of life's most elementary tasks.<sup>32</sup> In a telling example of the ways in which disabled men are instantly reduced in the terms of conventional masculinity under such circumstances, both Koven and Bourke have demonstrated the potentially infantilizing effects on World War I British disabled veterans, who during the war shared treatment facilities, specialists, and assigned relationships with similarly disabled boys. Even the name of the principal organization, the Guild of the Brave Poor Things, that assisted these boys in peacetime was for a time retained, while it transformed its mission increasingly to the rehabilitation of adult disabled veterans. Only the strenuous objection of wounded men caused the guild to change its name to the Guild of the Handicapped.<sup>33</sup> The potential for infantilization of seriously injured men or women alike is implicit in hospitalization and rehabilitation, because they cannot care for themselves. If also smothered with pity and love, patronized and spoiled by family and caregivers, a man may in the gendered terms of culture be feminized if he exhibits indecision, weakness, passivity, and dependence.

That so many of those caring for him are women, whom he comes to depend on for the fulfillment of his basic needs and to whom he appears to lose authority, creates a psychological situation easily conceived as fraught with the Oedipal tensions that form one of the founding narratives of Western cultures,

and that are the basis for the Freudian understanding of manhood. In examining the fragility of male identity and his own identity as a severely disabled man, the anthropologist Robert Murphy explained that in Freud's terms boys "are forced to lose the mother as both love object and model," in order to fulfill the cultural expectations for manhood, but that the male's "grasp of masculinity is threatened continually by the urge to fall back into her folds, to reverse our hard won autonomy, and relapse into dependent passivity."<sup>34</sup> While the disabled veteran's goal in this situation is to reclaim his masculinity from the forces that feminize him, a woman's is more ambiguous, for she must help him succeed at his project, thus subverting her own claims to the newfound equality she has gained in wartime, in his absence.<sup>35</sup>

Much twentieth century representation of disabled veterans has been placed within narratives whose emplotment variously follows the outlines of such Oedipal drama. In novels such as Ernest Hemingway's *A Farewell to Arms* and Hollywood movies such as *Pride of the Marines* (1945), disabled veterans with compromised manhood because of injury or illness are rescued by a female savior, in the form of nurse, wife, or girlfriend, who functions simultaneously as both Mother and nurturer and mistress and sex object. In such dramas, the responsible woman's role is to coax and to manipulate the man into becoming "his old self" again, or in Jeffords's phrase, *remasculinized*. At the center of these dramas, however, are not such day to day aspects of living with a disability as mobility, accessibility, or work, but instead symbolic male dominance and heterosexual intimacy. Reclaiming manhood is thus conceived within the framework of a melodrama in which men and women ultimately sort themselves out by conventional gendered categories in their emotional and sexual relationship.<sup>36</sup> This project may also be tied symbolically, as it is in *The Best Years of Our Lives* and *Pride of the Marines*, to ensuring national vigor and power, which are made to seem dependent on the health of conventional masculinity and femininity.<sup>37</sup> Such dramas begin with realistic subject matter war, homecoming, heterosexual relationships, marriage, and disability but in abstracting disability out of its larger social context and centering it exclusively in the melodrama of heterosexual romance, they lose their pretense to realism. It is certainly true, as the testimonies in Wolfe's collection of World War II disabled veterans' narratives suggest, that there were disabled veterans who found a source of strength in relationships with a generous, selfsacrificing woman. But there were many roads to rehabilitation and reintegration, and a consummated romance hardly resolved all of the challenges those fortunate enough to find it faced. Indeed, it created its own ongoing challenges for these couples. These narratives may be recognizable as cultural products reworking ancient themes, but they are not necessarily artifacts of daily life that can serve to help us understand disability. For this reason, it is well that, as Martin Norden observes here in his essay and elsewhere, the use of the Oedipal narrative has begun to play itself out in Hollywood movies featuring disabled veterans in favor, in films such as *Coming Home* (1978) and *Born on the Fourth of July* (1989), of more complex characters, more fluid gender roles, and a somewhat broader

conceptualization of disability. The British novelist Pat Barker has achieved the same goals in her *PowerEd* trilogy featuring neuropsychiatric casualties of World War I. Stereotypes ultimately dependent on pity and fear remain; but under the influence of changing roles for both women and people with disabilities as well as feminist and disability criticism, the representational field has widened in the last quarter century.<sup>38</sup>

## Public Policy

Most Western societies historically have had at least two parallel tracks for providing assistance to those construed to be in need, one for veterans and another for the general civilian population. The former is not only older than the latter, but has been governed by different principles and rules and has been more generous in its provisions. The veterans' provision itself has not been a single entity. Though assistance for both groups has been governed by a common justification, disabled and able bodied veterans have not been provided for equally. Disabled veterans consistently have been dealt with even more generously than able bodied veterans and indeed than perhaps any other cohort in society, including the civilian disabled.<sup>39</sup>

The liberality of the veterans' provision results from the belief, widely articulated in seventeenth century England and during the French Revolution and the American Civil War and universally accepted in the twentieth century, that assistance to veterans should not be charity or "welfare," in the sense that contemporary term is used to connote aid grudgingly provided those popularly considered the unworthy poor. It is instead a reward for, and implicitly an incentive to inspire, service. In the case of disabled veterans, it is also a repayment for especially significant personal sacrifice. It is earned assistance and a right of citizens. It has historically been provided mostly to disabled veterans. But increasingly in the twentieth century in modern, mass democracies, it has been given generously to all veterans, independent of the recipient's age and whether or not he is sufficiently selfsupporting to pay for the medical care, prosthetics, vocational training, and general education that governments have continued to supply veterans long after their military service has ended. The provision for disabled civilians eventually grew, too, in the twentieth century, but the gap has never closed between disabled veterans and disabled civilians.<sup>40</sup>

In contrast to social provisioning for the poor, even when assistance to veterans is means tested, it has come to be governed by understandings that the dignity of those to whom it is given must be preserved and that their provision is an entitlement.<sup>41</sup> Of course, to the extent that such public assistance to disabled veterans has been administered by impersonal bureaucratic processes and subject to the fiscal vagaries of the modern state, such understandings at times have been violated in practice. Nonetheless, the desire to treat disabled veterans as a favored class has had real and important consequences. One has only to contrast such historical institutional arrangements for assisting the poor as poorhouses, with domiciliary institutions, such as the *Hôtel des*

*Invalides*, Chelsea Hospital, and the various branches of the National Home, which was created after the American Civil War, that have housed disabled and aged veterans who are homeless, indigent, or lack family support. (Poorhouses also took in the civilian disabled to the extent they were often also impoverished.) In order to discourage dependence, the poorhouse was a place intentionally bleak and uninviting, where work was compulsory and little more than drudgery, and the diet was monotonous and barely adequate. Though often characterized by the type of regimentation deemed necessary to control large numbers of single adult men, and sometimes, as at the *Hôtel des Invalides* under both the Bourbons and Napoleon, by differential levels of service to officers and regular troops, domiciliary institutions have offered clean, commodious accommodations and good food in a setting that aspired to be homelike and even aesthetic. They provided the opportunity for work, but did not always require it, and sometimes made education available. Men resident in them were usually given free medical care, pocket money, and the freedom to leave the grounds to shop, to seek entertainment, and to visit.<sup>42</sup>

The boundaries of civilian and veterans assistance have been well patrolled by governments both friendly to the veteran and eager to contain costs by limiting especially generous assistance only to them. They have also been patrolled by veterans themselves through their veterans advancement organizations, which have worked to ensure that the assistance given to their members was always construed as an entitlement, expanded or at least not cut, and mixed as little as possible with the civilian welfare system. Disabled veterans have belonged to and been represented in dealings with government by both general veterans organizations and organizations defined by a single disability, or uniting veterans across the lines of injury and illness. But whatever the exact composition of their organizations, veterans have been especially successful in achieving these goals in modern mass democracies, such as Australia and the United States, under three conditions: when they have been able to attain recognition as voting blocs and as lobbies; when they have found backing in influential sectors of civilian society, especially the mass media; and when their leaders and organizations have been brought into government or formed alliances with governments to consult on or actually to administer veterans programs. Veterans organizations of this type aspire to develop long term client relations with the state, and define themselves less along the right left ideological continuum than single mindedly in terms of the economic interest of their members.<sup>43</sup>

Few groups in the twentieth century have succeeded in attracting expressions of gratitude and entitlement from political leaders and conserving as generous a social provision as disabled veterans. Governments of every type have appeared fearful of the bad impression made by retrenchments of programs to assist disabled veterans, though such retrenchments have been necessary during periods of fiscal difficulties, and they have been eager to appear to be a patron of the disabled veteran. Moreover, governments of all types, democratic and totalitarian, have been eager to exploit the symbolism of the disabled veteran to win legitimacy and public loyalty for the state. Attaining power in

the midst of the Depression and soon dedicated to the expensive project of rearmament, the Nazi regime could do little more than its predecessor, the crisis ridden Weimar Republic, to raise pension rates for the average disabled veteran. Indeed, the regime's pension rates were kept low enough to force men back into the labor market, and its administration of pensions was just as impersonal and cost conscious as the Republic's. But the Nazis engaged in incessant propaganda extolling disabled veterans and in extravagant symbolic gestures, such as creating new military decorations for them.<sup>44</sup>

A comparison of the position in relation to the state of disabled veterans and disabled civilians, even those injured in industrial accidents doing war work, also establishes the privileged position of disabled veterans. The two groups have rarely been treated as representing one project in establishing provisions for assistance, whether in the liberal capitalist democracies or the former Soviet Union, where disabled veterans, especially of World War II, enjoyed an especially wide range of extraordinary privileges not enjoyed by others with or without disabilities. While they increasingly had the benefit of their own programs in the twentieth century, disabled civilians were usually shut out of opportunities to share in the better funded and more broadly conceived programs created for the care, maintenance, rehabilitation, and retraining of disabled veterans. Indeed the benefits to the civilian disabled from programs to assist disabled veterans mostly have been indirect, through research, example, and the cumulative experience of medical or therapeutic practice, and they have only been gradually applied to civilians. Yet we should not underestimate these indirect gains, especially for the twentieth century, when the status of the civilian disabled greatly improved. War, as Steven A. Holmes has observed, is "the most efficient means for creating disabled people," and in ways we may only speculate on (to the extent they have never been systematically studied), the existence of a growing, if separate, disabled veterans population, demanding rights, assistance, and group recognition, has no doubt influenced the position of all the disabled.<sup>45</sup>

Rare has been a process such as we may observe in Canada at the end of World War II, where the significant, federally subsidized strides made in the rehabilitation of spinal cord injured veterans were within a few years directly applied to the civilian population. Rarer still, this development may largely be attributed to the work of the veteran founded Canadian Paraplegics Association, which not only opened its membership to spinal cord injured civilians, but broadened its agenda to include their needs and worked successfully to gain access for them to rehabilitation facilities created for paralyzed veterans.<sup>46</sup> In contrast, we find the more typical Paralyzed Veterans Association in the United States, which did not include civilians nor broaden its work to assist civilians with spinal cord injuries.<sup>47</sup> Disabled veterans' organizations defining themselves in the client mode, especially those defined by a single disability, have not typically made common cause with either civilian organizations or other veterans organizations.

Those not defined by a single disability, however, have a more complex

political history, especially when moved by ideology as well as the quest for benefits. Both German and Austrian disabled veterans organizations in the twentieth century did include civilian war victims, including not only injured civilians, but the wives and children of men killed in service. This pattern is explained partly by the fact that activism within this framework, especially after World War I, stressed political solidarity as well as benefits, while in contrast the client type organization limited itself to benefits and defined its political alliances expediently. The politics of the latter orientation was evident, for example, in France in the 1920s, when disabled veterans organizations worked successfully for pension reform and usually eschewed ideological politics, while the general veterans organizations deeply divided along ideological lines. This self interested style of politics is also clear in the behavior in 1944 of the Disabled Veterans of America, which usually cooperated in the quest for benefits with the organizations representing the general body of veterans, but opposed the G.I. Bill of Rights, which the latter sought, in fear that the more resources provided for the general veterans population, the less there would be for disabled veterans.<sup>49</sup>

Except perhaps when war touched the home front directly, exacting tremendous sacrifices from civilians, and incentives have been required to achieve solidarity and raise civilian morale, governments have rarely sought to dismantle any of these boundaries.<sup>50</sup> When they have done so outside these circumstances, even otherwise effective political leadership has failed. Consider these two contrasting examples. Because British industrial and farm workers during World War II were drafted into their jobs and subject to injury not only in war work but like other civilians in bombing raids, the extension of the same vocational rehabilitation programs to them as were created for disabled veterans seemed just to both planners and the general population, especially in the context of Britain's emerging postwar social democratic mood.<sup>51</sup> In contrast, in a context with a safe home front and a much more conservative political center of gravity, Franklin Roosevelt's support in 1943 for the creation of one common system of vocational rehabilitation for both civilians and veterans failed before an alliance of veterans organizations and pro veteran, anti New Deal majorities in Congress.<sup>52</sup>

In no area of the history of the disabled veteran has more been written than public policy. Only a brief sketch, focusing on the development of concepts and models accreted over time, may be accomplished here. What we are able to draw from such an exercise is an understanding of the extent to which during World War I a conceptual unity in the approach of most Western states to disabled veterans was achieved. Though subject to finetuning based on specific national circumstances, this approach has provided the framework for state disabled veterans policy since that time. What we cannot analyze in depth here, because it is a vast subject in itself; is the extent to which states with veterans' provisions, as analysts such as Skocpol and Geyer have suggested and Robert Goler and Michael Rhode describe in this volume, have developed expertise in the exercise of some of their most significant modern state building

functions — record keeping; sorting, control, surveillance, and discipline of individual citizens; indexing needs of groups in the population; and maintenance of large, permanent bureaucratic agencies — through the creation and administration of veterans and particularly disabled veterans policy. This development is understandable in light of the age, scope, and scale of programs for disabled veterans, relative to those for civilians, and of the extent to which governments confronting veterans' issues and evolving welfare states at the same points in time borrowed programmatic concepts and strategies from one another. We must keep in mind that disabled veterans programs have provided policy and administrative contexts for the rise of the modern welfare state.<sup>53</sup>

The veterans' provision is an ancient and continuous feature of Western societies that has achieved its more developed forms where states are strong and have raised mass armies. Thus, we may assume that the ancient Greek state, which may have provided some form of assistance for indigent veterans disabled in battle, and Romans, who developed their finest medical care for treatment of soldiers and gave land to veterans, probably were more consistent and generous in the maintenance of their veterans than medieval Europe's feudal lords, who raised tenant based armies in the context of weak states. The military lords provided mostly for their commanders, while the ordinary disabled veteran might at best end up a humble lay brother in a monastery to be looked after by monks.<sup>54</sup> It is in the early modern era with the rise of the newly consolidated nation states of Europe, headed by ambitious, state building monarchs, that the roots of the modern disabled veterans provision are to be found in such state subsidized initiatives as Chelsea Hospital and the Hôtel des Invalides and in the pensions schemes, such as the centralized system in France and the county based system in Britain.<sup>55</sup> As long as armies remained small and episodically raised, these initiatives were not particularly systematic nor wide ranging in their scope nor in the number of men to whom assistance was provided, and in France they were interlarded with royal patronage and aristocratic privilege. The rise of mass, at times conscripted, armies and increasingly democratic regimes, from the late eighteenth century on, necessitated more ambitious initiatives, especially in the United States, France, Prussia (and eventually Germany), and Britain and its neo European, settler based colonies. Nineteenth century European pensions were small and preserved significant distinctions between officers and regular troops in rates of compensation. Britain and its colonies developed pension schemes depending on private subscriptions and administration.<sup>56</sup>

Though some elements of the program were prefigured in England in the seventeenth century and in France in the late eighteenth and early nineteenth centuries, as Geoffrey Hudson and Isser Woloch demonstrate in their contributions, only in the United States after the Civil War do we see the rise simultaneously, before World War I, of many of the features that would come to characterize the modern disabled veterans provision. These were a network of publicly funded domiciliary institutions, free prosthetics for amputees, preference in state and federal government hiring, land grants, and a massive pen-

sion system, for men who had fought for the North. Suffering the role of a conquered people, Southerners were provided for not by the federal government they had rebelled against, but, much less ambitiously, by Southern state governments. The essays in this volume by Ethel Dunn, R. B. Rosenberg, and Gregory Weeks variously show that disabled veterans on the losing side in war often found even the most well meaning governments under which they lived hindered in their effort to be of assistance by the economic, political, and moral consequences of defeat.<sup>57</sup>

Borrowing a feature from the much studied French pension system, which was codified in 1831, the American federal system established rates on the basis of the nature and degree of physical injury. (It covered disability due to disease as well.) Along with Continental schemes, the American preserved a distinction between officers and regular troops in adjusting the size of pensions, but the rates attached by subsequent legislation to specific disabilities and the conditions arising out of them soon grew so variable and complex that the ordinary veteran, with the help of a doctor's testimony, easily might surpass the base rate. Such legislative tinkering is evidence of the extent to which the American system, in contrast to Continental ones at the time, was politicized. State subsidized pension systems on the Continent in the nineteenth century were removed from popular politics, and largely in the control of central bureaucracies unresponsive to popular pressures. In consequence, rates were low, and many needy men were neglected. In the United States, popular political pressures in the late nineteenth century, resulting from a competitive electoral politics that thrust the veterans' vote into a position of importance in national and northern state elections and gave enormous political authority to the largest veterans organization, the Grand Army of the Republic, led to the enormous expansion of the population base of the American pension system. By 1893 over a million men were receiving pensions totaling \$150,000,000 a year, fully 38 percent of the entire federal budget. Legislation in 1890 and 1906 extended the pension system further so that it became, in effect, an old age pension available to any man age 62 or over who had served in the federal armed forces during the Civil War and made a representation that he was too infirm or feeble to work. By 1910, the American pension system, which thus had been transformed from a disability pension to a service pension scheme, was benefiting 28 percent of all Americans 6 or over. By World War I, the United States had spent \$5,000,000,000 on military pensions since the founding of the Republic, the majority on Civil War pensions.<sup>58</sup>

This detail is significant because the fate of the American disability pension system would provide a negative reference point in the planning of World War I disabled veterans' benefits. It was notorious not only in the United States, but elsewhere as well. It came to epitomize what the Germans called *rentenhysterie* (pension psychosis), that is, the fixation of the disabled veteran and his organizations on compensation to the exclusion of all other issues and of thinking about rebuilding productive lives.<sup>59</sup>

The desire to produce schemes as generous in their multiple goals as the



American system while avoiding the excesses that gave rise to pension psychosis in the masses of conscripted troops combined with fiscal conservatism, nationalism, the modern conservation and efficiency ethic, and a shortage of industrial labor during the war to produce a different programmatic emphasis among the belligerents on both sides of the fighting during World War I, even as they implemented other aspects of the American system. The scale of the problem, the most obvious challenge of the World War I experience, seemed to demand new ideas. Governments had never faced the task of human restoration in such dimensions. By April 1915, only eight months after the 50-month-long war had begun, Britain witnessed the return from the front of some 3,000 disabled men a month. In total, 752,000 British men were left permanently disabled, a severe challenge to the laissez-faire methods by which Britain in recent times had dealt with the disabled soldier. By war's end, over 4,000,000 Germans had been wounded and survived, and some 1,537,000 German veterans were categorized as disabled. In France in that year, just over a million veterans were counted as sick or injured due to the war. In 1920, 70,000 Canadians and 200,000 Americans were disabled because of the conflict, significant numbers relative to the population size of Canada and the brief period the United States had been a combatant.<sup>60</sup> It was recognized during the war itself that human needs that might approach this magnitude required systematic, well funded, and highly organized efforts. But careful planning and smoothly coordinated efforts were not possible amid such escalating numbers.

Though national variations in implementation and administration existed, the conceptual unity in the belligerents' approach began, as Jeffrey Reznick shows in the British case in his essay here, with a consensus around the goals of as complete a physical restoration of the individual as possible and aggressive socioeconomic normalization. These goals could profit the nation, and they were good for the individual. Assistance to them was conceived as a *right*, an entitlement that the veteran had earned through sacrifice, a belief shared among all the Continental belligerents of 1914-18. Another feature of this consensus was the view that normalization depended on the state's and cooperating private organizations' approaching the disabled man with practical programs that encouraged him to become selfsupporting. The medical phase of treatment should be accompanied by occupational as well as physical therapy to accustom him to doing useful activities while gaining strength and agility. Even before completing medical treatment, injured men might be put to performing useful industrial work. The most complete physical restoration possible must have its complement in social and economic restoration, an argument recently advanced by civilian rehabilitation specialists, who had begun in the decades before the war to apply these ideas to disabled children and civilian victims of industrial accidents in Britain, Belgium, France, and Germany. The United States had just made a national commitment to do the same in legislation passed only months before it entered the war. Opportunities should be presented to the disabled veteran for vocational rehabilitation geared to what he might do in spite of the losses he had sustained. A man's

work options should be fitted not only to his physical condition, but also to his prior occupation and class origins and to such aspects of the larger social and economic context as local job markets in the place from which he had come. Analogous arrangements were to be created to assist neuropsychiatric casualties and those suffering from chronic illnesses, the most common of which was tuberculosis. Pension systems, prosthetics that were free and emphasized function over aesthetics in the case of artificial limbs, preference in government employment, and subsidized medical care were promised, not as a substitute for, but as an aid to, normalization and as a reward.<sup>61</sup>

In working out the fine points of this program, states confronted a variety of questions, which they often resolved differently. Those questions touching upon pensions had been raised before, though the scale of need was, of course, never as great, but those touching upon state assistance in social reintegration were new. How were pension claims to be authenticated to make sure that injuries and illnesses were actually incurred in the line of duty, a matter that assumed considerable importance when men claimed service-connected medical conditions long after they left the armed forces? Should there be distinctions between officers and enlisted men in pension rates? Should pensions be geared to compensation for injury or to loss of earning potential? If the latter, would it serve as a disincentive for men to rehabilitate themselves in fear that they would lose their pensions as they improved their employment? Should disability or illness incurred in home service or far behind the lines be dealt with as generously in pension compensation as in cases in which they were incurred at the front? Should men be given a choice about whether to undertake vocational rehabilitation, and, if they chose, allowed to go home after leaving the hospital? Should men be kept under military discipline, and hence controlled, while being vocationally rehabilitated to make sure that they fully availed themselves of the opportunity? Should vocational training be combined with remedial or other education? Was the purpose of all of these restoration efforts to return a man to the exact same position he was in before the war, or to enable him to improve upon that position? What was to be the proper mix of public and private and local, regional, and national initiatives and obligations to ensure the efficient and cost-effective delivery of services? Should pension decisions be made at the local level, where boards were likely to be sympathetic of a neighbor, relative, or friend, or at the regional or national level, where officials might attain greater objectivity, if at the cost of cold and impersonal administration? What role would the veterans themselves have in administering these programs?<sup>62</sup>

The range of responses to these questions is impressive. Italy, Belgium, and Germany kept men under military discipline during rehabilitation, but the United States, Britain, and France did not. Italy, the United States, Canada, New Zealand, Belgium, and Australia opted for centralized administration of vocational rehabilitation. Britain established a combination of national, regional, and local administration that nonetheless attempted to leave as much as possible in the hands of private agencies and employers acting on a voluntary

basis. Imperial Germany, which was able to build upon the world's most well developed, prewar infrastructure of services for the civilian disabled, did some of the most distinguished work of physical and social restoration. A bureaucratized, authoritarian, but cost-conscious regime, it depended on both existing and newly created private agencies for rehabilitation. Its democratic successor, the Weimar Republic, however, passed strong quota legislation providing for the opening of public and private employment to disabled veterans, just as did Italy—in contrast to Britain, where quota legislation that was poorly enforced had little impact on the employment of disabled veterans. The United States continued its tradition of informally maintaining similar pension rates for officers and enlisted men, but Germany, Britain, Australia, and Canada did not, though the inequalities varied greatly from one country to the other. Hoping to use the opportunity to improve the cultural standard of the southern peasantry and to further national integration as well as impart modern job skills, Italy combined vocational and literacy training. The Germans and French envisioned returning men to their former station in life. The United States allowed men to seek advanced academic education in the pursuit of improving theirs. In the belief it would do few of them any lasting benefit, Canada considered impractical the return to school for men who seemed to wish to advance themselves beyond their prewar social position.<sup>63</sup>

Intentions were good, but as Deborah Cohen establishes in her essay here on Britain and Germany, the results were often disappointing. To be sure, many individuals were helped, but many others were not assisted as much as they required or at all. From the start of the postwar era, varying combinations of war debt, badly damaged economic infrastructure, fiscal uncertainty, and recession set funding limits for pension schemes in Canada, Britain, and, of course, in defeated Germany, which also had to pay reparations to the victors. Private employers in France, Britain, and Canada proved reluctant to hire disabled workers, fearing that they would be unproductive and that they presented a serious liability problem. Efforts to assist neuropsychiatric casualties were marred by the belief that such men were shirkers or psychotic. Fraud, corruption, bad timing, and incompetence in administration haunted the elaborate American program, with its pension plan, life insurance scheme, hospital system, and rehabilitation programs. Vocational rehabilitation ended too soon to profit all of the men who could have made use of it in the United States, while in Europe men were often trained for old-fashioned village trades that had little future. And to everywhere veterans complained of insensitive, indifferent, or hostile pension office bureaucrats, who rarely came from their own ranks. Civil servants sometimes treated them like beggars and frauds, created protracted procedural muddles, and arbitrarily reevaluated individual cases. Reevaluations could leave them with even less support, but, as in Canada and Germany, such decisions were difficult or impossible to appeal.<sup>64</sup> The 1930s depression led to cuts in pensions in Australia, Britain, France, and Germany. This did not occur in the United States. Roosevelt lost a battle to cut pension benefits that by 1934, in the American tradition, had again escalated dramati-

cally beyond the original core of war disabled men, because the definition of service connection had been progressively widened by Congress. Nor did it take place in Canada, where much had already been done to clear the pension roles of marginal and illegitimate cases.<sup>65</sup>

During the balance of the century public policy sought to improve and to elaborate upon, rather than to find a substitute for, this program. Britain, France, and the United States discovered the hold of this model on the public mind in their efforts to reconstruct Germany after 1945. In order to combat militarism, at first they insisted that there be no separate benefit system for disabled veterans, whose needs the occupiers assimilated into the civilian disability system. This was, of course, the opposite approach from that developing in the Allied countries, in which imposing institutional structures, none more so than the massive Veterans Administration in the United States, had taken form between the wars to assist veterans, disabled and able-bodied alike. The policy was so unpopular among the Germans that it threatened to hinder efforts to win over the population in the emerging rivalry with the Soviet Union, and was gradually compromised. When Germans in the Western zone were allowed self government in 1949, the first important task the new government accomplished was the reconstruction of much of the veteran benefits program of the Weimar Republic.<sup>66</sup>

The principal challenge that the improvement of the World War I program was seen to pose was finding ways to provide quality services, humanely administered to large numbers of needy and deserving men, while containing costs, especially *long-term* costs. It was accepted increasingly, as Neary has observed about Canada, that a heavy short term investment was needed if long term dependency was to be avoided. One innovation was bringing disabled veterans and their organizations into the process of administering and planning programs that affected the welfare of the military disabled in the belief they could get the job done both efficiently and compassionately. Canadian disabled veterans of World War I came during World War II to head the relevant principal agencies and to assist in planning for the provision of postwar services. Founded after World War I, Canadian organizations for the blinded, the hearing impaired veterans, and amputees during World War II were allowed to provide directly a number of government funded services to their members. In the United States, where the American Legion played an informal role in the benefits process between the wars, the largest veterans organizations were given a permanent and formal role in representing disabled men in their efforts to obtain government benefits. Federal legislation was passed to subsidize the training of national service officers, most disabled veterans, who were to work for the major veterans organizations in local communities and were given the responsibility of applying for benefits for individuals.<sup>67</sup> Another development lay in applying lessons learned from dealing with the difficulty of precisely attributing disabilities and illnesses to service connected circumstances. Pension officials found that medical and particularly psychological conditions often had existed prior to induction and were only exacerbated by military service,

but as the result nonetheless, the basis for a national obligation to the individual was established. When and where circumstances allowed for systematic manpower planning, as in the United States, Australia, Canada, and Britain, much greater attention was paid in World War II to raising induction standards to exempt, or to create limited service opportunities in the armed forces for, already weak, sick, and emotionally unstable men. This policy was reinforced by the need to maintain significantly sized civilian workforces in industry and agriculture.<sup>68</sup> Together with the intensely analyzed World War I record of large numbers of neuropsychiatric casualties, the World War II experience of large numbers of draft exemptions and qualified classifications given for individual vulnerability to neuropsychiatric breakdown succeeded in spreading an awareness of psychological disability long before the war ended. In consequence, a widespread recognition of the inevitability and legitimacy of neuropsychiatric disability, which in the past was often seen as feigned and evidence of cowardice or psychosis, led to the proliferation of programs for dealing effectively with such disorders among veterans.<sup>69</sup> These efforts would continue throughout the century, particularly with the growing understanding of, and the rise of new psychopharmacological and psychotherapeutic treatments for, post traumatic stress disorder that Americans and Australians developed out of the Vietnam War experience.<sup>70</sup> Moreover, old conditions no longer deemed hopeless, such as spinal cord injury, would be added to the list of disabilities and illnesses that became the responsibility of the state, and new ones, such as Agent Orange related illnesses and Gulf War Syndrome that are related to the changing nature of warfare, have arisen for which veterans have demanded treatment and compensation.<sup>71</sup>

Improved subsidized, postservice medical care and vocational rehabilitation programs that placed a significant emphasis on training for modern industry rather than on anachronistic artisanal work came out of World War II and were further developed thereafter. Significant, too, were innovations in the development of prosthetics and assistive devices, such as folding wheelchairs, motorized wheelchairs, hand controlled automobiles, and the long, white metal cane for facilitating the mobility of the blind, and adapted environments, such as homes fitted out for wheelchair users. Technological innovations for the disabled and free prosthetics have made disabled veterans among the most gadget conscious consumers in the world.<sup>72</sup> The post-1945 experience of a quarter century of unprecedented economic expansion in the West, which had its complement on a lesser scale in the Soviet Union and its Warsaw Pact allies, made possible these gains as well as generous pensions. The post-1970 economic contraction again made them problematic to the extent that American and Australian veterans of the Vietnam War and Russian veterans of the Afghanistan War returned home to find their governments were no longer able to deal with their needs in as unqualifiedly generous a way as they had dealt with their grandfathers' or fathers' needs after World War II.<sup>73</sup> In the wider span of historical time, however, growth in all facets of the disabled veterans provision was the outstanding development in the relationship between these veterans

and state and society in the twentieth century.

### **Living with Disability**

The movements for rights and for the opportunity to live independently that formed among the civilian disabled in Western nations in the last quarter of the twentieth century were founded on the recognition of the lack of state support for ensuring the civic equality of people with disabilities. What made the development of these movements truly distinctive was not this recognition, however, but that the energies and leadership, and the very impulse toward organization and unity, came from the ranks of the disabled themselves.<sup>74</sup> While our historical understanding is hardly well developed at this point, there seems little evidence prior to the recent past of either group formation or activism by the civilian disabled in their own behalf; or of identities established among people with disabilities on the basis of their common ties, whether defined as sharing a particular disability or the general condition of being disabled. There are exceptions, to be sure, the outstanding one perhaps being the history of the deaf. The evolution among hearing impaired people of sign languages and the rise in the eighteenth century of schools, at first church supported but increasingly the project of states, created both cultural and institutional bases for deaf identity and group formation, and consequently a foundation for the activism of the hearing impaired in their own behalf. Such activism became evident, for example, in their campaigns in the United States in the late nineteenth and early twentieth centuries for sign language in its battles with oralism.<sup>75</sup> We may eventually find tracings of these processes among those with other disabilities, in other places, but a working hypothesis that seems warranted in light of current knowledge is that in the historical past the experience of civilian disability has been individual and family based as well as local, and that the isolation of the experience of being disabled under such circumstances has hindered the development of identities, organizations, and politics based on disability.

In contrast, the disabled veteran's experience of disability has been collective. It has been rooted in cycles of a public experience of group formation and organization that repeat themselves on a significant scale with each war through which a nation and its people pass. There are three sources of this process: a historical event (participation and injury in a war, in specific temporal, cultural, and political contexts); an ongoing relationship to government (material benefits and symbolic recognitions); and a collectively experienced history of medical treatment, rehabilitation, and reintegration. These three sources of the disabled veterans' group history all have in common a relationship to the state, which has led Geyer to observe that the social identity of the disabled veteran is ultimately a product of his interaction with the state.<sup>76</sup> The point may be easily exaggerated. The ways in which disabled veterans have come to understand and organize themselves owe a great deal to social interactions with the able-bodied public and to cultural representation as well as to finding a place in the political order. Moreover, disabled veterans have organized

to fill a number of needs, such as solidarity and sociability among men of the same generation, experience, and illness or injury, or to inspire self-help, beside ordering their relationship to governments. But it is clear that in comparison with the civilian disabled, disabled veterans have had a singular and broadly ramifying relationship to the state, which has endowed them with a special status and provided them with entitlements, subsidies, and recognitions. In addition, the state has been an advocate for disabled veterans in their relation to society, and it has often acted forcefully to facilitate their reintegration into the social order. In fulfilling these provider and advocacy roles, the state has contributed mightily to the rise of the disabled veterans' group consciousness, and provided them with a public context in which to be self-conscious and effective agents in advancing their interests.

Prior to the emergence in the late nineteenth and early twentieth centuries of formal veterans organizations, which have given a concrete historical form to these relationships both among veterans and between veterans and the state and society, it is difficult to identify the workings of the relevant processes. Domiciliary institutions, for example, may well have provided an institutional context for cohort formation and group self-consciousness and activism, because they brought together a critical, if localized, mass of men who shared similar experiences, and the same relationship to the state, on whom they depended to maintain them. In the midst of the French Revolution and the international and internal conflicts that attended it, movements among disabled and aged rank and file veteran residents, who were infused with the spirit of the Revolution, developed in the *Hôtel des Invalides* to equalize the conditions of life within the institution and to democratize its governance. But the extraordinary democratic civic culture of the Revolution soon faded, as did France's dependence on a massive citizen army. The absence of these inhibited the rise of such activism and its transformation into lasting forms of identity and organization. In contrast to the French experience, histories of state and national domiciliaries for American Civil War veterans do not yield evidence among residents of either group formation and politicization or the group understandings that might give rise to them.<sup>77</sup>

But, unlike their French counterparts, American Civil War veterans in the North had access to the first modern mass veterans organization in history, the Grand Army of the Republic, which proved an ideal context for the development of these functions. What was modern about the Grand Army of the Republic was not its size; it numbered only about 270,000 veterans at its height in 1885. The mass German veterans organizations, the first national group of which was the conservative *Kyffhauser Bund*, were created after the Franco-Prussian War and had 3,000,000 members by 1914. Instead, the Grand Army of the Republic was modern in the fusion of the elaborate scale of its organization and the impressive scope of its activities. The federal nature of its organization, on national, state, and local levels, allowed it simultaneously to meet a number of different needs in the lives of its members, from the socializing at the level of the local "post" between men sharing common experiences and memories, to,

on the local, state, and national levels, consulting with government agencies, lobbying state legislatures and Congress on behalf of its members, and getting out "the old soldier" vote in behalf of candidates who would vote for enhancing pension programs. While the *Kyffhauser Bund* was also, after 1900, a national organization, the narrower range of its political and advocacy activities reflected both its own conservative, patriotic orientation and the centralized, bureaucratized, and authoritarian state in Imperial Germany.<sup>78</sup>

The pattern of organizational types that characterize the formal groups to which disabled veterans have belonged emerged in the wake of World War I alongside both the dramatic rise in their numbers and the programs defining the state's commitment to the disabled veterans' social provision. There are three general types of organizations to which disabled veterans belonged in the twentieth century: mixed, comprised of both able-bodied and disabled veterans; composite, comprised of veterans with different disabilities; and single population, comprised of those sharing the same injury or illness. For many men, membership has not been mutually exclusive; veterans might belong to organizations of each type simultaneously. As this tripartite pattern of affiliation suggests, to understand the nature of each type is to understand a variety of the elements of the disabled veterans' history. But we shall spend the most time on the last of the three because, though these organizations have actually been small in total membership, they combine in one organization the most complete synthesis of disabled veterans' felt needs and articulated aspirations.

Mixed organizations with client aspirations, such as the American Legion, the Veterans of Foreign Wars in the United States, the Great War Veterans Association in Canada, the Canadian Legion, the British Legion, and the Returned Soldiers and Sailors Imperial League of Australia, often began dedicated primarily to aiding disabled veterans. But they resembled the Grand Army of the Republic in that they also sought to create one large organization of all veterans, both able-bodied and disabled, to preserve the solidarity of the military experience and to attain strength from numbers in dealing with the state. In maintaining this broad solidarity of all veterans, they do not necessarily lose sight of the former goals, but they had to take an interest in meeting the various needs of the majority, of able-bodied veterans, which created a tension over priorities in their membership. In turn, this contributed to the desire of disabled veterans to have their own organizations.<sup>79</sup> Nonetheless, there is evidence that disabled veterans have been attracted to the solidarity and the power of these large organizations. In his study of the membership of the French post-World War I mixed organizations, Prost found that in both leadership and rank and file, disabled veterans were overrepresented. In the case of the leadership, it was the more seriously disabled men who were most likely to assume leadership roles. In the French case, these large organizations, in sharp contrast to the nonpartisan French organizations only for disabled veterans, were also likely to define themselves in ideological and political terms, which may well have made them attractive to men who were politicized along the conventional right-left continuum.<sup>80</sup>

Composite organizations arose in Canada, the United States, Great Britain, France, Germany, Austria, and Italy after the world wars and appear to have been motivated by largely material, but in the German case also ideological, considerations. Those for which we have membership data range in size from the relatively small Disabled Veterans of America, which had no more than 25,000 of the 350,000 American veterans receiving pensions in the interwar period, to the massive French and German organizations. The largest French organization, the *Unione Federale*, had 345,000 members in 1926, while the largest German organization, the *Reichsbund*, which was affiliated with the Social Democratic Party, had 640,000 members in 1921. In that year, all of the German war victims organizations together had over 1.4 million members.<sup>81</sup> The creation of these organizations was based on the perception that disabled veterans, across the lines of injury and illness, could not be adequately represented in mixed organizations or, at the least, would be more effective single mindedly pursuing their own interests and must achieve solidarity and power based on their own numbers. This did not always mean complete independence, however: in Britain, the Disabled Society, though autonomous in advancing its own program, remained a part of the British Legion. In the case of the Italian *Associazione Nazionale degli Invalide della Guerra*, this impulse was furthered by the preexisting solidarity of the founders, all of whom were men of elite social background and officer status. Effectiveness was not only measured in material and political terms, for being agents in their own behalf was also conceived therapeutically, as an exercise in self help and manly independence. As the general secretary of the Italian organization said at the founding meeting, activism would aid them to “regain the strength and will to be real men, useful to ourselves and our families.”<sup>82</sup>

The desire for solidarity across the lines of injury and illness did not always lead to the emergence of one national organization such as the Disabled American Veterans. For example, France after World War I and both Canada and Germany after World War II had large and competing national organizations of disabled veterans that would not surrender their autonomy. The maintenance of autonomy in several of the largest of these French organizations was underscored by their growth out of local and regional associations during and just after the war. The Canadian organizations did agree to consult and to coordinate activities through a national council. In contrast to the more or less nonpartisan, client oriented organizations that arose in most nations, the German war victims organizations founded after World War I were defined in partisan and ideological terms and were affiliated with parties and political groupings contending for power. Thus, they provided a means by which disabled veterans and, in the German and Austrian pattern, other war victims such as widows and orphans could pursue their own interests, while working for social and political transformation.<sup>83</sup>

Single population organizations have never been large in size, but they were a routine feature of disabled veterans’ history in the interwar years. Some had difficulty attaining enough stability to endure over a few decades and dis-

appeared or, as in Canada in the interwar period, were absorbed by larger, more powerful organizations like the mixed Canadian Legion.<sup>84</sup> As a consequence of aggressive recruitment and in some cases changing their membership criteria, especially through acceptance as members of veterans disabled *after* leaving the service or of disabled civilians, a few were able to become permanent fixtures, though they might be transformed in character in the process. Organizations are known to have existed of blind, tubercular, hearing impaired, facially disfigured, spinal cord injured, and braininjured veterans as well as amputees in Canada, the United States, Austria, Great Britain, France, Germany, and Australia in the twentieth century, though no nation had organizations in all of these categories.<sup>85</sup> The sequence of creation of these organizations reflected the larger medical history of warfare. The two examples of spinal cord injured veterans organizations, the Paralyzed Veterans Association in the United States and the Canadian Paraplegics Association, were both founded after World War II because there were not enough survivors of spinal cord injuries, let alone healthy and functioning survivors, until after the introduction of antibiotics in the 1940s for there to be organizations of these men.<sup>86</sup> The small numbers of men involved also is a reflection of the seriousness of the initial injuries men sustained. Even among major belligerents, such as Germany in World War I and the United States in World War II, the blinded veterans organizations contained no more than several thousand men. It was not that blinded veterans were less likely to be joiners. In fact, the opposite was the case within a few years of its founding the Blinded Veterans Association (BVA) in the United States claimed the membership of 850 (60 percent) of the war’s 1,400 blinded veterans. The German *Bund Erblindeter Krieger* actually claimed membership, in 1921, of 2,521 (98 percent) of the 2,547 men blinded in the war. (While we do not have membership data for the Canadian and British Sir Arthur Pearson Clubs, named for the founder of Britain’s famed blind rehabilitation institution, St. Dunstan’s, the stability they achieved in the first half of the twentieth century suggests they, too, had a relatively large percentage of the blinded.) It is instead that injuries causing blindness are head wounds and are that much more likely to lead quickly to death than to long term impairment.<sup>87</sup>

One begins to understand the felt necessity for the existence of these organizations by noting the difficulties posed to individuals by the conditions and impairments they present. In contrast to a wound that continues to bring some pain episodically long after it has healed or produces, say, a permanent limp, each of the aforementioned conditions necessarily involves a major and to some extent continuous adjustment, especially when, like sudden blindness, it has been experienced in adulthood after a lifetime of able bodied status and activity. In light of the depth and range of the adjustments the blinded face, which many of them believe that sighted people cannot really understand, it is not surprising blinded veterans have felt the need for their own organizations. As a member of the founding cohort of the EVA stated in explaining the need for a separate organization, “We were out there with our ‘lights out,’ and the other organizations just couldn’t understand this.”<sup>88</sup> In the case of tuberculosis,

a major source of post World War I disability because of a combination of the damp, cold weather and trench warfare on the Western Front, men faced a protracted period of hospitalization and continued removal from their homes and communities, and the possibility of further deterioration of their physical condition, while their comrades were being rapidly demobilized. A thousand (12 percent) of the 8,571 tubercular Canadian World War I veterans died in the two years after the war.<sup>59</sup> Circumstances such as these, creating many needs and demanding numerous types of adjustments, also seemed to require a separate organization.

Veterans with these serious conditions had an intensely communal experience from the beginning of their careers as disabled men. They had already shared the experience of a generation, living in its own historical time with a certain degree of usual generational self consciousness already enhanced by military service and war, when an injury or illness placed them in a common situation of dependency and treatment. For the sake of efficiency in treatment and the psychological comfort of the patient, the practice of military medicine has been to separate seriously ill or injured men by their general or specific conditions as soon after field treatment as possible. From the time of that initial separation, a cohort began to take shape among men brought together in a common condition. In consequence, wards in both military hospitals and rehabilitation facilities, as James Jones observed in *Whistle*, an autobiographically inspired novel of World War II injured soldiers, have been a locus classicus of the disabled veteran's identity. In them, cohorts begin a transformation into self conscious groups, and men developed intense interpersonal relations, on the basis of which were created formal organizations to advance their various interests.<sup>90</sup>

Examples are to be found in the well documented experiences of spinal-cord-injured Canadian and blinded American veterans of World War II. The central rehabilitation facility for all blinded American Army troops was maintained in a former prep school at Avon, Connecticut during 1944-47, and blinded veterans from two of the three military hospitals, at Menlo Park, California, and Phoenixville, Pennsylvania, were brought there for mobility, orientation, and vocational training after completing medical treatment. Nine hundred (64 percent) of the American World War II blinded veterans were trained there. The BVA was founded at Avon in March 1945 at a meeting attended by over 100 of the resident men.<sup>91</sup> Spinal cord injured Canadians were first gathered at a military hospital at Basingstoke in Britain, and then removed, beginning in 1944, to the Canadian armed forces Christie Street Hospital in Toronto, from which they were moved to rehabilitation facilities in Quebec, Manitoba, and British Columbia and, in Toronto, at Lyndhurst Lodge, which opened in January 1945. The Canadian Paraplegic Association (CPA) was founded by seven veterans resident at Lyndhurst Lodge in May 1945.<sup>92</sup> In their goals and ideologies, such organizations closely mirror the rapidly evolving consciousness of their disabled founders. From the intense, informal conversations among men sharing these facilities came collective understandings of the problems that

must be faced and the opportunities that must be created by and for them, if they were to have the normalized existence to which the majority seem always to have aspired.<sup>93</sup> But they also had to decide just what it was to which they actually aspired when they thought of a normalized existence.

In these endeavors, it must be observed, most twentieth century disabled veterans had few resources within their own experiences to serve as guides. The representation of the disabled has historically been heavily stereotyped with aversive images. The segregation of the civilian disabled in the historical past deprived able bodied people of practical knowledge about living with disability. Thus, the blinded veterans' only initial reference point for thinking about their condition was the pathetic, dependent, helpless individual—the shut-in, the denizen of sheltered workshops, or the street beggar—they believed most blind people must inevitably be.<sup>94</sup>

Though much depended on the sensitivity of individual physicians, medicalized discourse in the period of the two world wars proved often to be impersonal and abstracted and had little to contribute to an understanding of what, from a social, economic, or interpersonal perspective, lay in the future for the severely disabled man. Of necessity, doctors dwelled on the body's trauma. Most did not feel themselves competent to address the mind, and in the end, they were left seeming to reduce the individual to a wound. Some blinded veterans recall that doctors ultimately did little more than inform them bluntly of the finality of their condition and ask them if they had any questions.<sup>95</sup> The section "Psychology" occupied but two of the more than 40 page Veterans Administration, 1948 state of the art research report on spinal cord injury written for doctors.<sup>96</sup> The psychological counseling for the recently physically disabled adult that came to be taken for granted in the late twentieth century did not exist in most armed forces. During World War I, for example, the Germans were acknowledged to have gone the furthest in confronting the psychology of serious disability in promulgating five principles of normalization to guide their work. Suggestive of the approach used to influence the psyche of the individual disabled man was the hopeful: "When we muster the iron will to overcome it, the era of cripples will finally be behind us."<sup>97</sup>

Beyond such maxims, what came closest to formal, systematic psychological counseling for seriously disabled men in most armed forces was the occasional overworked professional psychologist, with an enormous caseload and competing obligations, and nonprofessionals, who were often assigned to individuals and trained to speak with them about their condition and give practical assistance with daily needs during the earliest postinjury phase. Typically, visiting disabled civilians and disabled veterans of past wars were employed as, in the World War I usage, "cheer-up" men. Initiated on the Western Front, this practice was intended to illustrate the possibility of normalization. The dependence on inspirational stories, whether in person, in print, or on film, was the principal method through which military, medical, and rehabilitation authorities sought to create a positive frame of mind in the injured through the two world wars.<sup>98</sup> The introduction of assistive devices, such as the braille

watch for the blind, which “cheer up” visitors from the American Foundation for the Blind distributed among blinded servicemen, who were instantly able to recover their time orientation, also was intended to serve the same purpose.<sup>99</sup>

Physical rehabilitation itself is a psychologically therapeutic exercise. A bilateral hand amputee like Harold Russell, whose hands were blown off in a training accident in 1944, and whose new prosthetic hooks allowed him to shave and to hold a cup of hot coffee for the first time since his injury, might take hope from regaining some of what seemed lost as the result of his injury.” But, as Russell himself was only too well aware, there is a vast territory between taking heart in the appearance of “cheer up” men and in the small, incremental gains toward self sufficiency and the return to civilian life, as a self supporting and normally functioning adult. The peer group and the organizations that grow out of it played a large role in advancing many men toward this goal. Men recalling the liminal, rehabilitation period, between hospitalization and civilian life, have testified to their dependence on mutual counsel and instruction to deal with a wide variety of difficulties—establishing new relations with parents, wives, children, and girlfriends; handling staring and other types of unwanted attention by an insensitive able bodied public in initial forays into the civilian world; confronting fears about sexual intimacy; learning to use prosthetics and assistive devices; defeating environmental obstacles; framing realistic employment aspirations; and above all perhaps, avoiding the roleless, self pitying, and anger filled life that led frequently, as James Marten’s essay in this volume suggests, to abuse of alcohol, probably the most common maladjustment of disabled veterans throughout history.<sup>101</sup>

The ideology of organizations like the BVA and CPA grew out of a synthesis of informal, proactive responses to these challenges. As the previous quotation from one the founders of the Italian disabled veterans association suggests, such ideologies of disability have frequently been expressed, whether explicitly or implicitly, in heavily gendered language in terms of the restoration of masculine identity. Simply put in those terms, the goal has been, in the words of a BVA publication, “to be men again.”<sup>102</sup> Russell Williams, one of the founders of the BVA, who went on in 1948 to be the first director of the Veterans Administration Blind Rehabilitation Program, referred to this masculinized ethic as “respectability” in laying out those elements of the ideal blinded veteran’s character that would reestablish him as, in Williams’s phrase, a “man among men.” For Williams, who established the world’s first comprehensive program of blind mobility training based on white cane technique, “respectability” meant finding employment; refusing to surrender to self pity or to accept pity from others; rejection of helplessness, especially in the form of overdependence on others for assistance with mobility; and solidarity with other blinded veterans.<sup>103</sup> The greatest source of ambivalence in such ideologies would be in the response to the question of relations with the state. State assistance was conceived as an earned entitlement that was essential to the maintenance of individual dignity, but the dangers of the development of neurotic dependence on that assistance were only too well understood.

Adjusted for differences in impairments, most organizations of disabled veterans in the twentieth century came increasingly to have ideologies similar to Williams’s formulation of respectability. But this did not necessarily predetermine the same political program. Because of the precariousness of national economies and of the constrained fiscal conditions of most capitalist states in the early 1920s and throughout the 1930s, pension issues exerted a powerful hold on disabled veterans’ political activity at the time. In contrast, in the midst of the rapid economic expansion of world capitalist and state socialist economies after World War II, the focus shifted away from the struggle for adequate pensions, which were generally achieved, toward programs that furthered normalization.

The politics of disabled veterans organizations in their relations both to the state and to society grew directly out of the ideologies of disability conceived within these local and global contexts. In the case of the CPA, as Mary Tremblay shows in this volume and elsewhere, its creation followed several years of experimentation by John Counsell, a combat injured paralyzed veteran who refused to accept the regime of invalidism that was the prescribed way of treating spinal cord injured men in Canada and everywhere else during the war years. Counsell ultimately brought together the self propelling, folding Everest and Jennings wheelchair, a contrast to the conventional chair that was intended to be pushed from behind, with a hand controlled automobile, and negotiated Toronto traffic on his own to do his visiting and shopping. Counsell, who enjoyed important social connections as a consequence of his own upper class family background and the support of several influential doctors involved in veterans’ spinal cord injury care in Toronto, lobbied the Canadian veterans affairs officials to make the Everest and Jennings chair available to all paralyzed veterans. He was at first turned down on the basis of cost, but officials relented in February 1945. Over 200 Canadian veterans were soon using the chairs as vehicles for independent living. As they came increasingly to do so, they began to understand that their rapid normalization depended not on the painful and frustrating effort to simulate walking, but rather on developing the strength and ability to use a wheelchair. Founded soon after Counsell had succeeded in changing official minds, the CPA reflected the possibilities for normalization that the change represented.<sup>104</sup>

Though these men certainly did not turn down pensions, their politics did not dwell on their pensions, which were generous anyway. The CPA struggled with Canadian officials to make sure that men did not have pension benefits cut as they were successfully rehabilitated and reintegrated into the civilian economy. But the CPA’s most avidly pursued goals reflected a program of individual reentry into the community through both using tools of independent mobility and participating in active lifestyles. The CPA sought government assistance for making hand controlled automobiles available to spinal cord injured veterans and for adapting their homes with such facilities as ramps to facilitate mobility. Eventually, as we have seen, the CPA called for the extension of government rehabilitation facilities and subsidized assistive technology to

spinal cord injured civilians. In keeping with the masculine ethic that rejected dependence, it opposed subsidized sheltered workshops and developed a program of job counseling and placement in the mainstream economy. Moreover, its emphasis was on individual solutions: it did not call for legislation to create accessible environments or workplaces. Once assisted to travel independently, paralyzed veterans were invited to compete with able bodied workers on the majority's terms. Though this no doubt made heavy demands on individuals, studies during the decade after the end of the war found that, in a variety of circumstances, from 60 percent to 90 percent of paralyzed veterans were employed.<sup>105</sup>

The BVA's political program also combined self help, independent mobility, and public support, but it began with a pronounced emphasis on the need for solidarity of all blinded veterans, across the lines that normally divided Americans. The concentration of all blinded veterans, whatever their backgrounds, at Avon forced these men to negotiate racial, religious, and ethnic prejudices and partisan differences that characterized their society in their own ranks, while they were being rehabilitated, and these negotiations informed their new organization's politics. In contrast to the larger veterans organizations, including the Disabled American Veterans, which feared dividing their membership over social issues and sacrificing political effectiveness, the BVA took strong stands against racism and anti-Semitism from the beginning of its existence, integrated the leadership and rank and file of its national office and state and local chapters, and voiced strong support for civil rights legislation to further African American equality.<sup>106</sup>

The BVA's formulation of aggressive normalization involved the effort to separate blinded veterans from the fate of the civilian blind, as the veterans understood it, and avoid the dependence on government that sapped individual initiative. The BVA also represented men in struggles with the Veterans Administration over pension ratings, which often had to be contested because of a failure to take into account the further deterioration of men's sight after leaving the service. But early in its history, its officials spoke strongly against members being tempted by generous pensions to join "the sitters' club" of unemployed pensioners content to stay at home and be cared for by their mothers or wives.<sup>107</sup> Indeed, one reason for the desire for a separate organization was the perception of the founding cohort that other veterans organizations had a "We'll take care of you" attitude toward them that promised little more than an active lobby for greater pension benefits. The BVA sought from government subsidies for the tools of independent living, and then it, too, invited blinded veterans to compete in the mainstream economy. Especially prominent here was support for a realistic program of rehabilitation. At Avon, rehabilitation had been based on a belief that the blind possessed "facial vision," a sensitivity in the nerves of the face that allowed them to anticipate environmental hazards. Moreover, army rehabilitation officials argued, the white cane was a stigmatizing marker of blindness. Without it, the blind could achieve normal street invisibility. Men who had been introduced to cane training at military

hospitals were made to abandon their canes at Avon, and develop the ability, in effect, to listen to their faces. Though a few men seemed to possess this sixth sense, most did not. Just as the paralyzed Canadian veterans opted to use the potentially stigmatizing wheelchair because of its convenience, these blinded veterans opted for the white cane for the same reason. Their pressing the issue of cane technique was largely responsible for the decision of the Veterans Administration in 1948 to open a facility to teach use of the cane. Both the BVA and the CPA believed that by example and public education, they could break down the prejudices that led to stigmatizing canes and wheelchairs.<sup>108</sup>

Though the BVA went further than the CPA in seeking special accommodation for the blind, it, too, largely opted for a program of equal opportunity. Another set of BVA goals sought to oppose the segregation and cultural isolation they associated with blind civilians. The BVA rejected sheltered workshops, and armed with its motto, "Jobs not pity," aggressively engaged in job counseling and placement. It fought discrimination in housing and the barring of guide dogs from public places. It called for government subsidies for the publication of "talking books," because many men lacked the finger sensitivity to master braille, and because too little was published in braille for the blind to be exposed to a full range of the literatures of current events and cultural trends that would allow them to know deeply the world around them.<sup>109</sup>

All of these efforts achieved mixed results. The blinded American veterans of World War II and the Korean War led rich and active lives. Compared to the civilian blind, they were found in the 1960s to be less socially isolated, to have more sighted friends, to be more active in formal organizations, and to be more active in recreation and socializing. On the other hand, by 1958, still only half of the relatively youthful cohorts of World War II and Korean War blinded veterans were employed, and as they reached their middle years, many left the labor market. For all its efforts at opening up lines of communication to employers, the BVA found it difficult to break down employer assumptions about blinded workers' limitations.<sup>110</sup>

In these CPA and BVA programs of aggressive normalization, with their independent living and nascent disability rights orientations, we come closer to witnessing the emergence of the new disability politics of inclusion and equality that would emerge in the last quarter of the twentieth century. That politics would have to emerge along parallel tracks, however, for the gap in understandings, identities, and relations to the state that has separated the civilian and military disabled remains a feature of the lives of people with disabilities.

## The Essays

All but three of the authors are historians by disciplinary training, but there is nonetheless a great variety to the interests within and the orientations toward the study of the past to be found in this volume. The authors are variously cultural and social and political historians, and their projects span the history of a number of European and neo-European societies from antiquity to the



most recent past. None of them has a disability studies orientation. They have come by their interest in disability as a consequence of following the logic of various specialties, such as war and society or the formation of the state, in which they have been engaged. By and large then, in these essays disability is the dependent, rather than the independent, variable—it is the concept that helps to analyze and explain a larger phenomenon, rather than the thing to be explained. Thus, for example, the essays that illuminate how individual societies have crafted social provisions for disabled veterans are principally about how states behave under a variety of circumstances. But the lines between the two orientations are not hard and fast. How societies conceive of disability, and hence transform functional limitations into a basis for the social positioning and the identities of individuals, is a persistent thread running through many of the essays.

The first section has three essays on the representation of the disabled veteran. In the context of ancient Greek history and culture, Edwards analyzes the West's original myth of the disabled veteran, the Philoctetes narrative, which has been the subject of retelling and reinterpretation since the Homeric texts and Sophocles' play. She argues that without a stable, valorized place in the politics and public culture of the ancient Greeks, the disabled veteran was conceived in contradictory and polarized ways, through the lenses of pity and of fear. He inspired no consistent image, and his experience had no consistent meaning for his contemporaries. Edwards's essay stands in a state of tension with my own essay, which, with an explicit reference to the relevance of the Philoctetes narrative, finds pity and fear very much evident in the response of Americans to disabled veterans after World War II, by which time disabled veterans had a stable and much valorized place in official public culture and discourse in the United States. I analyze the character of the disabled veteran Homer, a bilateral hand amputee who is treated with great sympathy that evokes the audience's pity and respect, but who also inspires fear in the popular feature movie *The Best Years of Our Lives* (1946). The tension between these two essays invites us to speculate on the extent to which attitudes toward people with disabilities at some level may be quite consistent over historical time. Norden shifts the focus in the final essay in this section. He reviews a wide range of interpretations of the heavily gendered and metaphorized Hollywood products that have sought to comment on the Vietnam War, and how American society was transformed by that war, through narratives featuring disabled veterans, and he contrasts the disabled veterans movies of World War II and the Vietnam War. Norden offers an alternative metaphor, the prodigal son, for interpreting these Vietnam era movies in order to explain both the singular burdens the disabled characters are made to bear as symbols of an unpopular and ultimately futile war, and the ways in which disability itself is represented. Norden's essay reflects on the growing, if inconsistent, trend toward greater diversity in the characters and narratives of Hollywood's disabled veterans.

The evolution of public policy toward disabled veterans is the subject of the essays in the next section, which develops examples from a number of dif-

ferent societies. In a pathbreaking essay, which is framed at once from the perspectives of the histories of social welfare, state building, and medical theory and practice, Hudson analyzes the origins and development of Europe's first national pension system for disabled veterans. From 1593 to 1679, in a context of the transition to a more modern, centralized form of the state, England had a tax based system of pensions, administered by county justices of the peace. This pension system prefigured the principal difficulties of such schemes that would evolve much later, in the nineteenth and twentieth centuries—for example, evolution into a general veterans' relief program based on need, especially among the disabled aged, rather than remaining centered around reward and recompense for honorable service, and administration that brought men's bodies and characters under invasive and impersonal state scrutiny. Woloch's essay examines the emergence of a number of the prominent elements of the modern disabled veterans social provision under successive and radically different political regimes—monarchical, republican, revolutionary, and Napoleonic—in late eighteenth and early nineteenth century France. The state is, of course, not necessarily a stable entity; it has been configured and reconfigured frequently in history. Woloch, a pioneer in the history of social policy regarding disabled veterans, demonstrates the ways in which, under circumstances of frequent changes in regime, politics and ideology crafted and revised the understanding of the disabled veteran's place in society and position relative to the state. Goler and Rhode provide us with a case study of the disabled veteran's role in modern state building through investigation of the Army Medical Museum, a unique institution established for the purpose of simultaneously recording, assessing, representing, and valorizing the injuries of Union veterans of the American Civil War. The museum, which displayed military and medical artifacts, including bones and skulls of war casualties, was an integral part of the federal pension assessment bureaucracy created to pass judgment on the claims to support of hundreds of thousands of Union veterans. Reznick's essay addresses the subject of the growth in rehabilitation consciousness and practice at the time of World War I. He writes of Britain's experiment in combining physical and mental rehabilitation through a program of work therapy, which placed men in occupations useful to the war effort and prepared them for the postwar job market, while simultaneously repairing their bodies and minds. Acclaimed for its cost effective qualities by public officials, the program was less enthusiastically embraced by war injured men, who felt they had already done enough for the war effort, feared they were being prepared for low wage drudgery after the war, and suspected that the more they proved able to work, the lower their pension support would sink.

Not all disabled veterans are injured in the war effort of the victors or of states that survive to carry through their commitments to assist them. As the next three essays demonstrate, a wide variety of circumstances define the context of defeat, and a considerable variety of responses to disabled veterans may be anticipated. Rosenberg's former Confederates and the people of the post-Civil War American South display little demoralization, and in terms

suggestive of France's acceptance of a "sacred debt" to assist disabled veterans that Woloch evokes, through private and public means, they go about systematically aiding disabled Southern veterans. The impressive Southern state effort in behalf of assisting these veterans, and the prideful Southern consensus rejecting the possibility of aid to this relief effort by Northerners and by the federal government against which Southerners had unsuccessfully rebelled, are all the more impressive in light of the relative poverty of the post-1865 South. While the South dealt with its disabled veterans' needs on the basis of regional self sufficiency and state government programs, this was not an option for defeated Austria following World War II. Weeks shows that Austria's complicated international history mixed with its historic culpability for World War II to influence the situation of Austrian disabled veterans. As a former ally of defeated Nazi Germany that was occupied by both Russian and Western armies, Austria was tracked into neutrality at the onset of the Cold War, and soon was being courted by both East and West. Its ties with Hitler were expediently forgiven by the various Allied occupiers, who thereby aided Austrians in avoiding the examination of their nation's participation in the war. Disabled veterans profited from the international competition of occupiers, but had to spend many years, during which they developed into an effective voice in their own behalf; convincing fellow Austrians, who showed little desire to reflect on their nation's role in the war, to take interest in assisting both military and civilian disabled war victims. In contrast to the Southern and Austrian examples, the various cohorts of World War II, Cold War (including those who served in the Afghanistan War), and post Soviet disabled veterans found in Dunn's essay on contemporary Russia are severely demoralized and without any effective means of dependable state assistance. Amid the political paralysis and polarization and the economic chaos of contemporary Russia, the Russian state, heir to the defunct Soviet Union, seems largely to have abandoned them.

In the final section, three essays explore the disabled veteran's experience of life with disability and examine both positive and negative adjustments. Marten focuses on the prevalence of alcohol dysfunctions (both heavy drinking and addiction) among the disabled and elderly veterans residing in the opulent setting of the Milwaukee branch of the National Home, the post Civil War network of residential, domiciliary institutions operated and generously supported by the federal government for Northern veterans. These men, to whom so much in the way of material support was given, appear to have had everything they needed but the public and private roles that make for a meaningful adult life. Their rolelessness, a common situation of many disabled people in modern societies, complemented their physical and mental disabilities in creating a basis for the problem many of them had with alcohol. In the only explicitly comparative essay in the volume, Cohen deals with a greatly different issue in the history of postwar adjustments—the contrasting political and psychological responses of British and German disabled veterans of World War I to the different systems of social provisioning that emerged in their homelands after the war. Foregrounding his discussion, the history of policy in both nations, Cohen shows how it

was that the less assisted British veteran felt gratitude for the meager pension and unsystematized acts of private and local benevolence and assistance he experienced. Moreover, since he was not economically competitive let alone often even employed, able bodied citizens did not resent him in the midst of the harsh economic situation of the postwar years. The German situation was the opposite. With the best of intentions, the state quashed the voluntary sector, provided ample pensions (even in the context of considerable fiscal constraints) and comprehensive rehabilitation programs, and placed the force of a strong, legally mandated quota system behind employment for disabled veterans. But the German disabled veteran resented the impersonal administration of these programs and the ingratitude of able bodied citizens, who themselves resented the Weimar government's affirmative action programs in behalf of his employment. The German situation paradoxically bred the sort of bitterness and political alienation that helped to undermine the Weimar Republic. In the collection's final essay, Tremblay continues the analysis of the work of John Counsell and the Canadian Paraplegics Association, which she has recently examined in several articles. Tremblay shows the ways in which by example and influence, Counsell served as a pioneer in the work of normalizing the lives of spinal cord injured veterans and civilians. Counsell was aided in this important work by his own indomitable will, his allies among a number of like minded medical practitioners, and his membership in the English Canadian social elite, which provided him with authority and powerful political connections.

These essays leave much in the histories of disabled veterans unexamined. Many experiences, time periods, nations, and peoples are not touched. But the essays do provide a beginning to a project that in light of the length of time societies have lived with those injured while fighting their wars has been deferred much too long.

## NOTES

1. Shelley Saywell, *Women in War* (New York: Viking, 1985); Jean Bethke Elshtain, *Women and War* (New York: Basic Books, 1989), 171–79. On the neglect of American women veterans; see Richard Severo and Lewis Milford, *The Wages of War: When America's Veterans Came Home—from Valley Forge to Vietnam* (New York: Simon and Schuster, 1989), 300–304, 424–25; June A. Willenz, *Women Veterans: America's Forgotten Heroines* (New York: Continuum, 1983); Elizabeth M. Norman, *We Band of*

*Angels: The Untold Story of American Nurses Trapped on Bataan by the Japanese* (New York: Random House, 1999).

2. On the problem of defining *disability*, see Simi Linton, *Claiming Disability* (New York: New York University Press, 1998), 8–33, 135, 138–39; Paul K. Longmore, “A Note on Language and the Social Identity of Disabled People,” *American Behavioral Scientist* 28, no. 3 (1985): 419–23.

3. Douglas C. McMurtrie, *The Disabled Soldier* (New York: Macmillan, 1919), 113; Jafi Alyssa Lipson, “Celluloid Therapy: Rehabilitating Veteran Amputees and American Society through Film in the 1940s,” B.A. thesis, Committee on History and Science, Harvard University, 1995, 32–36, 49, 60; Patrick J. Kelly, *Creating a National Home: Building the Veterans’ Welfare State, 1860–1900* (Cambridge: Harvard University Press, 1997), 129–30.

4. Technical Information Division, Office of the Surgeon General of the Army, “The Physically Disabled,” *Annals of the American Academy of Political and Social Science* 239 (May 1945): 10–19; Rose Entelman, *Two Hundred Years of Military Medicine* (Fort Detrick, Md.: U.S. Army Medical Unit, 1975); Peter Dorland and James Nanney, *Army Aeromedical Evacuation in Vietnam* (Washington, D.C.: United States Army Center for Military History, 1982).

5. Ernest Bors, M.D., “Urological Aspects of Rehabilitation in Spinal Cord Injuries,” *Journal of the American Medical Association* 146 (May 1951): 225; Mary Tremblay, “Going Back to Main Street: The Development and Impact of Casualty Rehabilitation for Veterans with Disabilities, 1945–1948,” in *The Veterans’ Charter and Post-World War II Canada*, ed. Peter Neary and Jack L. Granatstein (Kingston, Ontario: McGill-Queen’s University Press, 1997), 165–66; Ernest Bors, M.D., *Spinal Cord Injuries*, Technical Information Bulletin, TB10–503, December 15, 1948 (Washington, D.C.: Veterans Administration, 1948), 3–4.

6. Technical Information Division, “The Physically Disabled,” 10.

7. On the increasing visibility of people with disabilities, including veterans, in the twentieth century throughout the world, see Richard K. Scotch, *From Good Will to Civil Rights: Transforming Federal Disability Policy* (Philadelphia: Temple University Press, 1984), 6–7, 31–40; James I. Charlton, *Nothing about Us without Us: Disability, Oppression, and Empowerment* (Berkeley and Los Angeles: University of California Press, 1998).

8. Paul Fussell, *The Great War and Modern Memory* (New York: Oxford University Press, 1975).

9. William H. R. Rivers, *Instinct and the Unconscious: A Contribution to a Biological Theory of the Psycho-Neurosis* (Cambridge: Cambridge University Press, 1920); Eric Dean, *Shook over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), 134; Terry Copp, “From Neurasthenia to Post-Traumatic Stress Disorder: Canadian Veterans and the Problem of Persistent Emotional Difficulties,” in Neary and Granatstein, *Veterans’ Charter*, 134; Abram Kardiner, *War Stress and Neurotic Illness*, 2d ed. (New York: Paul B. Hoeber, 1947); Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Simon and Schuster, 1994); Elaine Scarry, “Injury and the Structure of Modern War,” *Representations* 10 (1985): 1–21.

10. Recent statements of the conceptual evolution of *disability* are Linton, *Claiming Disability*, and Charlton, *Nothing about Us*.

11. Fussell, *Great War*; Samuel Stouffer et al., *The American Soldier*, vol. 2, *Com-*

*bat and Its Aftermath* (Princeton: Princeton University Press, 1949), 84, 131–32, 150–51, 230, 264–71; S. L. A. Marshall, *Men against Fire* (New York: Morrow and Infantry Journal, 1947), 76, 150–52, 160–61; John Keegan, *The Face of Battle: A Study of Agincourt, Waterloo, and the Somme* (London: Jonathan Cape, 1976); Gwynne Dyer, *War* (New York: Crown, 1985), 104–22; James McPherson, *For Cause and Comrades: Why Men Fought the Civil War* (New York: Oxford University Press, 1997).

12. E.g., George H. Roeder Jr., *The Censored War: American Visual Experience during World War II* (New Haven: Yale University Press, 1993).

13. Vera Dunham, “Images of the Disabled, Especially the War Wounded, in Soviet Literature,” in *The Disabled in the Soviet Union: Past and Present, Theory and Practice*, ed. William O. McCagy and Lewis Siegelbaum (Pittsburgh: University of Pittsburgh Press, 1989), 151–63; Sonya Michel, “Danger on the Home Front: Motherhood, Sexuality, and Disabled Veterans in American Postwar Films,” in *Gendering War Talk*, ed. Marian Cooke and Angela Woollacott (Princeton: Princeton University Press, 1993), 260–61.

14. Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915–1930* (Toronto: University of Toronto Press, 1987), 140–54, 63–167, 222–25; Robert Gerald Whalen, *Bitter Wounds: German Victims of the Great War, 1914–1939* (Ithaca: Cornell University Press, 1984), 141–70; Stephen R. Ward, “Land Fit for Heroes Lost,” in *The War Generation: Veterans of the First World War*, ed. Stephen R. Ward (Port Washington, N.Y.: Kennikat, 1975), 31–35; Clem Lloyd and Jacqui Rees, *The Last Shilling: A History of Repatriation in Australia* (Melbourne: Melbourne University Press, 1994), 241–62; Davis R. B. Ross, *Preparing for Ulysses: Politics and Veterans during World War II* (New York: Columbia University Press, 1969), 25–29.

15. Sander L. Gilman, “Depicting Disease: A Theory of Representation,” in *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988), 1–17; Leonard Kriegel, “Disability as a Metaphor in Literature,” *Kaleidoscope* 17 (summer–fall 1988): 6–14; Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1977).

16. Martin F. Norden, *The Cinema of Isolation: A History of Physical Disability in the Movies* (New Brunswick, N.J.: Rutgers University Press, 1994), 1.

17. Oscar Mandel, ed., *Philoctetes and the Fall of Troy: Plays, Documents, Iconography, Interpretations* (Lincoln: University of Nebraska Press, 1981), 35–36; Dunham, “Images of the Disabled,” 151–63; Paul Longmore, “Screening Stereotypes: Images of Disabled People,” *Social Policy* 16 (summer 1985): 34–37; Albert Auster and Leonard Quart, *How The War Was Remembered: Hollywood and Vietnam* (New York: Praeger, 1988), 1–73.

18. Lindsay French, “The Political Economy of Injury and Compassion: Amputees on the Thai-Cambodian Border,” in *The Existential Ground of Culture and Self*, ed. Thomas J. Csordas (Cambridge: Cambridge University Press, 1994), 69–99.

19. Douglas Bicklin and Robert Bogdan, “The Disabled: Media’s Monsters,” *Social Policy* 13 (fall 1982): 32–35; Shari Thurer, “Disability and Monstrosity: A Look at Literary Distortions of Handicapping Conditions,” *Rehabilitation Literature* 41 (January–February 1980): 12–15.

20. See George Swiers, “Demented Vets and Other Myths: The Moral Obligations of Veterans,” in *Vietnam Reconsidered: Lessons from a War*, ed. Harrison Salisbury (New York: Harper and Row, 1984), 196–202, for an explanation of, and a protest against, this pervasive representation.

21. Marcel Prevost, "Aid for Disabled Soldiers in France before 1670," *American Journal of Care of Cripples* 8, no. 6 (1919): 405-18; McMurtrie, *The Disabled Soldier*, 20.
22. Eric Maria Remarque, *The Road Back* (Boston: Little, Brown, 1931); Merle Miller, *That Winter* (New York: William Sloane Associates, 1948).
23. Mandel, *Philoctetes and Troy*, 35-36, 40; McMurtrie, *The Disabled Soldier*, 47, 101-5, 120; William Waller, *The Veteran Comes Home* (New York: Dryden Press, 1944), 159-69, 289-91.
24. Jacob Armstrong Swisher, *The American Legion in Iowa* (Iowa City: Iowa State Historical Society, 1929), 65; Robert England, *Twenty Million War Veterans* (London: Oxford University Press, 1950), 216; Dorothy Culp, "The American Legion: A Study in Pressure Politics," Ph.D. diss., University of Chicago, 1939.
25. Ross, *Preparing for Ulysses*, 78-82; Michael J. Bennett, *When Dreams Come True: The G.I. Bill and the Making of Modern America* (Washington, D.C.: Brassey's, 1996), 94-95, 99-101; Albert Q. Maisal, *The Wounded Get Back* (New York: Harcourt, Brace, 1944).
26. M. Brady Brower, "Strategic Remembering: The Boundary Politics of Mourning in Post-Great War France," *Rethinking History* 1 (spring 1997): 25-28; Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain, and the Great War* (Chicago: University of Chicago Press, 1996), 56, 58. For one among many other examples, an especially prominent one from the standpoint of frequency and self-consciousness of the disabled veteran's use as a public symbol in the post-Civil War American South, see Gaines Foster, *Ghosts of the Confederacy: Defeat, the Lost Cause, and the Emergence of the New South, 1865-1913* (New York: Oxford University Press, 1987), 194 and *passim*.
27. Douglas C. McMurtrie, *The Evolution of National Systems of Vocational Reeducation for Disabled Soldiers and Sailors* (Washington, D.C.: Federal Board for Vocational Education, 1918); McMurtrie, *The Disabled Soldier*; Edward T. Devine, *Disabled Soldiers and Sailors: Pensions and Training*, Preliminary Economic Studies of the War, no. 12 (New York: Oxford University Press, 1919).
28. Lisa Herschbach, "Prosthetic Reconstructions: Making the Industry, Re-Making the Body, Modeling the Nation," *History Workshop Journal* 44 (fall 1997): 28-33; Seth Koven, "Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain," *American Historical Review* 99 (October 1994): 1193, 1196, 1198-99; McMurtrie, *Evolution of National Systems*, and *The Disabled Soldier*; R. Tait McKenzie, *Reclaiming the Maimed: A Handbook of Physical Therapy* (New York: Macmillan, 1918). The identical photographs (or very similar ones) tended to appear in these books, evidence of the perception of their representational value.
29. Lipson, "Celluloid Therapy."
30. *The Best Years of Our Lives* (1946), William Wyler, director, Robert Sherwood, screenplay, Samuel Goldwyn Productions; *The Men* (1950), Fred Zinnemann, director, Carl Foreman, screenplay, United Artists; *Bright Victory* (1951), Mark Robson, director, Robert Buckner, screenplay, Universal Pictures.
31. Bourke, *Dismembering the Male*, 56; Michel, "Danger on the Home Front," 260-79; Margaret Randolph Higonnet et al., eds., *Behind the Lines: Gender and the Two World Wars* (New Haven: Yale University Press, 1987), 1-10; Sandra M. Gilbert, "Soldiers' Hearts: Literary Men, Literary Women, and the Great War," in Higonnet et al., 200-226; Susan Gubar, "'This Is My Rifle, This Is My Gun': World War II and the Blitz on Women," in Higonnet et al., 228-55.
32. Waller, *The Veteran Comes Home*, 140; Willard Waller, *War and the Family* (New York: Dryden Press, 1940), 24-25, 47; Susan Hartman, *The Home Front and Beyond: American Women in the 1940s* (Boston: Twayne, 1982); McMurtrie, *The Disabled Soldier*, 96-105; Alexander Dumas and Grace Keen, *A Psychiatric Primer for the Veteran's Family and Friends* (Minneapolis: University of Minnesota Press, 1945), 41-74, 75-104, 105-57.
33. Koven, "Remembering and Dismemberment," 1177-85; Bourke, *Dismembering the Male*, 39, 41, 49-51.
34. Robert F. Murphy, *The Body Silent* (New York: H. Holt, 1987), 72-73.
35. Waller, *The Veteran Comes Home*, 289-91; Irvin L. Child et al., *Psychology for the Returning Serviceman* (Washington, D.C.: Infantry Journal, 1945), 85, 86, 154-80, 181-94, 218-19, 220-30, 289-90. This was a specific and dramatic instance of a more general problem that was well recognized in advice literature, addressed by experts to women, in the United States toward the end of World War II: how to reintegrate demobilized men into the life of the home. See Susan Hartman, "Prescriptions for Penelope: Literature on Women's Obligations to Returning World War II Veterans," *Women's Studies*, 5, no. 2 (1978): 233-39.
36. Susan Jeffords, *The Remasculinization of America: Gender and the Vietnam War* (Bloomington: Indiana University Press, 1989); Kaja Silverman, *Male Subjectivity at the Margins* (New York: Routledge, 1992), 65-90; Norden, *The Cinema of Isolation*, 314-23; Peter Roffman and Jim Purdy, *The Hollywood Social Problem Film: Madness, Despair, and Politics from the Depression to the Fifties* (Bloomington: Indiana University Press, 1981), 5-7, 227-28.
37. Michel, "Danger on the Home Front," 261; Koven, "Remembering and Dismemberment," 1188-89; Jeffords, *The Remasculinization of America*.
38. Don M. Wolfe, ed., *The Purple Testament* (New York: Doubleday, 1947); Ernest R. Mowrer and Harriet R. Mowrer, "The Disabled Veterans in the Family," *Annals of the American Academy of Political and Social Science* 239 (May 1945): 150-59; Martin F. Norden, "The Disabled Vietnam Veteran Revisited," in *In the Eye of the Beholder: Critical Perspectives in Popular Film and Television*, ed. G. Edgerton et al. (Bowling Green, Ohio: Bowling Green State University, 1997), 79-90, and "The Disabled Vietnam Veteran in Hollywood Films," *Journal of Popular Film and Television* 13 (spring 1985): 16-23; *Coming Home* (1978), Hal Ashby, director, Waldo Salt and Nancy Dowd, screenwriters, United Artists; *Born on the Fourth of July* (1989), Oliver Stone, director and screenplay, Universal; *Pat Barker, Regeneration* (New York: Dutton, 1992), *The Eye in the Door* (New York: Dutton, 1994), and *The Ghost Road* (London: Viking, 1995).
39. Sar Levitan and Karen A. Cleary, *Old Wars Remain Unfinished: The Veteran Benefits System* (Baltimore: Johns Hopkins University Press, 1973), ix and *passim*.
40. Deborah Stone, *The Disabled State* (Philadelphia: Temple University Press, 1984), 4-7, 24; Michael Geyer, "Ein Verbot des Wohlfahrtsstaates: Die Kriegsofervversorgung in Frankreich, Deutschland, und Grossbritannien nach dem Ersten Weltkrieg," *Geschichte und Gesellschaft* 9 (1983): 230-77; Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Belknap Press of Harvard University Press, 1992), 148-51.
41. Skocpol, *Protecting Soldiers and Mothers*, 150; Edward D. Berkowitz, *Disabled Policy: America's Programs for the Handicapped* (Baltimore: Johns Hopkins University Press, 1987), 17, 169-70; Lloyd and Rees, *The Last Shilling*, 386-89; Devine, *Disabled Soldiers*



and Sailors, 101, 180, 386; Desmond Morton, "The Canadian Veterans' Heritage from the Great War," in Neary and Granatstein, *Veterans' Charter*, 22.

42. The prototypical expressions of this type of veterans organization come from the United States; see Mary Dearing, *Veterans in Politics: The Story of the GAR* (Baton Rouge: Louisiana State University, 1952); William Pencak, *For God and Country: The American Legion, 1919-1941* (Boston: Northeastern University Press, 1989). (This is not to overlook the American Legion leadership's outspoken patriotism and social conservatism, which, while deeply ingrained in the organization, are largely rhetorical and take a subordinate position to its single-minded pursuit of benefits.) Also see Lloyd and Rees, *The Last Shilling*, 416; Morton, "Canadian Veterans' Heritage," 22; James M. Diehl, "Germany: Veterans under Three Flags," in Ward, *The War Generation*, 175; Skocpol, *Protecting Soldiers and Mothers*, 116-17; Ross, *Preparing for Ulysses*, 78-82.

43. Robert England, *Twenty Million War Veterans* (London: Oxford University Press, 1950), 174; Bourke, *Dismembering the Male*, 43-44; Morton and Wright, *Winning the Second Battle*, 260 n. 35; Berkowitz, *Disabled Policy*, 203; Bernice Madison, "Programs for the Disabled in the Soviet Union," in McCagy and Siegelbaum, *Disabled in Soviet Union*, 172-88; Steven A. Holmes, "The Disabled Find a Voice and Make Sure It's Heard," *New York Times*, March 18, 1990.

44. James M. Diehl, "Change and Continuity in the Treatment of German *Kriegsopfer*," *Central European History* 18 (June 1985): 173-76, and "Victors or Victims? Disabled Veterans in the Third Reich," *Journal of Modern History* 50 (December 1987): 705-36.

45. Mary Tremblay, "The Canadian Revolution in the Management of Spinal Cord Injury," *Canadian Bulletin of Medical History* 12 (1995): 142-45.

46. Mary Tremblay, "Going Back to Civvy Street: A Historical Account of the Impact of the Everest and Jennings Wheelchair for Canadian World War II Veterans with Spinal Cord Injury," *Disability and Society* 11 (1996): 165.

47. *Ibid.*

48. Whalen, *Bitter Wounds*, 162; James M. Diehl, *The Thanks of the Fatherland: German Veterans after World War II* (Chapel Hill: University of North Carolina Press, 1993), 89-93; Morton, "Canadian Veterans' Heritage," 27.

49. Ross, *Preparing for Ulysses*, 103-4; Antoine Prost, *In the Wake of War: Les Anciens Combattants and French Society, 1914-1939* (Oxford: Berg Publishers, 1992), 32-43.

50. William DeMaria, "Combat and Concern: The Welfare-Warfare Nexus," *War and Society* (Australia) 7 (May 1989): 71-85.

51. *Ibid.*, 71-85; England, *Twenty Million War Veterans*, 5.

52. Ross, *Preparing for Ulysses*, 38-49.

53. Geoffrey Lewis Hudson, "Ex-Service Men, War Widows, and the English County Pension Scheme, 1593-1679," Ph.D. diss., Oxford University, 1996; Skocpol, *Protecting Soldiers and Mothers*, 3-23; Geyer, "Ein Verbote des Wohlfahrtsstaates," 230-77 (I want to thank Patricia Mazon for helping me with the translation of the Geyer essay). This point was missed by Michel Foucault in his influential *Discipline and Punish*, trans. Alan Sheridan-Smith (London: Allen Lane, 1977).

54. McMurtrie, *The Disabled Soldier*, 13; Devine, *Disabled Soldiers and Sailors*, 19-21; Prevost, "Disabled Soldiers in France," 405-18.

55. McMurtrie, *The Disabled Soldier*, 15-19, 21; Devine, *Disabled Soldiers and Sailors*, 20-23, 28-29; Hudson, "Ex-Servicemen, War Widows."

56. McMurtrie, *The Disabled Soldier*, 18-24; Devine, *Disabled Soldiers and Sailors*, 29-49; England, *Twenty Million Veterans*, 202-3; Alan Forest, *The Soldiers of the French Revolution* (Durham: Duke University Press, 1990), 144-54; Isser Woloch, *The French Veteran from the Revolution to the Restoration* (Chapel Hill: University of North Carolina Press, 1979); William G. Glasson, *Federal Military Pensions in the United States* (London: Oxford University Press, 1918), 9-98; Whalen, *Bitter Wounds*, 83-89; Lloyd and Rees, *The Last Shilling*, 7-16; Morton and Wright, *Winning the Second Battle*, 5-10.

57. R. B. Rosenberg, *Living Monuments: Confederate Soldiers' Homes in the New South* (Chapel Hill: University of North Carolina Press, 1993); Whalen, *Bitter Wounds*; Diehl, *Thanks of the Fatherland*, and "Treatment of German *Kriegsopfer*," 170-87.

58. Skocpol, *Protecting Soldiers and Mothers*, 102-51; Glasson, *Federal Military Pensions*, 125-75; John William Oliver, *History of the Civil War Military Pensions, 1861-1885* (Madison: University of Wisconsin Press, 1917).

59. McMurtrie, *Evolution of National Systems*, 149; Devine, *Disabled Soldiers and Sailors*, 204, 290-91; Lloyd and Rees, *The Last Shilling*, 9; Morton and Wright, *Winning the Second Battle*, 12-13, 32.

60. Devine, *Disabled Soldiers and Sailors*, 131; Whalen, *Bitter Wounds*, 39-40, 55-56, 156; Prost, *In the Wake of War*, 3:13; Morton and Wright, *Winning the Second Battle*, ix; Severo and Milford, *The Wages of War*, 247-48; Antoine Prost, *Les Anciens Combattants et La Société Françaises, 1914-1939* (Paris: Presses de La Fondation Nationale des Sciences Politique et Sociologie, 1977), 3:13.

61. Devine, *Disabled Soldiers and Sailors*, 385-446; McMurtrie, *The Disabled Soldier*, and *Evolution of National Systems*; Geyer, "Ein Vorbote des Wohlfahrtsstaates," 230-77. Prior to 1914-18, Russia and Great Britain provide the only examples of vocational rehabilitation for disabled veterans on a systematic basis. After the Russo-Japanese War disabled veterans were retrained at a St. Petersburg school for the nonveteran disabled; these arrangements seem to have been supported, in whole or in large part, privately. Disabled British veterans of the Boer War were aided by a private fund that facilitated retraining in special workshops and workrooms. In neither case do the numbers of veterans rehabilitated appear significant. See McMurtrie, *The Disabled Soldier*, 27.

62. Devine, *Disabled Soldiers and Sailors*; McMurtrie, *The Disabled Soldier*, and *Evolution of National Systems*; Whalen, *Bitter Wounds*, 131-40; Morton and Wright, *Winning the Second Battle*, 44-61; Lloyd and Rees, *The Last Shilling*, 20-34, 63-85, 133-52; Gustavus Weber and Laurence F. Schmeckebier, *The Veterans' Administration: Its History, Activities, and Organization*, Institute for Government Research Service Monographs of the United States Government, no. 66 (Washington, D.C.: Brookings Institution, 1934), 90-119.

63. Devine, *Disabled Soldiers and Sailors*, 180-88, 189-232, 240-65, 281-314, 319-73; McMurtrie, *The Disabled Soldier*, 160-208, 209-22, and *Evolution of National Systems*, 23-64, 65-76, 77-101, 109-31, 133-49, 205-33, 247-51. See Deborah Cohen, "Will to Work: Disabled Veterans in Britain and Germany after the First World War," in this volume.

64. Whalen, *Bitter Wounds*, 141-53; Prost, *In the Wake of War*, 29; Bourke, *Dismembering the Male*, 54, 60-67, 70-74; Ward, "Land Fit for Heroes," 16-30; Morton and Wright, *Winning the Second Battle*, 140-77; Lloyd and Rees, *The Last Shilling*, 187-208, 231-40; Weber and Schmeckebier, *The Veterans' Administration*, 106-85; Pencak, *For God and Country*, 176-97; Dixon Wecter, *When Johnny Comes Marching Home* (New York: Houghton Mifflin, 1944), 385-405.

65. See note 14 above. American pension costs increased 866 percent 1919–29; Wecter, *Johnny Comes Marching Home*, 403–4.

66. Diehl, *Thanks of the Fatherland*, and “Treatment of German Kriegsopfer,” 177–87.

67. Jeff Kashen, “Getting It Right the Second Time Around: The Reintegration of Canadian Veterans of World War II,” in Neary and Granatstein, *Veterans’ Charter*, 64–65; Peter Neary, introduction to Neary and Granatstein, *Veterans’ Charter*, 11; Tremblay, “Back to Main Street,” 166, 171; Theodore Newcomb and Amos H. Hawley, “Rehabilitation Services of Veterans Organizations,” *Annals of the American Academy of Political and Social Science* 239 (May 1945): 160–64; American University, *Professional Curriculum: National Service Officers with Veterans Organizations*, Unit A-3/46.8, American University Archives.

68. William C. Menninger, “The Mentally or Emotionally Handicapped Veteran,” *Annals of the American Academy of Political and Social Science* 239 (May 1945): 23; “N-P,” *Time*, May 29, 1944, 44, 46; Wecter, *Johnny Comes Marching Home*, 391; England, *Twenty Million Veterans*, 164, 176; Lloyd and Rees, *The Last Shilling*, 266–77; Copp, “Neurasthenia,” 151–52.

69. England, *Twenty Million Veterans*, 176–87; “Combat Detraining,” *Newsweek*, July 9, 1945, 105–7; Menninger, “Mentally or Emotionally Handicapped,” 28; Copp, “Neurasthenia,” 153–54; Lloyd and Rees, *The Last Shilling*, 229.

70. Arthur S. Blank Jr., “Apocalypse Terminable and Interminable: Operation Outreach for Vietnam Veterans,” *Hospital and Community Psychiatry* 33 (November 1982): 913–18; Robert Klein, *Wounded Men, Broken Promises* (New York: Macmillan, 1981), 355–74, 378; Lloyd and Rees, *The Last Shilling*, 375–76. The Canadian experience is somewhat ambiguous: the Canadian government has been generous in providing pensions for veterans with post-traumatic stress disorders, but not in developing treatment options; Copp, “Neurasthenia,” 152–54.

71. Bors, *Spinal Cord Injuries*; Tremblay, “Canadian Revolution”; Klein, *Wounded Men, Broken Promises*, 154–81; Fred A. Wilcox, *Waiting for an Army to Die: The Tragedy of Agent Orange* (New York: Random House, 1983); Jock McCulloch, *The Politics of Agent Orange: The Australian Experience* (Richmond, Australia: Heineman, 1984); Seymour M. Hersh, *Against All Enemies—Gulf War Syndrome: The War between America’s Ailing Veterans and Their Governments* (New York: Ballantine, 1998).

72. Madison, “Programs in Soviet Union,” 187; England, *Twenty Million Veterans*, 117; Lloyd and Rees, *The Last Shilling*, 317–18; Tremblay, “Back to Civvy Street”; Richard Hoover, “The Cane as a Travel Aid,” in *Blindness*, ed. Paul A. Zahl (Princeton: Princeton University Press, 1950), 353–65; Robert Brown and Hope Schutte, *Our Fight: A Battle against Darkness* (Washington, D.C.: Blinded Veterans Association, 1991), 15, 42–54; Roger Bates Boatwright, “The Social Adjustment of Eleven World War II Veterans to Paraplegia,” M.A. thesis, Southern Methodist University, 1952.

73. Madison, “Programs in Soviet Union,” 185–88; Paul D. Raymond, “Disability as Dissidence: The Action Group to Defend the Rights of the Disabled in the USSR,” in McCagy and Siegelbaum, *Disabled in Soviet Union*, 245–46, 251 nn. 35, 47.

74. Scotch, *Good Will*.

75. John Vickery van Cleve and Barry A. Crouch, *A Place of Their Own: Creating the Deaf Community in America* (Washington, D.C.: Gallaudet University Press, 1989); Harlan Lane, *When the Mind Hears: A History of Deafness* (Random House, 1984).

76. Geyer, “Ein Verbote des Wohlfahrtsstaates,” 230–34.

77. Woloch, *French Veteran*; Kelly, *Creating a National Home*; Rosenberg, *Living Monuments*.

78. Dearing, *Veterans in Politics*; Severo and Milford, *The Wages of War*, 167–68; Whalen, *Bitter Wounds*, 118–19; Diehl, “Germany,” 137.

79. Pencak, *For God and Country*, 176–97; Lloyd and Rees, *The Last Shilling*, 187–208; Morton and Wright, *Winning the Second Battle*, 67–70; Morton, “Canadian Veterans’ Heritage,” 22, 27, 62–64; Prost, *In the Wake of War*, 35–37, 40, and *Les Anciens Combattants et La Société Française, 1919–1939*, 1:83.

80. Prost, *In the Wake of War*, 45.

81. Pencak, *For God and Country*, 50; Tremblay, “Back to Main Street,” 171; Bourke, *Dismembering the Male*, 274 n. 218; Koven, “Remembering and Dismemberment,” 1201–2; Prost, *In the Wake of War*, 29–33; McMurtrie, *Evolution of National Systems*, 132; Whalen, *Bitter Wounds*, 118–28.

82. McMurtrie, *Evolution of National Systems*, 132.

83. Whalen, *Bitter Wounds*, 118–28; Prost, *In the Wake of War*, 30–32; Mary Tremblay, “Lieutenant John Counsell and the Development of Medical Rehabilitation and Disability Policy in Canada,” in this volume. Regionalism and developing rivalries among disabilities also divided British organizations, about which less is known; Bourke, *Dismembering the Male*, 71–72.

84. Morton, “Canadian Veterans Heritage,” 27.

85. Brown and Schutte, *Our Fight*, 1–23; Tremblay, “Back to Main Street,” 171; Lloyd and Rees, *The Last Shilling*, 277; Morton, “Canadian Veterans’ Heritage,” 27; Morton and Wright, *Winning the Second Battle*, 132, 135–36, 142, 169, 176, 185–86, 207–11; Koven, “Remembering and Dismemberment,” 202; Whalen, *Bitter Wounds*, 55, 128, 173; Diehl, *Thanks of the Fatherland*, 93; Prost, *Les Anciens Combattants et La Société Française, 1919–1939*, 1:198, and *In the Wake of War*, 39–40.

86. Tremblay, “Back to Civvy Street,” 165, *New York Times*, June 22, October 30, 1946.

87. Whalen, *Bitter Wounds*, 55, 128, 173; Lloyd Greenwood, “The Blinded Veteran,” in Zahl, *Blindness*, 261, 269–70.

88. Brown and Schutte, *Our Fight*, 13.

89. Morton and Wright, *Winning the Second Battle*, 132.

90. James Jones, *Whistle* (New York: Delacorte, 1978), 36–38, 44, 134. Also see Laurence Stallings, “Vale of Tears,” in *Men at War: The Best War Stories of All Time*, ed. Ernest Hemingway (New York: Crown, 1942), 377–407; Walter V. Bingham, “‘Start Climbing, Soldier!’ The Army Program for Rehabilitating Casualties,” *Annals of the American Academy of Political and Social Science* 239 (May 1945): 60–61; Harold Russell with Victor Rosen, *Victory in My Hands* (New York: Creative Age Press, 1949), 91–110; Brown and Schutte, *Our Fight*, 5–8, 11–17; Corrine Brown, *Body Shop: Recuperating from War* (New York: Stein and Day, 1973), 180.

91. Brown and Schutte, *Our Fight*, 5–8. The navy chose not to participate and developed its own program at the Philadelphia Naval Hospital; Francis Koestler, *The Unseen Minority: A Social History of Blindness in America* (New York: McKay, 1976), 266.

92. Tremblay, “Back to Civvy Street,” 149–50, and “Canadian Revolution,” 125–26, 135–40.

93. The desire for normalization accounts for the failure of all the schemes intro-

duced here and there in the twentieth century to create geographically separate communities, as distinct from sheltered workshops or domiciliary institutions, for disabled veterans; see McMurtrie, *The Disabled Soldier*, 93–95; Wecter, *Johnny Comes Marching Home*, 382–83.

94. Brown and Schutte, *Our Fights*, 2–3, 11; Howard Rusk, “Rehabilitation,” *New York Times*, June 9, 1946.

95. Walt Stromer, “A Letter Too Late,” *BVA Bulletin* 45 (July–August 1990): 8; Brown and Schutte, *Our Fight*, 4, 95; Greenwood, “The Blinded Veteran,” 265; Blackburn, “The Army Blind in the United States,” in Zahl, *Blindness*, 279.

96. Bors, *Spinal Cord Injury*, 32–33.

97. McMurtrie, *Evolution of National Systems*, 134. This rehabilitation dictum is attributed to Konrad Biesalski, an orthopedist who was the leading German theorist of rehabilitation during World War I, and appears in his *Kriegskrüppelfürsorge: Ein Aufklärungswort zum Trost und zur Mahnung* (Leipzig: Leopold Vess, 1915), 4.

98. Devine, *Disabled Soldiers and Sailors*, 319, 437; McMurtrie, *The Disabled Soldier*, 34–36; Lifson, “Celluloid Therapy”; Koestler, *The Unseen Minority*, 273–74; Greenwood, “The Blinded Veteran,” 265; Blackburn, “Army Blind,” 279–81; Bors, *Spinal Cord Injury*, 33; Waller, *The Veteran Comes Home*, 164.

99. Koestler, *The Unseen Minority*, 271–72.

100. Russell, *Victory in My Hands*, 103.

101. Brown and Schutte, *Our Fight*, 8; Russell, *Victory in My Hands*, 91–110; Greenwood, “The Blinded Veteran,” 265; Child et al., *Psychology for Returning Veterans*, 148–49. There are so many testimonies, reprints, and comments about disabled veterans and the abuse of alcohol it is difficult to know how to begin to document them. What we lack are studies that synthesize this knowledge.

102. Brown and Schutte, *Our Fight*, 91.

103. Koestler, *The Unseen Minority*, 276–77; Ellen Papadimoulis, “Editorial,” *VIS View* (winter 1989): 1–2; Russell Williams, “Some Historical Perspective on VIST and Blindness,” *VIS View* (winter 1984): 5–8; Russell Williams, “Why Should I?” *VIS View* (winter 1989): 10–13; Russell Williams, “Believers,” *VIS View* (winter 1989): 4–6.

104. Tremblay, “Back to Civvy Street,” 149–57, and “Canadian Revolution,” 125–40, and see Tremblay, “Lieutenant John Counsell and the Development of Medical Rehabilitation and Disability Policy in Canada,” in this volume.

105. Tremblay, “Back to Civvy Street,” 158–66, and “Canadian Revolution,” 141–55.

106. Congress of Industrial Organizations Veterans Committee, *Veterans’ Organizations* (Washington, D.C.: Congress of Industrial Organizations, 1946), 1–4; Koestler, *The Unseen Minority*, 278; *BVA Bulletin* 3 (April 1948): 1; 3 (May 1948): 1; 3 (July 1948): 1.

107. Brown and Schutte, *Our Fight*, iv, 16, 30–31, 80–81.

108. Koestler, *The Unseen Minority*, 264–65, 276–77, 303–4; Brown and Schutte, *Our Fight*, 7–10, 13–15, 42–53; *New York Times*, January 20, 1946.

109. Brown and Schutte, *Our Fight*, 22, 78–91; Koestler, *The Unseen Minority*, 282–83, *New York Times*, January 20, June 9, 1946, September 3, 6, October 20, 21, 22, 28, 1948, August 25, 1950; Greenwood, “The Blinded Veteran,” 269–70.

110. Koestler, *The Unseen Minority*, 283–84, summarizing the results of two massive studies of the World War II and Korean War blinded-veteran cohorts: C. Warren Bledsoe, *War Veterans in a Post-War Setting* (Washington, D.C.: Veterans Administration, 1958), and Milton D. Graham, *851 Blinded Veterans: A Success Story* (New York: American Foundation for the Blind, 1968), using 1952 and 1962 data, respectively. Also see Hector Chevigny and Sydel Braverman, *The Adjustment of the Blind* (New Haven: Yale University Press, 1950), 287–88.