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THE AMERICAN RED CROSS

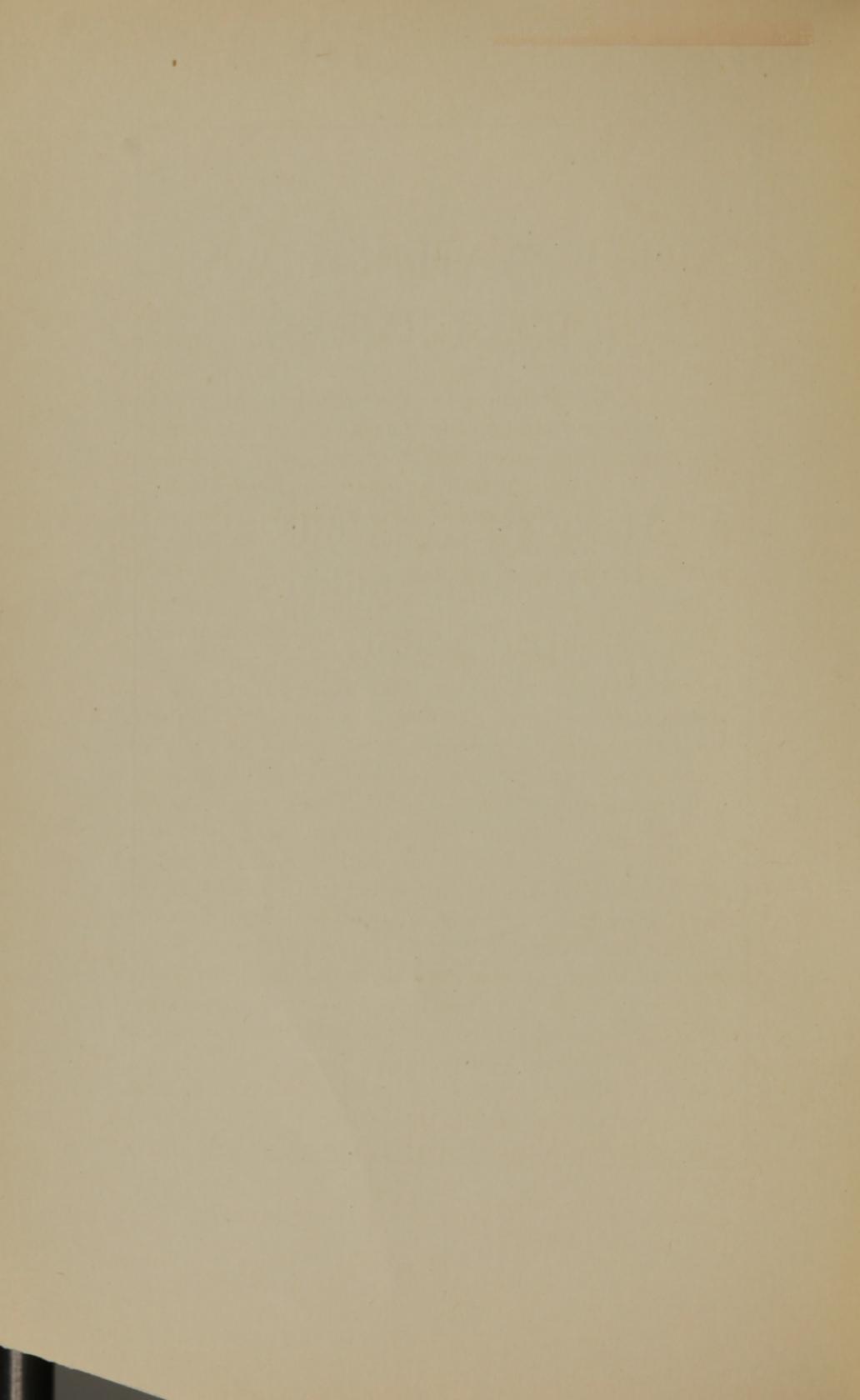
Department of Civilian Relief
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Home Service and the Disabled Soldier or Sailor

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Foreword

The debt which this nation owes its disabled soldiers and sailors is discharged only when they are given the best of medical and surgical treatment, a just financial compensation according to the degree of injury and, when necessary, systematic training for an occupation in which they can successfully compete with able-bodied men. Thus equipped, they may confidently look forward to a future of normal human work and play. The brave men disabled in this war will expect no more; the public should tolerate no less.

In the Vocational Rehabilitation Law, approved by the President on June 27, 1918, this national responsibility is recognized to the full. No local authority and no private organization can take the place of leadership rightly assumed by the Federal Government in this work. But other agencies, under Government control, will have suitable opportunity to help. The Red Cross in particular, has assumed the obligation to assist every soldier or sailor and his family, whenever any aid or counsel is needed and acceptable. This relation of service will not be abruptly broken off upon the man's discharge, but will continue until he is adequately re-established in civilian life. There will be work here for Home Service Sections though it must be constantly held in mind that very many men, supplementing their own personal resources by the advantages provided by the Government, will desire no other assistance.

This pamphlet, written by Curtis E. Lakeman, of the headquarters staff of this Department, is published to give to Home Service workers a comprehensive view of

the Government's program for the treatment, training, and placement of the men injured, or disabled by disease, in the service of the country, and to define the ways in which Home Service may supplement the work of the Government authorities. In its preparation the counsel and the publications of the Federal Board for Vocational Education, the Surgeon General of the Army, the Bureau of War Risk Insurance, and of numerous others, as listed in the appendix, have been freely drawn upon. Grateful acknowledgment is made to them and to the many friends in public or private station who have kindly read the manuscript or proof.

It is hoped that this survey of the subject will prove useful and suggestive and will stimulate earnest work in this new field of Home Service. For upon the ability with which the Red Cross accepts this opportunity may depend whether the family of many a disabled soldier or sailor goes forth into the future of peace thoroughly reunited, unconquerably stable, wholly dedicated to an ambitious and happy life.

W. FRANK PERSONS

Director General

Department of Civilian Relief

Home Service and the Disabled Soldier or Sailor

I. Principles and Program

Sympathy and intelligence must be forearmed to deal effectively with America's duty to its disabled soldiers and sailors. A great and difficult problem is presented. On the basis of Canada's experience it is estimated that ten per cent of our men sent overseas each year will be returned physically unfit for further military service. This means that for every million men from the United States 100,000 will come back each year permanently incapacitated for military duty.

Wounded American soldiers are now coming home from France. The constantly growing tide which for over a year has set steadily to the East has begun to send back its ebb of war-broken men, bringing at last to our shores visible evidence of the terrible reality of the war. For the most part the men now coming home will never fight again. They are the more seriously wounded, the permanently crippled, handicapped by the loss of limbs, partially or totally disabled by disease. Skilled surgeons with every resource of modern learning and equipment are pressing close to the fighting lines in France and restoring to the ranks all wounded men who can be reclaimed for further service. The rest will come home, are already coming home, bringing new problems and new responsibilities to the Government and the institutions they have fought to save. Their welcome will be

the utmost outpouring of the country's gratitude and love. Will it also hold out to them the promise of far-sighted national care and of true friendship on the part of every citizen? What, in fact, will the country do for these men? What will their own states do? What will their cities, towns, and neighborhoods do? What will their former employers, their churches, clubs, and labor unions do? What will the Red Cross do? What will you do?

All over the country these questions are being asked. Everyone is eager to help, to learn how to help the wounded soldier. There will be no lack of interest, of zeal, of friends, of public and private funds. The only doubt is whether we shall do the right thing, whether we shall truly help or actually hinder. This doubt shows ominously in the report of a Red Cross worker in one of our seacoast cities. Soldiers suffering from shell shock are already back in that old colonial town. "But," the Home Service Secretary reports, "it is sometimes difficult to tell which kind of bombardment some of these men are now really suffering from—German shells or American drinks. 'All their 'friends' want to treat them!'"

This illustrates perhaps the worst perversion of the patriotic desire to help the returned soldier. Pernicious only in less degree are other manifestations of a short-sighted and thoughtless attitude which public opinion must guard against. The generous feeling that "nothing is too good for him" must find the wisest possible outlet. The mind as well as the heart must be enlisted, and the impulse to lavish sympathy and friendship must be guided into constructive expression looking toward the permanent welfare of the disabled soldier or sailor. And above all the man of independent mind and ambition should be allowed to work out his own welfare whenever he can muster the strength and purpose to do so.

The Country's Debt to the Disabled

The responsibility of the state to care for its disabled fighting men is now recognized throughout the world to an extent unknown before the present war. In the modern view the country must not only restore these men to bodily health but must endeavor to make good the material loss on the economic side, giving back so far as possible the ability to secure self-support according to a standard of living at least not lower than that which prevailed before entrance into military service. While the state cannot replace a lost limb, it can, with modern scientific methods of physical reconstruction and special reëducation offer far more adequate compensation for disablement than was ever possible for the victims of previous wars.

The Great War is a matter of whole nations in arms, not a contest of relatively small bodies of professional troops. Every American must participate in some way, and all will share the resulting profit of safety for our ideals of self-government. Likewise the cost and the loss must be distributed as equally as possible among all citizens.

The present conception of enlarged responsibility of the Government is justified by every consideration of national, social, and individual welfare. Our soldiers and sailors must be treated in the light of partnership in a vast enterprise of national safety and progress.

Conservation of Industrial Resources

The reconstruction of the disabled soldier is in the first place a matter of public duty which is called for by every consideration of national gratitude and justice. This alone is a sufficient reason for the fullest expenditure of needed effort and funds. But sound national economic

policy also requires that the state in order to conserve industrial and labor resources should make skilled workmen of its disabled soldiers and find them employment. After this war every soldier who returns to a condition of idle dependence on Government support will help to diminish the productive power of the nation. With the terrible wastage of men and materials every ounce of constructive energy will be needed to repair the damage and to face the renewed intensity of competition in trade and industry.

A National rather than a Local Problem

Both theoretical and practical considerations require that our states and cities should participate in the care of disabled soldiers only as required and directed by the national authorities. In the first place, the burden is too great to be borne by any agency other than the National Government. Moreover, this war is not being fought by or for the North or the South, the East or the West, Maine or California. The men from Texas assume equal risks and fight just as bravely as those from New York. It would be intolerable were there any difference in the subsequent care, treatment, and opportunities of disabled soldiers from Massachusetts and those from Montana. Although the men of the National Army are drafted in proportional quotas from all of the states, there is, of course, no guarantee that they will be disabled in the same ratio. Their sacrifice of bodily well-being has been made to the country and not to their state, and their country must make good the loss, if any power can do it.

A Public rather than a Private Duty

Nor can there be any question as to the desirability of public as opposed to private control of the reconstruction process. Any system of caring for the disabled soldiers

which would depend upon private benevolence would be instantly condemned by public opinion throughout the country. This would delegate a public function to a private agency and thereby evade the nation's responsibility. It must, indeed, be accepted as a first principle in dealing with disabled men that nothing suggestive of alms or charity should be allowed to enter into their care. Men who have risked their lives for their country justly expect equal treatment under the law in the application of such benefits as the nation has decided to give them. It is right that the public should assume the total burden and administer it impartially to every American. Therefore, no private organization, however powerful, will question the leadership of the Government in this work or attempt to do what the Government only can do wisely and well. Yet under control of the Federal authorities, the state and local governments and such private agencies as special foundations, fraternal organizations, trade unions, associations of employers, hospitals, and schools can render effective service in contributing their resources when requested and especially in helping to form sound public opinion.

An Army from American Homes

Those who suffer disablement in this final battle for democracy must be restored to their own homes. The soldiers of earlier European wars were largely professionals who worked at the trade of fighting and knew no home but tent and barracks. The crippled veterans were reduced to begging for a living, or were cared for in institutions like Napoleon's *Hôtel des Invalides*.

At the present time the United States maintains a number of national homes for disabled veterans of the Civil and other wars. In addition, many of the states maintain homes for disabled soldiers. No such syste-

matic effort as is now contemplated was made by the Government to restore the wounded soldiers of the Civil War to earning capacity. The legless or armless veteran became a common and pitiful spectacle of our daily life. Only those of unusual strength of character and will power fought out their own problems and made their way in spite of such handicaps.

A higher standard now exists, and public opinion will enforce it. That a single American lad now fighting in France should return only to become a life-long inmate of a soldiers' home is to be thought of only as a last resort. The disabled American soldier of the present war must go back to his own home and family and everything possible must be done to enable him to live a normal and independent life—to work and play with the rest of us.

Extent of the Problem

The extent of the problem of reconstruction in this country will, of course, depend upon the duration of the war, the number of men maintained at the front, and the proportion of casualties. The latter cannot be foretold exactly and it may increase or decrease as compared with the present figures, and may, for a time, at least, be different in the American as compared with the French and British armies. Yet, on the whole, the experience of the belligerent countries shows that the number of disabled men is a fairly constant percentage of the total number engaged. Surgeon General Gorgas is authority for the statement that the French and English get eighty per cent of their wounded back into service in two or three weeks' time, while fifteen per cent remain permanently disabled. A recent statistical study published by the Red Cross Institute for Crippled and Disabled Men says that "it is probable that the proportion of the wounded

who have to be discharged for permanent disability does not exceed twenty per cent at most; that on the Western front and for Germany it does not exceed ten per cent." Statistics concerning German wounded published in the *Military Surgeon* for April, 1917, indicate that from August, 1914, to April, 1915, the percentage of all wounded who returned to duty was never less than 84.8 and ran as high as 91.2. We must do as well as this in order to keep the total of the permanently disabled down to 100,000 of each million fighting.

The Problem in Perspective

Though the absolute figures seem disheartening, it appears not only that the number of men disabled is not large in proportion to the total number fighting, but also that among the disabled men themselves a still smaller proportion are crippled. The English statistics quoted on page 88 indicate less than 100 cases of amputation in every 1,000 disabilities.

In Canada, England, and other countries the re-absorption of disabled soldiers has not been beyond the power of the community. With America's natural resources and industrial development, it should certainly be easily possible to care for all our returning disabled soldiers. Yet there is much to be done, and while the responsibility of the Government for the measures to be taken is supreme, there is need and opportunity for the cooperation of other agencies in the after-care of these men and their readjustment into the community. The successful mobilization of community forces for this work will also contribute substantially to the welfare of the nation by amassing experience against the time when, with the victory of a durable peace, our armies will be disbanded.

The Duty of the Government

Concretely, the first duty of the Government toward the wounded soldier is to reduce disability to the lowest terms. This means the best of medical and surgical treatment to cure the primary wound or disability and to restore physical function. In cases of amputation the Government must provide the best possible artificial limbs and appliances and keep them in repair. Next, vocational training and, if necessary, supplemental general education must be given to make possible future self-support and independence. Then the Government must take the lead in finding suitable employment for the men who have received this care and training. Arrangements should also be made for a definite transfer of contact to state and local educational organizations so that they may keep in touch with these men and give them opportunities to qualify for advancement. Lastly, the Government must provide a just financial compensation against a physical condition which will persist during life.

The Vocational Rehabilitation Law

In the enactment of the Vocational Rehabilitation Law, approved by President Wilson on June 27, 1918, Congress has formulated a national plan for the civil re-establishment of disabled American soldiers and sailors, after their discharge, which is based upon the principles suggested in the foregoing discussion.

This law recognizes the complete responsibility of the Medical Departments of the Army and Navy for all measures aimed at the physical and functional restoration of sick and wounded soldiers and sailors. There is to be no interference with the jurisdiction of the military medical authorities in this domain.

When medical treatment is finished and the men are discharged from service, systematic vocational training will be offered to them as civilians, under the control of a civilian department of the Government, the Federal Board for Vocational Education. At this stage no compulsion, military or economic, will be exercised, except that the law authorizes the temporary withholding of some of his compensation from a man who neglects to follow a course of training which he has once selected and begun. With this exception, complete reliance is placed upon the returned soldier's common sense and ambition and upon the superior educational value of a plan of vocational training to which he has dedicated his own will.

The Federal Board for Vocational Education is charged not only with the mobilization of resources for these courses of training, but with finding positions for the men when they are ready to return to work. In this connection the law places at the disposal of the Vocational Board the employment facilities organized by the Federal Department of Labor.

It is obvious that the success of the national program thus briefly outlined depends upon the cooperation of the Departments responsible for their respective shares in what should be a continuous process with a single end in view. This result is made easier of attainment by a clause permitting reciprocal advisory service as between the Board for Vocational Education and the Army and Navy medical authorities in the respective fields over which they do not have direct control. Wherever necessary, the vocational training under the Federal Board may thus be developed as a harmonious continuation of the curative mental and physical work utilized by the medical officers in the military hospitals. In developing its courses, the Federal Board for Vocational Education

has power to utilize to the full the cooperation of all appropriate educational and industrial agencies in charge of present resources and facilities.

With the enactment of this law, therefore, the American Government has accepted its plain duty, has outlined its plans, and is ready, in effect, to say to every permanently disabled soldier: "You have done your share and the country is going to care for you in the fullest sense. If you never had a fair chance or neglected your chance to obtain an education, you shall have it now. While you are recovering from your injury, we will begin to give you special training for work which you will choose. We will continue this schooling for as long as may be necessary after you are well, helping your family during that period. When you are trained, we will help you to find the right kind of a job and send you back to civil life equipped to earn as good or even a better living than you were making before you went into the Army. And no matter how much you earn, your compensation from the Government will not be reduced on that account. We will give you every chance and you, in turn, must do your part. The country expects you to make good again in civil life just as you did at the front."

Participation of the Red Cross

Among the private organizations whose efforts will naturally supplement the national program, the Red Cross occupies a unique position. Its purpose and field of activity are in an unusual degree colored with public interest and controlled by Government authority. With its great financial resources, its 22,000,000 members, its 3,900 Chapters and their 15,000 branches, the Red Cross is better equipped than any other private organization to give aid and comfort to our soldiers and sailors and to assist their families at home. It offers the channel

through which the American people express their patriotic desire to help soldiers and sailors in ways which the Government cannot so effectively and appropriately undertake. It approaches the position of a "Committee of the Whole" of the American people, taking prompt action to relieve the suffering caused by the war where the formal governmental organization necessarily requires more time for consideration. It is thus more representative in scope and method than any other private agency. Such an organization will gladly accept the opportunity to extend a helping hand to any man needing friendly aid during the critical period after he ceases to be a soldier and before he is able to carry the full burden of his duty as a private citizen and the head of a family.

Within the organization of the Red Cross, the Department of Military Relief deals with the soldier or sailor as a fighting unit, while the Department of Civilian Relief aids in maintaining his *morale* by assisting his family. As soon as he is discharged and becomes a civilian, the responsibility for temporarily continued care falls upon the Department of Civilian Relief. Such service will begin in accordance with established policy, only when the need and wish for it is indicated, and will properly end when the former soldier is restored to full self-support or when the burden of his care as a civilian has been taken up by appropriate public or private agencies.

Home Service and the Disabled Man

The purpose of this pamphlet is to give to Home Service workers the necessary background for the intelligent discharge of this duty. A brief account will be given of each of the stages through which the disabled soldier passes from the time he is wounded until he is restored to his normal life at home. For the phases of medical treatment, vocational training, and even of placement the Red

Cross will assume no direct responsibility. Yet it is important that Home Service workers should have a clear understanding of the entire process in order that their assistance may be effectively applied with a full knowledge of what the national authorities are attempting at each stage of the plan.

In general the duties of Home Service in relation to the rehabilitation of disabled soldiers and sailors may be summarized as follows:

(1) To bring solidly behind the disabled man at all stages of the reconstruction process the moral support of his family, remembering that he is at this time just as much in the service of his country as when at the front.

(2) To assist the men, through the competent legal service at the command of the Home Service Section, to secure the benefits of the War Risk Insurance Law and especially the provisions for compensation and insurance.

(3) To urge upon disabled men, as opportunity presents, the wisdom and necessity of taking full advantage of the Government's plans for their care and training.

(4) To encourage them in the early and critical stages of their vocational training and of their return to employment, when the struggle to overcome the mental and physical handicap is most acute.

(5) To help bring about a reasonable and sympathetic attitude on the part of employers, which shall give every handicapped man a real chance, while avoiding the danger of tempting him to forego the necessary training for the specious attraction of an immediate, temporary or perhaps unsuitable job.

(6) To mold public opinion so that it will discountenance trivial and demoralizing entertainment and hero-worship, and maintain a constructive attitude which, while demanding a square deal for the returned soldier,

shall expect from him every reasonable effort to ensure his self-support.

(7) To supply information, encouragement, legal, medical, and business advice, and other service, when acceptable and necessary, in like manner as is now being done for the families of men at the front.

II. Treatment

Adequate medical and surgical treatment of the sick and wounded is of course an indispensable phase of the successful organization of our military forces, and the Army and Navy Medical Departments have not been obliged to await the action of Congress on the Vocational Rehabilitation Bill before making comprehensive plans for the transportation, reception, distribution, and treatment of the fighting men who come home permanently disabled.

From the moment he is wounded, the American soldier enters upon a straight line of homeward progress under the tender and competent care of the medical officers. At any point this line of progress may be broken by his recovery and return to the front, but in the case of the severely wounded it leads from the first aid station through the forward dressing station, the field hospital, the evacuation hospital, the base hospital, the general hospital in France, to the transport and so home for further hospital care and a longer or shorter period of convalescence.

All our soldiers whose injuries are capable of complete and early cure are now being cared for in military hospitals attached to the overseas forces and returned to the front. In general the purpose, in the light of the experience of the present war, is to bring surgery as near to the fighting as possible, both in time and place. This has led to the introduction of mobile operating units and the development near the front of special hospitals of many kinds in addition to the general base hospitals. It has come to be realized that the employment of highly skilled specialists as quickly as possible after the occurrence of the wound will mean not only the saving of life, but the

prevention of crippling disabilities. In fact, prompt application of the requisite special treatment often renders unnecessary amputation and other severe operations.

General Hospitals for Physical Reconstruction

Only those men who are permanently incapacitated for further service are at present brought back to America. On their arrival in this country they pass through large reception hospitals located at the ports of disembarkation, from which, after classification, they are distributed to the various general hospitals where provision has been made for the particular treatment necessary.

At the general hospitals every modern facility for medical, surgical, and occupational treatment is provided. At present the following hospitals have been designated in whole or in part for the work of physical reconstruction of American soldiers and sailors:

- General Hospital No. 2, Fort McHenry, Md.
- General Hospital No. 3, Colonia, N. J.
- General Hospital No. 4, Fort Porter, N. Y.
- General Hospital No. 6, Fort McPherson, Ga.
- General Hospital No. 7, Roland Park, Baltimore, Md.
- General Hospital No. 8, Otisville, N. Y.
- General Hospital No. 9, Lakewood, N. J.
- General Hospital No. 11, Cape May, N. J.
- General Hospital No. 16, New Haven, Conn.
- General Hospital No. 17, Markleton, Pa.
- General Hospital No. 19, Azalea, N. C.
- U. S. Hospital, Waynesville, N. C.
- Army and Navy General Hospital, Hot Springs, Ark.
- Walter Reed General Hospital, Takoma Park, D. C.
- Letterman General Hospital, San Francisco, Cal.
- Fort Bayard, N. M.
- Fort Des Moines, Des Moines, Iowa.
- Plattsburg Barracks, Plattsburg, N. Y.
- St. Elizabeth's Hospital, Washington, D. C.

The Indian School at Carlisle, Pa., has also been made available to the Division of Physical Reconstruction, and other hospitals for reconstruction work will be added from time to time as necessary. These hospitals are departmental, providing treatment in general medicine and surgery and in all specialties, including cardio-vascular diseases; tuberculosis; head surgery; orthopedics; amputations; insane cases; war neuroses (and other neurological cases); blind, deaf, and speech-defect.

A New Policy toward the Disabled Soldier

The *Official Bulletin* of April 2, 1918, carried the significant announcement "that hereafter no member of the military service disabled in line of duty, even though not expected to return to duty, will be discharged from service until he has attained complete recovery or as complete recovery as is to be expected that he will attain when the nature of his disability is considered." This recommendation of the Surgeon General of the Army as approved later by the Secretary of War, establishes a new policy and is interpreted to provide for the application of all the means of physical reconstruction, including medicine, surgery, physio-therapy, and curative work.

To appreciate the full meaning of this new policy it must be borne in mind that the former practice of the Army was to discharge forthwith men who developed chronic disease or physical disability in the service, leaving the burden of their care to civilian agencies. All this has now been changed. Aside from the rehabilitation for civil life of the seriously disabled, it is expected that this policy of retaining disabled men in the service and caring for them at the reconstruction hospitals and other Army institutions, will result in the return to some form of military duty of a large number of efficient officers and soldiers who, without this continued treatment,

would never become able to perform even limited service. The conservation of these men will release an equivalent force of able-bodied men for active service at the front.

Restoring the Use of Limbs

Interesting and valuable work is done by the orthopedic surgeons in bringing back the use of paralyzed muscles and stiffened joints and in correcting defects and deformities of bones and tissues caused by wounds. In France much of this work is done in special hospitals. The process is commenced at the earliest possible time, but usually not until after active hospital treatment has been terminated. Its success means the prevention of permanent crippling disability.

In this connection there is universal testimony as to the value of some kind of occupation in assisting convalescence. Sir Robert Jones, a prominent British orthopedic surgeon, has given a now familiar illustration:

For example, a man with stiff fingers barely able to grasp even fairly large objects, is soon utterly wearied if set to grasp spring dumb-bells or any other such apparatus, but will cheerfully spend the morning grasping a big duster and cleaning windows. His mind is set on the dirt he has to remove, not on the fact that his maimed hand is repeatedly taking hold of and letting go the duster. Later, if he is a carpenter or other skilled tradesman, he is promoted to the use of tools he understands, and so the disabled hand is reëducated partly by set gymnastic exercises and largely by work.

Driving a plane in the carpenter's work can be employed for exercising muscles and joints in both arms and legs. Men with stiff ankles soon tire of working a pedal machine or stationary bicycle in the massage department, therefore as soon as the limb is fit for it, he is offered some sort of work, such as fret-work, where his foot drives the fret-saw but his hands are busy guiding the work; his brain is interested in what his hands are doing and not wearied by the curative action which the treadle move-

ment brings about. Similarly, bootmakers' shops, splint shoos, tailors' shops, all provide their share, not only in restoring the men to health, but in helping the surgical work of the hospital by making ingenious splints and devices for the treatment of their wounded comrades.

Mental and Moral Effects of Occupation

The effect of occupational treatment is also an important factor in offsetting the danger of the moral retrogression which is so likely to follow prolonged institutional treatment. Men who pass weeks in idleness with everything done for them are apt to fall into a frame of mind which will not help them forward to an active life of self-support. Habits of idleness are not easily shaken off and if the patients are allowed to become despondent and apathetic, they will easily degenerate into a state of chronic incapability and dependency. French figures quoted by the Board for Vocational Education show that *only five per cent of the men take up vocational training when delayed until after discharge from the hospital, whereas eighty per cent continue training if begun in the hospital.*

The development in the patients of a proper outlook and ambition for the future is indeed considered to be one of the most important parts of restorative hospital work, which must reach the mind as well as body. Wounded men, distressed by their suffering and knowledge of their incapacity, are often disheartened and ready to give up. They too easily believe that they can never again become self-supporting. There are unfortunately some who accept willingly the prospect of future dependence upon their pensions and upon charity. These are a minority, and every effort must be made to keep the number as low as possible. Therefore a systematic attempt is made in every up-to-date reconstruction

hospital to convince the men that even though they are disabled they can and must, through appropriate re-education, become able to support themselves. Nothing helps the men to regain confidence more than the attempt to perform some kind of useful work with their hands.

Curative Workshops

The emphasis thus laid upon the curative value of occupation has led to the establishment of workshops for carpentry and other occupations in connection with the well-equipped reconstruction hospital. These workshops supplement the diversional or 'ward occupation', as it is called in Canada, through which an immediate effort is made to occupy the attention and interest of the patient as soon as recovery begins. Ward occupational work and that later done in the hospital workshops must be carefully distinguished from vocational training proper. Yet while the work in the hospitals is intended primarily to be curative for mind and body, it may well be made the beginning of an interest in the actual occupation which is to be taught later or at least the means of increasing incidental knowledge of processes allied thereto. For instance, men who acquire in the convalescent workshops some degree of mechanical skill, ability to interpret blue prints, a knowledge of shop arithmetic and mechanical drawing have undoubtedly increased their commercial value for many lines of future activity.

The Beginning of Vocational Education

The ward occupation, shop work for curative purposes, and vocational training proper should be regarded as successive phases of a single process, which begins as soon as the wounded man is able to sit up in bed. Treatment

should run into training without a break. The period of convalescence may last several months. The manufacture and adjustment of artificial limbs especially adapted to each case require a considerable period of time. France has wisely recognized the importance of commencing serious vocational training during this period. Psychologically, this is the critical time, and everything possible must be done to encourage the disabled man to believe that he can fit himself for useful work and the enjoyment of home life. As Miss Grace Harper, of the Red Cross *Bureau des Mutilés* in France says, "If he is guided into a workshop and the right men tempt him to do something for the sake of the interest and occupation which it gives, the possibilities of engaging his interest seem almost unlimited. If he is forced into the shop under military discipline, the advantages may be lessened. There is absolutely no doubt that at this point, while still in the hospital, the crippled soldier must be 'reached' reëducationally. The surgeon, the artificial limb expert, and the trade-training teachers are all working on him at once. They are all needed and there should be no dividing line between their labors."

At each hospital where reconstruction work is carried on the Surgeon General has accordingly placed special educational officers whose duty it is to arrange and supervise under the direction of the commanding officer the facilities for the use of therapeutic work, to recommend the development of the necessary means of keeping patients employed, and to act as technical advisers to the commanding officer in this general field. In selecting these educational officers on the basis of training, experience, and peculiar fitness for the work, men who are themselves handicapped by some physical disability and who have made a success in life will be especially sought. Above all, it is hoped that many enlisted men who have

been through their treatment and retraining, but who are unfitted for further field service, will be found capable of being specially trained and commissioned as officers in charge of such work.

In addition 'reconstruction aides' including both men and women trained in the special features of reconstruction work are being provided in two groups: (1) those who are trained in massage work, and (2) those who will be expected to teach suitable occupations calculated to promote the contentment and hasten the recovery of the patients.

Artificial Appliances for the Crippled

It is estimated that artificial appliances of some sort will be required by about one per cent of all the wounded. The modern view of state responsibility requires that the Government should supply and maintain in repair the artificial appliances necessary to restore a disabled man so far as possible to physical comfort and self-support. Steps have been taken to standardize and systematize the provision of artificial limbs, and many improvements have been made in the design and manufacture of these appliances.

The ordinary peg leg is found to be the most useful for occupations requiring the exertion of any force and especially in amputations at the hip. The artificial limb which is made to imitate a real leg or arm is more useful from an æsthetic point of view to those, such as clerks, whose occupation requires that their appearance should be normal. For working purposes various types of modern apparatus have been found especially useful. With some of these ingenious mechanical contrivances, it is possible to insert interchangeably a knife or fork or cutting or holding instruments or tools of many different

varieties which may be especially adapted to the occupation of the wearer. Very often both practical and 'ornamental' limbs are provided, the one for working hours, the other for 'dressing up'.

When a man once becomes trained to the use of an artificial appliance, he practically loses his means of livelihood if it be broken. It is therefore necessary, ideally, to supply two artificial limbs so that one may be kept in reserve against any such accident.

Application to Industrial Accidents

It is one of the compensating by-products of the war that the great stimulus to the development of special methods of treatment and restoration of disabled soldiers promises to carry us forward to a time when the victims of industrial accidents in this country will be cared for with a sympathetic and scientific thoroughness never before possible. Both in the prevention of work accidents, in the prevention by prompt surgical and medical treatment of permanent crippling injury as the result of such accidents, and in the highly specialized and skillful methods for treatment of the remainder who are severely incapacitated, we seem to be approaching an altogether new and more hopeful era in the conservation of the physical abilities of American workmen. According to the American Association for Labor Legislation there are at the present time at least 100,000 victims of industry who imperatively need vocational rehabilitation. It is surely to be hoped that the present patriotic interest in the treatment and reëducation of war cripples will lead to the wider appreciation of this problem and to the use of the same methods and later, perhaps, the same institutions, for the reconstruction and conservation of the victims of industrial accidents.

Home Service at this Stage

In the technical processes of physical and mental restoration of disabled soldiers the Red Cross will have little or no direct part to play. Home Service workers should, however, have a general knowledge of these processes and their significance, and should endeavor to bring the encouragement and support of the family to bear during the man's convalescence, as well as during the subsequent period of vocational training.

This constructive use of the family and neighborhood influence becomes doubly important in supplementing the Government's new and generous policy of retaining men in the service for treatment, and especially in those cases where a long period in the Army hospital or sanatorium is necessary. Hitherto the burden on community social service has come from the premature discharge of the sick soldier. Now the problem may well be how to keep him in the Army and under treatment and training as long as the responsible authorities want him to stay. For as soon as some of the men begin to feel better and imagine they are all right or would recover more quickly at home (too often a false hope) they will agitate for discharge and perhaps endeavor to exert influence to that end.

For the best interests of the man, his family and the community, this tendency must be counteracted. The Government is investing much money, thought, and care in a system for physical and vocational reconstruction which offers far more to the modern soldier disabled by wounds or disease than has ever been possible hitherto. It is doing this not only because justice and humanity require it, but because the country's future economic stability and prosperity may depend upon it. No soldier, who at any time refuses the Government's offer of rea-

sonable treatment which will enable him to resume his place as a self-respecting, self-supporting unit in civil and industrial life, is doing his full duty by his country. It may fall upon the family to convince the disabled man that this is so. It may well fall upon the Home Service worker to convince the family.

III. Training

In charging the Federal Board for Vocational Education with the duty of providing courses of reëducation for our disabled soldiers, Congress has endorsed the view that the process of making a civilian out of a soldier can best be carried on by a civilian agency. The experience of Canada and other countries, strongly impressed upon Congress at the hearings on the Vocational Rehabilitation Bill, seems to justify this conclusion. Making the citizen into the soldier is clearly the function of the military authorities of the Government and the same logic, based upon the end in view, apparently calls for civilian authority to supervise the reverse process of helping the ex-soldier again to become a citizen, better trained and more competent for the battles of peace. To meet the complex requirements of civil life, to set up the necessary arrangements in many fields of employment, to organize educational work in cooperation with civilian schools, colleges, and universities, to provide for further training in the factory, and to follow the retrained soldier through his early efforts to make good as a civilian are thought to be tasks which civilians should administer.

Among the existing bureaus of the Federal Government the Board for Vocational Education was selected as the most appropriate agency for this work, since it consists of the Secretary of Agriculture, the Secretary of Commerce, the Secretary of Labor, the Commissioner of Education, and three civilians chosen as experts in the fields of manufacturing and commerce, agriculture, and labor. Not only is the Board thus representative of the chief interests involved in the reëducation of the disabled

soldier, but by its original field of work—stimulating vocational training in the various states—it already has the experience and contacts to qualify it for this new responsibility.

On the basis of Canada's experience it is estimated that approximately ten per cent of the total fighting force will return disabled to this country each year, and that in turn ten per cent of these men will require complete vocational training while an additional number will require partial training. This means that we must plan for the special reëducation of at least 10,000 men per year out of each million we send to France:

What Trades Can be Taught?

Probably it is not generally realized that cripples who have lost an arm or a leg and who at first sight may seem hopelessly disabled, can be taught many of the numerous processes of industry, such as running a lathe, operating a motor tractor, or controlling a drill, and other skilled operations for which mechanical aids can be adjusted to serve the workmen in place of the lost limb. It is not difficult for a man who has a leg amputation to learn many of the various trades which require only the use of his hands. The range of choice for those crippled in this way is great.

In France the occupations which offer the greatest appeal are said to be industrial drafting and design; the making of surgical instruments, tools of precision, and small electrical parts; watchmaking; telegraphy; photography; printing; and others. The "École Joffre" at Lyons, the pioneer French school of reëducation, teaches accounting and commercial subjects, toymaking, book-binding, shoemaking, woodwork, mechanical drafting, tailoring, woodcarving, gardening and machine-tool work. At many suitable schools throughout France agricultural

courses are given and a strong effort is being made to induce disabled soldiers to take up modern farming, in which there are many specialized mechanical operations that cripples can readily be taught to perform.

The National Institute for the training of war cripples at Paris teaches the standard trades of tailor, shoemaker, harnessmaker, and tinsmith, and also gives instruction to properly qualified pupils in accounting, industrial design, cabinetmaking, and automobile engineering, particularly the operation and repair of agricultural machinery.

In England, training is given in carpentry and cabinet-making, printing, polishing, carving and gilding, picture-framing, toymaking, basketmaking, metal work, building and construction, decorating, and electrical fitting. The great hospitals at Roehampton and Brighton, which are the chief centers for the reconstruction of amputation cases, teach especially electrical wiring, motor driving and repairs, and woodworking. In the Canadian schools the leading trades are motor mechanics, machine tool work, carpentry and woodturning, inside electrical wiring, telegraphy, cobbling, operation of agricultural tractors, general farming, and poultry raising. Instruction is also provided in bookkeeping, general office work, and civil service subjects.

A particularly appropriate occupation which has been taught to disabled men with much success, is the manufacture of artificial limbs and artificial appliances. The extent of this increasing need furnishes opportunity for the creation of an important new industry. Crippled men are said to be especially successful in this line of work through personal sympathetic knowledge of the requirements. Improvements in artificial apparatus have been frequently designed and executed by the men who are forced to use them.

Choice of Occupations

In considering which of the available vocational courses a man should be trained in, it is axiomatic to start from the basis of his previous education and working experience. Recent testimony before the joint committee of Congress considering the adoption of the American program strikingly emphasized Canadian success in this direction. For example, a wounded bricklayer was retrained and employed again by the same firm as an estimator and cost accountant, earning more than he could before. Likewise bridge workmen have been trained in mechanical drafting and fitted for useful positions in engineering offices. One Canadian mechanic earning \$3 a day became, after training, a foreman with more than twice that wage. So a train hand who has acquired general familiarity with railroad work may wisely be reeducated as a telegraph operator with the necessary supplemental training in commercial subjects. Thus qualified, he may readily find employment as station agent. There is the further advantage that the former employer will in such a case be not only patriotically anxious to help a man formerly in his own service with whose character and personal qualifications he is familiar, but will be only too glad to get a newly trained and, perhaps, doubly competent employee.

The best practice calls for fitting the disabled soldier for a particular standard trade, choosing especially occupations and special processes where the demand for skilled workmen is most likely to be the greatest. Fitting the job to the man is in some cases possible, but likely to be dangerous. Training him to operate a special machine adjusted to his disability, such as a typewriter with special paper feed and shift mechanism, may be successful as an academic demonstration of the possibility of doing

certain kinds of work, but it is likely to offer a precarious practical future. A single position may be arranged for with an interested and sympathetic employer, but in the face of any one of a great number of possible contingencies necessitating separation from this particular position, the workman may be quite unable to find another job, and the value of his training will thus be thrown away. Crippled men should, therefore, be trained if possible to meet the demands of standard trades in which there will be not a few possible jobs, but thousands of them.

In many instances the acquisition of a thorough knowledge of chosen occupations, new or old, will, it is to be hoped, give handicapped men of sufficient general education the capacity for directing the work of others and of becoming small employers of labor. Indeed, because of the disability which forces a man to *think*, to improve his general education, and to take a new and perhaps more responsible attitude toward life, the handicap of a disabling wound often comes as a blessing in disguise. As a result, many a disabled man becomes an unusually intelligent workman. But care must be taken that no man handicapped by loss of limbs is permitted to choose an occupation which can never yield a good return. It will be especially difficult for a disabled man to compete with those who are sound when old age still further reduces his capacity to work. In these circumstances, unless the disabled man has chosen his occupation wisely and learned it thoroughly, he will almost necessarily become dependent in some degree.

Vocational Guidance

Where, as in many cases, there is no former experience on which to build a structure of reëducation, general principles of vocational guidance must determine the

choice of the trade. Here the services of expert vocational counsellors familiar with trade education, with the requirements of various industries, with labor union conditions, and with the labor market generally, will be needed. According to Miss Harper's report on the work in France, diagnosis of each individual's vocational possibilities must take into account: (1) the man's physical disability and the limitations created by it; (2) his former occupational experience and his natural aptitude or taste for a given kind of work; (3) the favorable or ominous conditions in the industry for which he may seem to be especially fitted; (4) his social environment and economic needs. In this question of guidance, the experts in the various fields may be represented on the steering committee. Unless the *mutilé* can express his own needs fluently, there must be another member of the committee to represent the knowledge of his family, his home conditions, his tastes, and ambitions. "Yet even this is not enough," Miss Harper says. "With the most careful provision for giving him expert guidance, the decision should finally rest with the disabled man himself."

In the American plan, which will, doubtless, be organized by the Surgeon General and the Federal Board for Vocational Education with reference to the successful Canadian methods in this particular, the soldier will choose his new occupation under the expert and friendly guidance of vocational officers working in close conference with the Army medical authorities and always with reference to the man's personal and family relationships. Here is another opportunity for Home Service workers to aid the constituted authorities and the ex-soldier in reaching a sound vocational diagnosis and prescribing the best solution of each such problem. Experienced vocational officers testify to the great importance of the family relationship, often affected profoundly by the sep-

aration of military service, in its bearing upon the frame of mind in which the ex-soldier begins his course of training, and upon the success with which he pursues it. Aside from the difficult and complex personal and family factors, such problems as the intangible feeling of caste in employment may have to be dealt with. Those who have worked as clerks may hesitate to enter mechanical trades, even though in view of their modified physical condition such occupations may offer the best future from several points of view. In helping the man and his family to face all such questions there will be need of the wisest and most sympathetic counselors, both official and unofficial.

Voluntary Choice of Vocational Training

That the decision on the part of the soldier to undertake training must be voluntary would seem almost self-evident, for although a man under military discipline can be ordered to a classroom, he cannot be compelled into a state of receptivity or enthusiasm over his studies. The unwilling pupil will learn little, indeed, but much can be done to stimulate and inspire the voluntary choice. On the other hand, it is true that wounded soldiers being in an abnormal condition, both psychologically and physically, do not always realize the necessity for undergoing the immediate sacrifice involved in vocational training. For their own best interests and for the interests of the country some form of inducement may be necessary. Obviously, the influence of the family, wisely guided by Home Service workers, is of the utmost importance at this point.

Red Cross Institutional Work

Through the gift of \$50,000 and an appropriate building by Jeremiah Milbank, of New York City, which was accepted by the War Council in the spring of 1917, the

Red Cross was enabled to establish in New York an experimental institute for the reëducation of crippled soldiers. With unusual resources of literature on the general subject of care for cripples, this Red Cross Institute for Crippled and Disabled Men has published several series of both popular and technical papers, describing the best results of European study and experience in this field. Vocational training in specially selected trades has been commenced for purposes of trial and demonstration. A careful survey of cripples now resident in New York City has been made with reference to the nature of their injuries, their present physical and economic condition, and their capacity for useful work.

The Red Cross Institute in New York and the special Red Cross Institute for the Blind, later referred to, are organized under the Department of Military Relief of the Red Cross. This is in accordance with a policy whereby work of an institutional nature which the Red Cross does for soldiers and sailors will be administered by that Department, leaving to the Department of Civilian Relief responsibility for the community and family phases of such assistance as the Red Cross may render in this field.

Duties of Home Service Sections at this Stage

(1) The most important duty of Home Service in connection with the vocational training stage has already been suggested. It is to ensure the support and encouragement of the family in the man's effort to make the most of his new opportunities. The adoption by Congress of the principle of voluntary civilian control, as opposed to military control of the men needing vocational training, means a challenge to the family and to its Red Cross friends to help the man make the wise and right decision and stick to it.

(2) Knowledge on the part of the vocational counselors of the man's personal, family, and community background is an essential aid in helping them to give him sound advice. This must be supplemented by consideration of the available occupations in the home locality. Often Home Service workers will be able to give this information.

(3) When an attractive light job under present abnormal labor conditions offers the man may be tempted to give up the training which will in the long run be more to his advantage. Home Service influence must try to prevent such mistakes.

(4) During vocational training either in the trade school or in the factory, perhaps in a strange city, many men may have to face a further period of separation from their families. They may need help and counsel then, as at no other time. This is work for men attached to the Home Service Section in the city where the factory or school is located.

(5) A special responsibility may fall upon Home Service at this stage unless Congress provides a remedy, as it doubtless will do. Under the so-called Civil Rights Act the exemption from civil action for debt, which the soldier or sailor now enjoys, expires sixty days after his discharge from the service. At the time this law was passed it was not clearly determined that for several months after their discharge many of these men would be undergoing training at the hands of a civilian branch of the Government. Obviously, this would be the worst possible time for the ex-soldier, just entering with hope and enthusiasm on his studies, to have to worry about debts or other troubles at home. Unless and until Congress amends the law to extend this moratorium, Home Service must charge itself with every possible effort to forestall such a contingency. Here is work for the legal members of the Home Service Sections.

IV. Employment

When the disabled soldier has been cured of his wounds and refitted for a life of self-support through appropriate special education, it remains for the Government to help him find suitable work. Moreover, suitable vocational guidance and help in placement should be available for those returned men who need such service, whether disabled or not. In these tasks the Government agency should have the intelligent cooperation of employers, of working men, of Home Service workers, and of other friends and neighbors.

Present and Future Employment Conditions

At present it is relatively easy to find work and the temptation is strong for returning soldiers to take the first job that offers, at the unusually high wages now prevailing. Moreover, there is a universal desire to assist disabled soldiers, and the highest standards of work and output are not exacted. Yet it does not require much imagination to realize that after the war conditions will be very different. With millions of soldiers returning to civilian life throughout the world, it will become increasingly difficult to find desirable work unless some special ability more than counteracts the incapacity from injury. For a time the patriotic interest of employers will sustain many men who are not up to the normal standard of efficiency; but in the course of five or ten years the natural, but too often sentimental and ephemeral desire to help disabled soldiers will have passed away, the cause of disability will be less vividly remembered, and thousands of men with government compensa-

tion, but (unless they have been wise in time) individually less competent, will attempt to compete on even terms with able-bodied workmen. In the event of a labor depression following the war, the first to lose their jobs will inevitably be the untrained disabled men who are now enjoying good wages. It will be too late then to train them. And remembering better times their own attitude may cause them all too easily to drift into a state of chronic unemployment with its attendant social dangers.

Need of Expert Placement

Under normal conditions there is far too much haphazard employment, without reference to individual training and capacity. With the return of a flood of men from the war, as with the crippled soldiers returning already, there will be a greatly increased danger of putting them into positions for which they are not suited. A dozen men may all be seriously misfitted to a dozen jobs, and yet with skillful and scientific adjustment of capacity to the requirements they might all be ideally placed in the very same positions. This points the need of expert employment service such as is promised through systematic central control under the Vocational Rehabilitation Law, which requires the Federal Board for Vocational Education to administer this assistance to disabled soldiers, utilizing the facilities already organized by the U. S. Department of Labor.

Handicapped Men Not a Special Class

Employment bureaus operated for the assistance of disabled men alone would result in the wounded being treated as a special and, in a sense, inferior class, so that they would be in constant danger of being offered lower wages. This is contrary to the first principle of the

modern effort to rehabilitate disabled soldiers, which is to prepare them carefully for a selected occupation, in which they will be able to compete on equal terms with able-bodied men, the advantage of a freshly trained mind offsetting the physical handicap. Therefore, no placement service should consent to having these men looked upon as a special class of cheapened labor. Government control of the employment system will obviate this danger which might arise in the operation of private employment agencies.

Industrial Surveys

Now that jurisdiction over training and employment has been lodged in the Federal Board for Vocational Education, it may be expected that the cooperation of large industries will be systematically sought and developed on the lines successfully followed in other countries. It is impossible to teach in the average trade school the great number of diversified processes of modern industry in which disabled men may expect their best opportunities. Classroom training is therefore limited in many instances to the laying of a general basis of theory,—to be supplemented by practical work in the actual industry. For this purpose, surveys are made of many industries to determine the number and nature of the activities in which disabled men can engage, the sanitary conditions of the shop and the general suitability to the end in view. The men in training are then sent in to complete their courses under actual working conditions. Until their period of training is ended they remain under Government pay and allowances, and are subject to regular inspection and supervision. The firm is not obliged to pay them, nor is it bound to employ them afterward. And under the arrangements made it cannot exploit their labor, or limit them to routine work without

value for training. Any attempt to do so would result in the men being promptly removed. Practically there is almost never an inclination to do this, while, on the other hand, there is usually good reason for the firm to employ the men upon the completion of their training. Not only are the industries ready to make these mutually beneficial arrangements out of a sound patriotic instinct, but they profit by getting well-trained men to fill their depleted ranks. This plan therefore solves both the training and the employment problem in an apparently ideal manner.

Compensation Laws an Obstacle

In practically every country dealing with the disabled soldier problem, the necessity of adjustment in respect to workmen's compensation laws has arisen. There are two phases of the difficulty. In the first place the danger of accidents in general is alleged to be so increased if crippled men are employed that the rates of the insurance companies are raised against that industry. This creates a disposition among employers against taking on disabled workmen. In the second place, there is the more specific difficulty that a man with only one arm or one leg or one eye becomes a subject of compensation for total disability if through a work accident he loses the other member. This ruling makes it practically impossible for partly disabled workmen to obtain employment in the hazardous industries. Among other possible solutions it has been held that these laws should be so amended that men disabled in service should have the same status as far as industrial accidents are concerned, as though they had never been injured.

The adjustment of these problems will call for special effort and thoughtful consideration in this country, where workmen's compensation laws vary in the several states.

What Employers Should Not Do

The danger in appealing to employers to find work for disabled men is that the emphasis may be thrown upon adjusting work to the men's limited conditions rather than on fitting the men for open market competition with their fellows. Care must be taken not to foster the well-intentioned but short-sighted desire to give some kind of a job to a disabled soldier immediately on his return and regardless of his future prospects. The self-interest of some employers and the overwhelming desire on the part of the soldier to resume the earning of wages may coincide here to bad effect. The wiser and more patriotic employers will not offer positions in such a manner as to entice disabled men away from opportunities for vocational reëducation. The tendency to do this, though with the best of motives, exists and must be offset by prompt and thorough discussion of the subject among thoughtful and patriotic employers. The first impulse is to plan for and promise to "take care of" a given number of returned soldiers. This means raking up odd jobs and putting the ex-soldiers at work without considering whether they earn the wages or not. One can readily picture a local committee of employers getting together at luncheon and agreeing to divide among themselves responsibility for a quota of twenty or fifty or a hundred returned soldiers. Jones can take care of five, Smith a dozen, Jackson fifty in his big factory. It is all arranged in a few minutes, and the business men return to their desks with the sincere consciousness of a patriotic job well performed.

But a little thought would convince them that on the contrary they have shirked their real responsibility, and that their activity may prove more pernicious than patriotic. Workmen placed in this hit-or-miss manner

will in all probability be down and out before many years, finding themselves unable to face competition in normal times. Moreover, the men will soon realize that they have been given jobs on a charity basis, and, at first ashamed of it, they may later come to expect and insist on such semi-philanthropic support. Certainly the tendency in such a plan is to demoralize rather than to stimulate independence and ambition. Most serious of all, the method takes no account of the workman's future. It means one of two things. Either the man has been placed in a 'dead end' job such as watchman or elevator attendant, with no promise for the future, or he has been given a job beyond his capacity in which he stands no chance of making good. This means that he will be dropped eventually, when gratitude to war-heroes has cooled off a bit, and will have advanced himself no whit during the time he accepted industrial charity.

What Employers Should Do

Employers who have the interests of these men, of the community, and of the nation truly at heart will spend a little more time around the committee table and will do a little more hard thinking. Then they will go back and study each man assigned to them and help him into a job especially suited to his condition. First of all, they will encourage in every way his ambition and desire to seek special training for a promising line of work. Then out of the enormous number of manifold industrial processes and requirements at their collective command, they will help each man to that which he is, with training, just as capable of doing as his able-bodied fellow-workman.

How Home Service May Help in Placement

(1) Help create the right attitude among employers. Too many business men are ready to give alms—the easy way; too few will spend time and thought to help the cripple into a really suitable and constructive job.

(2) Help employers to be considerate and patient at first. Given a job, a handicapped man, because of his initial awkwardness and lack of skill, often has difficulty in keeping it through lack of patience on the part of the employer, shop superintendent, or foreman. This aggravates the man's discouragement, and often it is a case of getting and losing several jobs, all of which tends to lessen his morale and ambition.

(3) While dealing one by one with the individual men and their employers, Home Service Sections may wisely endeavor to assure the steady interest of employers and employers' associations in providing every reasonable opportunity for crippled soldiers, and, for that matter, for the soldier who returns sound in body and mind. Local organizations of workers and employers, labor unions, chambers of commerce, employment managers' associations, and public-spirited individuals may be expected to cooperate with the Red Cross in community plans to assure the successful re-absorption into the local industrial life of all returning soldiers and sailors. The American Federation of Labor and the Chamber of Commerce of the United States are both on record in favor of the national plan for vocational training of returned soldiers and both urged the passage of the Vocational Rehabilitation Law.

(4) Home Service workers may find it desirable to cooperate as individuals in securing any just and necessary modification of compensation laws.

V. Compensation

The United States has throughout its history been noted for the generosity of its policy toward those disabled in its wars. As early as 1636 the Pilgrim Fathers decreed that any man who was sent forth to fight the Indians and returned maimed should be maintained by the colony for the remainder of his life. The other American colonies enacted similar laws because of their battles against the Indians and the French. Virginia and Pennsylvania were the first states of the Revolutionary period to establish disability pensions, and finally Congress, at Washington's insistent demand, granted pensions to disabled soldiers and their widows and orphans. In 1864 the United States adopted the principle of giving special pensions for particular forms of disability, and in 1870 a law was passed requiring the provision of artificial limbs by the Government and the renewal of such apparatus at public cost every five years. The founding by the Federal and State Governments of institutions for the care of needy and homeless veterans and the provision of extra payment for aid and attention to those requiring special treatment, established long ago in the United States principles which are now for the first time recognized in some of the European countries as part of the duty of the state toward disabled soldiers. . . .

Since the Civil War there has been much prodigal legislation at variance with the principles of the present compensation system. Instead of all ex-soldiers faring equally under the impartial operation of just general laws, individuals have frequently been able to advance their particular claims by private pension bills.

Yet in the face of these aspects of our pension legislation it is pleasant to record the opinion of a highly competent British authority that "the Americans have set an example to the world by undertaking in a more thorough manner than any other nation before this war, the care, as distinct from the pensioning, of the disabled soldier."¹

The War Risk Insurance Law

Since the enactment on October 6, 1917, of the Military and Naval Insurance Law, the United States still better deserves the good opinion of this friendly critic. Returning to the solid rock of a just and impartial general law, this measure makes liberal provisions for men while in service and for their dependent families both during the war and in the future to which these dependents must look forward after the disablement or death of the principal wage earner. The underlying theory was well stated by Judge Julian W. Mack, Chairman of the committee which drafted the bill, as follows:

The proposed provisions for the men and their dependents should not be offered as gratuities or pensions, and they should not be deferred until the end of the war. The wives and children, the dependent mothers and fathers of the men, should not be left, as in previous wars, to the uncertain charity of the communities in which they live. The minds of our soldiers and sailors should be put at rest, so far as their loved ones are concerned, by the knowledge that they will be amply provided for by their Government as a part of the compensation for the service they are rendering to their country. In like manner they should know in advance that if they are killed in battle, definite and just provision has been made for their dependents, and that if they are disabled, totally or partially—if they come back armless, legless, sightless, or otherwise permanently injured—definite provision is made for them, and that they are not going to be left to the uncertain chances of future legislation or to the scandals of our old

¹ Pensions: by Captain Basil Williams in "Recalled to Life," No. 1, page 90.

pension system. Every man should know that the moment he is enlisted in the military service of the Government these definite guarantees and assurances are given to him not as charity, but as a part of his deserved compensation for the extra-hazardous occupation into which his Government has forced him.

Compensation for Total Disability

Article III of this law aims at this ideal by setting up a new system based upon the accepted principles of modern compensation legislation. It is unnecessary to repeat all the provisions in detail as they are familiar to every Home Service worker and are conveniently summarized in the Red Cross *Handbook of Information for Home Service Sections* (A R C 207). The schedule of monthly compensation for the total disability of an enlisted man or officer, or a member of the Army or Navy Nurse Corps, as embodied in Section 302 of the law (as amended June 25, 1918, to take effect retroactively October 6, 1917), is as follows:

- A. If the disabled person has neither wife nor child living, \$30.
- B. If he has a wife but no child living, \$45.
- C. If he has a wife and one child living, \$55.
- D. If he has a wife and two children living, \$65.
- E. If he has a wife and three or more children living, \$75.
- F. If he has no wife but one child living, \$40, with \$10 for each additional child up to two.
- G. If he has a mother or father, either or both dependent on him for support, then, in addition to the above amount, \$10 for each.

To an injured person who is totally disabled and in addition so helpless as to be in constant need of a nurse or attendant, an additional sum not exceeding \$20 a month may be paid in the discretion of the Bureau of

War Risk Insurance. For the loss of both feet, both hands, or both eyes, or for becoming totally blind or helpless and permanently bedridden from causes occurring in the line of duty in the service of the United States, a compensation of \$100 a month is to be paid, without additional allowance in that case for a nurse or attendant.

The amendments of June 25, 1918, also provide for the apportionment of compensation where the disabled person and his wife are not living together or where the children are not in the custody of the disabled person. Another amendment makes the term 'wife' as used in Section 302 include 'husband' if the husband is dependent on the wife for support, and if she is the disabled person.

Compensation for Partial Disability

If, however, the disability is partial, the law provides a monthly compensation at a graduated percentage of that which would be payable for total disability. No compensation is payable for a reduction in earning capacity rated at less than ten per cent, but beyond that the award is adjusted to the degree of the reduction in earning capacity resulting from disability. The schedule of ratings applied by the Bureau must be based upon the average impairment of earning capacity resulting from similar injuries in civil occupations and not upon the impairment in earning capacity in each individual case. This means that there is no reduction of compensation in an individual instance if the man succeeds in overcoming the handicap of a permanent injury.

This point deserves emphasis, since it brings our law into accord with the recent experience and practice of other belligerent nations. In England the pension was at first reduced as the man's earning power increased. Many of the ex-soldiers thereupon took the attitude that

they would not undergo training which would result in diminishing their pensions, and thus the whole program of reëducation faced a serious set-back. In the light of this experience the English system was changed to the sound basis of adjusting the pension to the disability rather than to earning capacity. But it is only by strenuous campaigns of education still carried on that British and Canadian soldiers are convinced that vocational training will not operate to reduce their pensions.

The American law, however, contemplates in this connection a further distinction between temporary and permanent disablement, either partial or total. Compensation is payable for disability incurred by reason of disease, for example, and continues during the existence of such disability. In this case the compensation is rated according to the reduction in the individual's earning capacity. It diminishes with physical and economic recuperation and ceases when the man is restored to health and full earning power.

But for *permanent* impairment as in loss of members or other irreparable injuries, the compensation is fixed, as above stated, according to an average scale, and can not be changed if the man overcomes the handicap.

Insurance for Total and Permanent Disability

But over and beyond the provisions for compensation for death or disability in the service, the War Risk Insurance Law in Article IV also makes available to every commissioned officer and enlisted man and to every member of the Army Nurse Corps (female) and Navy Nurse Corps (female) when employed in active service, the benefits of life and disability insurance carried by the Government at a very low premium. In the event of death *or total and permanent disability* the amount of the policy (which may be any sum in multiples of \$500, be-

tween \$1,000 and \$10,000) is payable in 240 monthly installments. If, however, the insured person becomes totally and permanently disabled and lives longer than 240 months, payments will be continued as long as he lives and is so disabled. If death occurs before the end of 240 months, the balance of the insurance will be paid in like monthly installments to the beneficiary.

Vocational Reëducation as a National Policy

Section 304 of the War Risk Insurance Law contained the first promise in the law of the United States to go beyond a mere pension and provide vocational training which will place the disabled soldier in a position for self-support. This section was repealed by the Vocational Rehabilitation Law but its provisions were in effect re-enacted therein, although with important modification of the emphasis on military and economic control. Its original enactment was intended to establish a principle, to be worked out in detail by later legislation as has now been done.

The War Risk Insurance Law and the Vocational Rehabilitation Law are among the most constructive measures of social legislation which the United States has ever adopted. It may be confidently expected that the essentially new principle introduced in the field of compensation laws, namely, adding vocational training and rehabilitation to the financial provisions of such legislation, will hereafter prevail in the industrial field and that after the war not only the principles of these laws but the very institutions which the Government will necessarily develop will be made available for the victims of work accidents.

Compensation Adjusted to the Family

In adjusting the compensation to the family need the War Risk Insurance Law strikes a new note as compared

with ordinary workmen's compensation laws. Judge Mack has expressed it thus:

In all the workmen's compensation acts, if a man is disabled, the amount of compensation that is paid to him depends upon his salary in the business, and his family does not enter into the consideration. We felt in drafting this act, however, that the situation was different, particularly in view of conscription. Under the conscription law the family is conscripted when the breadwinner is taken away. The family in giving up its head is serving the country, and the family, therefore, ought to be looked at in determining the amount that the Government pays for disability or death; and so the amount that is paid, if a man becomes disabled in the service or, as the law puts it, in the line of duty, varies according to the size of his family; and, as a matter of justice it was felt, and Congress indorsed the idea, that it should vary according to the size of his family from month to month.

Too often the treatment of veteran soldiers and sailors has become a question of partisan politics. There is felt to be danger both in Canada and in the United States that the organized influence of returning soldiers and sailors may be used for political purposes by creating or expressing dissatisfaction with the arrangements made by the Government for their return to civilian life. It would be unfortunate if false ideas of what is due to soldiers should become general, and if action should be taken for the purpose of urging unreasonable claims by political propaganda. Considering the proportion of the soldier vote, especially in the present war, the dangers presented by such a situation in every country possessing a representative form of Government are very real. But the enactment of such wise and equitable legislation as the War Risk Insurance Law will go far to remove such dangers, especially if there be a sound public understanding of the whole problem and adequate support of the law and of the machinery for its administration.

Compensation During Vocational Reëducation

Home Service workers should note the ways in which the new law supplements or modifies the provisions of the War Risk Insurance Law with which they are already familiar. Section 2 of the Vocational Rehabilitation Act provides that a person following a course of training as provided for therein 'shall receive monthly compensation equal to the amount of his monthly pay for the last month of his active service', or equal to the amount to which he would be entitled under Article III of the War Risk Insurance Law, 'whichever amount is the greater'. Since vocational rehabilitation is offered to all who are entitled to compensation and who are unable to resume a gainful occupation, this clause applies to officers as well as men.

If, however, 'such person was an enlisted man at the time of his discharge . . . his family shall receive compulsory allotment and family allowance' according to the provisions of Article II of the War Risk Insurance Law. This allotment and allowance will be continued to his family during the period of training just as if he were still an enlisted man in service, and for the purpose of computing the amount of allotment and allowance, the man's compensation is to be treated as his monthly pay. In this connection it should be remembered that subsequent sections give the Federal Board for Vocational Education power and means to pay 'the expense of travel, lodging, subsistence, and other necessary expenses of such persons while following the prescribed courses'.

The provisions for vocational training are also made available to those receiving compensation who are able to follow a gainful occupation. This training will be offered under conditions to be established by the Federal Board for Vocational Education.

Home Service Duties at this Stage

(1) Make it a patriotic duty to support and to secure support for the principles of the War Risk Insurance Law as supplemented by the Vocational Rehabilitation Law and to further the practical and successful operation of their provisions.

(2) Inform returned soldiers of their rights under these laws and assist them to file their applications to obtain the benefits thus conferred upon them and their families. Home Service Sections with well-organized information service will have been doing just this work from the beginning.

(3) See that no disabled soldier or sailor wrongly believes that his compensation will be reduced if he fits himself for higher wages.

(4) See that the disabled man, or someone in his behalf, writes a letter giving the man's *full name, service number, military unit, and the facts regarding his disablement*, which addressed to the Bureau of War Risk Insurance, Washington, D. C., will set in motion the necessary procedure to establish the claim and will make certain that full instructions with the required forms will be sent directly to the claimant.

(5) Remember that compensation is awarded only when the injury or disease was incurred 'in line of duty'. While the decision on this point rests in the first instance on the report of the Army surgeons, the Bureau of War Risk Insurance will consider evidence submitted by the claimant tending to prove that a pre-existing diseased condition or injury was aggravated by military duty.

(6) When requested by a representative of the Bureau of War Risk Insurance to do so, supply promptly and accurately the facts in possession of the Home Service Section which will assist in the just determination of

the actual conditions of the disabled man and of his family and in the just award of compensation to him. In all such cases the Home Service Section should omit all opinion and all recommendation. Only the facts are desired. And the Home Service Section should not make special inquiry to determine these facts when not already known. The Bureau of War Risk Insurance has its own agents for that purpose. Moreover, the family may resent—and properly so—any such inquiry as intrusive and outside the proper sphere of the Home Service Section. Such information as is already at hand, however, may be given as a service to the family.

(7) In awaiting action, be patient. Use perspective and consider the number of men in service, the number of claims presented, and the number of inquiries which the Bureau of War Risk Insurance must face as its daily task. Those who burden Government offices with needless inquiries and then complain of delay are not doing their best to help win the war.

VI. Public Opinion

Whether or not the returned soldier profits from all the opportunities the Government offers him will depend in the last analysis very largely upon the attitude of the general public. The public means well toward the returning soldier but too often acts unwisely. It is essential that the principles upon which the reconstruction of the disabled soldier is based, under the best modern practice, should be widely understood, so that the interest of the public generally may be turned to the best account in supporting in every detail the action of the authorities. Home Service workers know, but the public must also understand, that disabled men who neglect their opportunities for treatment and training do so at grave cost to themselves as well as to the community. A man who unreasonably refuses these opportunities, penalizes himself and by his own unwise choice remains less capable of supporting himself and his family than he might be. This means loss for all concerned.

How Not to Treat the Disabled Soldier

The danger of pampering and idolizing the disabled soldier into a state of exaggerated self-esteem and moral disintegration has been illustrated in a story related by a well-known representative of a prominent war relief association in one of the allied countries. The wife of a returned soldier complained to the representative of this relief agency that after his return her husband would never spend any time with her or with the children. When she had hoped that he would accompany his family for a little outing in the park, he had disdainfully

refused, saying that he was going out for an automobile ride and later to a tea and entertainment at one of the fashionable hotels. This musical afternoon was being provided by society women of the city, whose sincere but misguided zeal thus enticed the men from their families in order to make 'heroes' of them.

One of the most dangerous forms of wrongheadedness is the indiscriminate treating of disabled ex-soldiers at the corner saloon. Even where the harm done by a drink would ordinarily be debatable, in the case of a mentally or physically disabled soldier, alcohol may be the worst thing for him that could be imagined. It is, indeed, a false kindness for the public to condone drunkenness, disorderly conduct, idleness, and dependency on the part of the returned soldier on the ground that he has risked his life for the country and so deserves a special relaxation in his favor of all ordinary restraints on social conduct. It is said that in some cities the patriotic hysteria of the public has been such that neither the police nor the military authorities have been permitted to restrain or punish returned soldiers even when they have become seriously disorderly and objectionable. Aside from the fact that this is a most unwise way of treating the men, it gives obvious ground for unfavorable reflection on the service as a whole.

Obtrusive pity of disabled men is particularly out of place. As the editor of the English journal *Recalled to Life* very appropriately observes, "A disabled man, though he may frequently be an object for small helps and courtesies, does not want to be fussed about, does not want obtrusive pity, and extremely often is actually sensitive to the annoyance of being noticed."

The wisest and kindest public opinion will demand that the returned soldier shall not be spoiled by over-indulgence and relieved of all responsibility for his own

future, but that on the contrary he should be truly helped by being given every facility and opportunity to make the best of his remaining powers, so that he may become an asset rather than a liability in the accounts of society. The courage displayed in overcoming his handicap should be as warmly appreciated by the public as was his courage in going "over the top."

Public Opinion in France

As the result of a carefully directed campaign of public education in France very few intelligent people in that country are now without a clear understanding of the conditions under which a disabled man is discharged from military service. Reëducation is voluntary and its success has, therefore, been conditioned largely upon the education of the soldiers and the public. At first there was a universal tendency to assume that a disabled soldier had nothing to hope for but a long, idle life under pension. With the successful development of a definite policy of public instruction, all this was changed. How this was carried on has been described by a writer in the *American Journal of Care for Cripples*:

Leading writers such as Barres, Brioux, and many others have contributed notably to this cause. Every method of conveying information has been used with the full approval and prestige of the Government. Newspapers, magazines, posters, the clergy, trades unions, manufacturers' associations, boards of trade, public service corporations, and all available channels have been utilized in bringing about a clear realization of the obligation of the State, on the one hand, to insure an independent position to those who have been disabled in its service, and of the obligation upon the citizen, on the other hand, both to be self-supporting in the measure of the ability remaining to him and to receive from his fellow citizens no more than is his due. The result of this campaign has been to teach that in France it is not enough to

say 'Poor fellow' in seeing a wounded man. Instead it has been constantly insisted that what in effect must be said is "There is a man to whom the possibility of a self-earned livelihood must be assured." The public is learning that there is little true benevolence in contributing to the dependence of a wounded soldier, but that it is lasting kindness so to direct public and private resources for his training that the man will no longer need help.

Public Opinion in Canada

Likewise an admirable campaign of public education has also been carried on by the Canadian Military Hospitals Commission (recently reorganized as the Invalided Soldiers Commission), the governmental agency which is charged with the welfare of handicapped men returning from military service. The use of lantern slides, moving picture films, posters, newspaper and magazine articles has been effectively developed. The object is both to convince the man himself that his future prospects are good and to bring the public at large to understand that a disabled man is not necessarily a helpless dependent, but is capable of a high degree of useful activity, provided the necessary facilities are furnished and the ex-soldier does his own part.

Official Educational Activities in America

It is of the greatest importance that American public opinion should be similarly directed along sound and constructive lines. This is building for the future. Nothing will so surely bring about a decrease in the number of men tending to rely on their pensions alone and who would eventually become public charges.

The Surgeon General of the Army has anticipated the need of this kind of educational work and has commissioned experts who have been developing plans for months past. A number of motion picture films depicting the success of cripples in overcoming their handicap have

been prepared. A new magazine called *Carry On* is already being published by the Surgeon General with the cooperation of the Red Cross, which is also aiding in meeting the expenses of other phases of this educational work. Every Home Service Section has been placed on the mailing list for *Carry On*.

The Federal Board for Vocational Education has also begun appropriate educational work with the publication of a new series of bulletins and with other activities commenced as soon as its present authority was received from Congress.

Publicity Work of the Red Cross Institute

It has been from the first one of the principal objects of the Red Cross Institute for Crippled and Disabled Men to assist in the general campaign of public education in this country, regarding the results which can be accomplished in retraining disabled soldiers. The Institute began this phase of its activities by publishing the following advertisement in the leading daily newspapers of New York, Washington, Chicago, and other cities:

A SQUARE DEAL FOR THE CRIPPLED SOLDIER

When the crippled soldier returns from the front, the Government will provide for him, in addition to medical care, special training for self-support.

But whether this will really put him back on his feet depends on what the public does to help or hinder.

In the past, the attitude of the public has been a greater handicap to the cripple than his physical disability. People have assumed him to be helpless. Too often, they have persuaded him to become so.

For the disabled soldier there has been 'hero-worship'; for the civilian cripple there has been a futile kind of sympathy. Both do the cripple more harm than good.

All the cripple needs is the kind of job he is fitted for, and perhaps a little training in preparation for it. There are hundreds of

seriously crippled men now holding down jobs of importance. Other cripples can do likewise, if given the chance.

Idleness is the calamity too hard to be borne. Your service to the crippled man, therefore, is to find for him a good busy job, and encourage him to tackle it.

Demand of the cripple that he get back in the work of the world, and you will find him only too ready to do so.

For the cripple who is occupied is, in truth, no longer handicapped.

Can the crippled soldier—or the industrial cripple as well, count on you as a true and sensible friend?

The Institute has also organized a lecture bureau and has made available an extensive collection of lantern slides and motion pictures showing the details of the work for crippled soldiers abroad and in Canada.

Home Service and Public Opinion

The Red Cross Chapter of each community through the Home Service Section should take the lead in creating locally this force of healthful public opinion. At Red Cross conferences and at other suitable public meetings in the community, Home Service Sections should seek opportunities to have the subject properly presented and thus to assist in the spread of sound views as to what should be done for the disabled soldier. In so far as Red Cross influence can be brought to bear on the sources of publicity, everything possible should be done to arouse interest in what this country is doing for its returning soldiers and sailors and thus make for the wisest application of the good will to help.

In sum, the following steps in connection with the guidance of public sentiment are suggested to Home Service Sections:

- (1) Distribute effectively the present handbook (A R C 210) and other approved literature, such as that of the

Red Cross Institute, all of which may be obtained from the Division Director of Civilian Relief.

(2) Have the principles stated in this chapter emphasized at every possible Red Cross meeting.

(3) Procure the publication in local newspapers of special articles discussing the subject along these lines.

(4) Arrange special meetings in each community to discuss the problem of the disabled soldier and have addresses given by the best speakers obtainable who will emphasize the modern constructive and scientific principles which are now being developed on the basis of experience in other countries.

(5) Cooperate with all other local sources and agencies of public opinion, such as churches, universities, libraries, women's clubs, chambers of commerce, labor unions, and similar community groups in organizing the effective discussion of the subject.

(6) Endeavor to convince the public that the most harmful thing which can be done for the returned soldier generally is to give or in any way encourage the giving of money on the street to any soldier or any one who begs in the guise of a soldier.

(7) In a word, prepare for a sane and helpful reception of the returned soldier. Make it an event long to be remembered by him, and remembered in a way that will make him hopeful and grateful ever after.

VII. After-Care

The time will come after the disabled soldier or sailor has received the benefit of the Government's medical and surgical care and vocational training when he will go to work at his old occupation or in a new position which the Government has found for him. Our country will have done everything possible to restore to each man what has been taken and used in the national service. From this time the Red Cross and other community agencies will gradually take over the chief responsibility for such further assistance as the man may need. The rest depends upon the individual and his personal will-power and capacity for recuperation.

For many returned men who will supplement their innate resourcefulness with these advantages, no further assistance will be needed. Others, less forceful and self-reliant, or more seriously handicapped and disheartened, will require some degree of friendly sympathetic oversight and encouragement to carry them through the first critical months until they have found themselves in their new work. This is no work for a distant and impersonal official agency. Rather it is a task for personal friends close at hand and intimately aware of the man's everyday problems and difficulties. This is appropriate work for the Red Cross. It is especially appropriate work for the Home Service Section which in many instances has already had the privilege of helping to maintain intact the standards of health, education, and home life of the soldier's family during his absence.

The Goal of Home Service in After-Care

The Red Cross is strategically well-equipped to undertake the follow-up care of returned soldiers. Each

soldier discharged on account of disease or wounds will return to a community where the Red Cross will already have served his family, if there has been any kind of need. It is appropriate that this same Home Service should continue such assistance as may be necessary to the reunited family. The problem must now be approached from a different angle. A new factor is involved and emphasis must be placed on the encouragement, support, and social rehabilitation of the chief wage-earner himself, as the means of insuring the permanent stability of the family. In this task the fact that the Home Service Section has already had opportunity to understand the needs and problems of the family will be of the greatest advantage. Obviously, there will be a renewed interest on the part of every Home Service Section called upon to deal with the needs of such men. There is not only the opportunity for real service, but also the chance to make secure all the earlier hopes and plans for the family's permanent welfare.

The Problems of the Returning Soldier

More concretely, What are the problems of the returned soldier or sailor at this stage of his readjustment to civil life, and what can the Home Service Section do for him over and beyond what the Government has done so well?

In the first place, the change from the military to the civilian status involves a radical psychological readjustment. For many months, perhaps years, the man has given no thought to the source of his daily bread. Superior authority has regulated his every act, telling him what to do and when to do it. A long period of hospital care under constant attendance may have accustomed him to the notion of getting through the day with little or no concentrated effort and attention to anything more stren-

uous than playing games or enjoying concerts and the 'movies'. To be sure, an effort has been made to offset this danger by giving him systematic doses of diversional and curative occupation even in hospital days, and a period of thorough-going vocational reëducation has supervened. But at best there is a vital difference between going to school and going to work, and the soldier must go through the adjustment to a new and different mode of life, which this change involves.

So, when the reconstructed soldier strikes out again in the world for himself, there will inevitably be periods of discouragement. He may find uncongenial working conditions, unsympathetic employers, inconsiderate foremen, sharply competing associates. All these things or any of them may dash his reviving hope and interest in his own future, and he may quickly yield to despair. Then is the time to call for the reserves. Home Service workers must not be slow to rally to his support. He must meet and overcome these discouragements. If he loses one job he must find another, and if necessary, a third, fourth, fifth, and so on, until the right and lasting connection is made and the worker is settled in his work, in his mind, and in his outlook on life. In all these days he may be greatly helped by the sturdy advice and encouragement of some older man—a member of the Home Service Section.

The Mental State of the Disabled Man

Perhaps no one except the soldier who has been through the terrible experiences of modern warfare can imagine its unsettling effect on mind and character. Anyone who has ever left a civil occupation for months of foreign travel knows how hard it is to get back into harness. Add to that the effect of the military régime and the conditions of life at the front, and it is little wonder

that the returned soldier finds it hard to resume the daily round of ordinary civilian life. Restlessness in the new job can be overcome only gradually, with the tonic effect of work and with constant support and encouragement of family and friends.

An unusual insight into the frame of mind of the crippled soldier appears in the following extracts from a letter written by a highly educated American teacher—himself a cripple—at the request of the office of the Surgeon General of the Army:

At your suggestion I am outlining what, in my opinion, should be done on the other side for men crippled in action. What I have to say is based on direct personal experience, having been 'through the mill' myself and having studied the question for the last twenty years quite fully.

You must not only fit a man to become a wage-earner but, fully as important, you must fit him to enjoy the wages thus earned with his fellows. You will find, at least in the mind of the cripple, that this second factor is the all-important one. In all candor and seriousness, you cannot hope to make a cripple a self-respecting member of society if this factor is not taken into account. This is not a theory but a cold fact. Think of the thing a moment even in terms of the normal man; very few of us are very choicé about how we earn our money so long as society lets us live on a par with others who earn their living, no matter how.

The cripple does not care how many trick devices you fasten on him in order to enable him to become a productive wage-earner, but to carry them into his home and in his social amusements of whatever kind they are, high or low, is as repugnant as can be imagined. One basic fact stands out: you must show your cripple that he can enjoy life. You realize the force and bearing that this has on the whole problem. I am not overestimating its importance when I say that unless you prove to a cripple that there is enjoyment ahead, you can do very little to help him. Frankly, what is the incentive, why should he work, why even live, what do we live for, anyway? The pursuit of happiness, in the main.

Now let me outline just what happens and suggest the cure. When a man is wounded and crippled the realization of that crippling comes at a time when the nervous system is least able to bear the additional shock which the realization brings. But the shock does come to the mind and with it a feeling that worse than death has come; not only complete dependency, but the robbing of the cripple of all, or nearly all, that makes life livable. Pictures arise of beggars and shoe-string peddlers and all kinds of helpless and maimed individuals.

The mental suffering is very acute, although the doctors and nurses may never hear of it. The mind of the patient is in no condition to undergo the ordeal at this time. For throughout the weeks of forced inactivity, a mental state, perhaps a different psychology, is built up and often strengthened by sympathetic nurses who do little more than confirm the worst suspicions of the invalid as to his own position in the world. From a humanitarian standpoint this suffering must be alleviated and from the standpoint of the future development of the cripple this is the crucial time. Couple with a shattered nervous system, weeks of forced inactivity with the idea of helplessness, with the idea of life abnormal, outside the pleasures of the world, it is wonderful that all cripples are not helpless.

You must kill the idea of helplessness almost as soon as it is born, for in a few weeks it becomes very strong. You must show moving pictures of men who are crippled enjoying themselves in normal ways, dancing, skating, paddling a canoe, swimming, playing billiards, rolling cigarettes, and hundreds of things they cannot or do not know about. I could multiply these things a thousandfold, things which you would refuse to believe. But they must be 'put across' to the men early, and it must be done by men who have had the experience first-hand.

'The Way Out'

This cross section of the psychology of the cripple is of deep interest, and it should be added that the methods therein suggested are being developed by the Surgeon General of the Army. Among other means of reaching

the men a pamphlet entitled *The Way Out*, published with the cooperation of the Red Cross, will be placed in the hands of every disabled soldier as soon as he has recovered sufficiently to read it. This booklet will carry a true message of cheer and hope stated by many people in various ways. The Government, the Red Cross, the medical, engineering, and other professions, employers, labor unions, farmers, vocational experts, and the public will each be represented by a brief letter of encouragement. But substantially the book will consist of actual biographies of successful cripples who have overcome their handicap and have learned anew to live and work and play. To this book the Director General of Civilian Relief of the Red Cross has contributed the following promise of its aid:

TO THE MEN WHO COME BACK:

Let me say this one thing to every fighting man—the Red Cross is for you and with you.

It is the aim of Red Cross Home Service to keep safe the homes of those who fight to make the world safe for our homes.

To an equal extent—and that extent means to our utmost—it shall be our aim to make for you who are returning, bearing the marks of camp life, trench life, or battle, a world at home wherein you may live as full and useful and happy a life as ever before.

Those marks of battle are sacred symbols of your service to a high cause. More than chevrons, bars, or any insignia they have given you a rank among your fellows.

That rank makes you, forever, one of those to whom the nation will always look for future sacrifices as noble as those you have already made and for future achievements worthy of your past.

No matter what has befallen you, you are still a soldier. Although you have returned from the front, you still have to fight foes more worthy of your steel than the Germans. Those foes are discouragement, the letting down of ambition, readiness to accept the easiest way, reluctance to play one's part in the

peace-world. We know you will conquer all these enemies. Your country needs you yet to fight the battles of peace.

And you are still one of the world's workers. In spite of your handicap, you can produce with hand or with brain just as much as the next man. Your country needs soldiers in the great army of workers.

You will not have to go it alone. The Government and the Red Cross will see you through. The Government will make you well, it will restore to you the use of injured members, it will teach you a trade, it will find for you an opportunity to earn a living just as you did before—perhaps better than you did before. It will make you a skilled producer.

And all along the line, the Red Cross will be with you and your family—your ally and the Government's in this greater warfare in which you as a soldier of peace are fighting to make the world better because of your being in it. The Red Cross will come to you whenever you ask—when courage is at low ebb—in any hour of distress; it will go to your family if there is any information, counsel, service, or aid they need; it will stand by you in the new job and believe in you and sustain you if it be found that the job doesn't fit. It will see you through if you want to go through.

After a while, there will come to you this thought: "What I have lost—arms, legs, sight, physical strength—is insignificant by comparison with what I have saved and what I have gained. I still have my friends, old and new, my family, my brain, my courage, my will to succeed, my soul, which must be the only thing really worth saving because it is that alone which God has deemed worthy to make eternal. And if I take what is offered, I shall have skill to produce and earn, and I shall have opportunity to do a man's work in the world and to receive a man's meed. I can still laugh and love and serve.

All you want is the equipment to do the task before you and an opportunity to take your place in the ranks of the world's indispensable producers. You will not get more than you earn, but you will earn what every other man who can look the world in the face earns—a competent, independent livelihood.

You can do it. It has been done by many. Their stories are in this book. It will be done in the future by all who will. Never

before has the Government and the public given a guarantee such as this—physical and mental rehabilitation, vocational re-education, replacement in industry, and constant encouragement to those who have suffered and sacrificed.

You can do it. We have pledged our faith in you. We are for you and with you—always.

This is the message of the Red Cross.

And this promise it is the responsibility of Home Service to fulfill. When these men come under the direct care of Home Service Sections everything that is done for them must be based on a sympathetic understanding of their spiritual as well as their physical sufferings. Home Service must complete the work of the Army doctor and the vocational officer in this domain. Reports from the Red Cross delegates indicate that at the third meeting of the Interallied Conference on the After-Care of the Disabled Soldier held in April, 1918, at London, the need for greater appreciation of the mental state of these men was strongly brought out. It was reiterated over and over again that the soldier who returns from France comes back with a changed outlook, and that this must be understood by those who are trying to help him before they will succeed in doing so.

Medical Service

In certain instances some form of continued medical or surgical treatment and oversight may be desirable. Here the Home Service Section will be on familiar ground. Its efforts to maintain health standards for the families of soldiers and sailors will already have acquainted it with local resources of hospitals, dispensaries and sanatoria and with the local personnel of the medical profession. Standards of professional service with particular reference to war needs have been established and willing counsel is available through the Volunteer Medical Ser-

vice Corps, an official national organization of physicians which is pledged, among other objects, to assist the Surgeon Generals of the Army and Navy, and to aid in the care of soldiers' families.

Section 303 of the War Risk Insurance Law provides that persons applying for or in receipt of compensation shall submit to medical examination and shall accept such reasonable surgical or medical treatment as the United States may provide or cause to be provided. Acting with this authority, the Bureau of War Risk Insurance is utilizing the resources of the United States Public Health Service in personnel and hospitals in order to provide examinations and offer treatment to discharged men who are entitled to compensation under the law. This service was organized before the enactment of the Vocational Rehabilitation Law, and in practical effect will presumably have a diminished importance in the future, when the full effect of the new Army policy of curing disabled men before they are discharged from the service is felt. Nevertheless Home Service workers will have occasion to inform and assist many disabled men to secure the benefits of this plan.

Recreation

The important factor of wholesome recreation for the returned man and his family must not be overlooked. The Home Service Section must consider how it may best be provided under the circumstances of each case. Always necessary, proper recreation is more than ever indispensable for the returned disabled soldier or sailor. But it must not be arranged for or offered in any way that neglects the family's right to share the ex-soldier's pleasures.

Community Resources

Turning now from the man to his environment, it falls upon the initiative of the Home Service Section to help organize all available community resources which can be effectively brought to bear upon the welfare of the returned soldiers and sailors. But such local agencies must be employed only in accordance with the general plan and under the guidance of the national authorities. It may happen that a soldier's ambition is so stimulated by his course of vocational training under the Government that he will desire to continue his studies after his return to his home city. Or he may be anxious to improve his general education by attending night school, or by taking advantage of other educational opportunities. In many instances the Home Service Section may be able to stimulate ambition and the desire for further training and to assist in providing the requisite facilities.

It should be remembered that a discharged man who has missed the wisest choice of the best opportunities for trade training open to him has not necessarily thrown away his last chance. Even a short experience and the example of his comrades who are doing so much better may quickly change his views. New circumstances, increased knowledge, reviving energy and ambition may bring him to realize how much better off for the future is the skilled in comparison with the unskilled worker. The door is always open to such a convert. The Government courses are still available, and local opportunities for further schooling can be found. The Home Service worker must be ready to help each such man realize his ambition.

VIII. Special Medical Problems

The war cripple makes such a special appeal to public interest and sympathy that it is easy to lose the true perspective of the whole problem of caring for disabled soldiers. It is the experience of this war that the wounded, and especially those who have lost limbs, constitute a relatively small proportion of the total number incapacitated for service. On the whole, the medical cases outnumber the surgical. Tuberculosis, especially, is a large factor. Out of 1,000,000 men serving, it is estimated that 10,000 each year will be subjects for vocational reëducation and of these approximately half will be medical and half surgical cases. Of each 5,000 surgical cases only 500 would involve dismemberment, 300 with loss of legs, and 200 with loss of arms. As a recorded fact, out of 41,000 Canadian soldiers who have been returned for all causes there were less than 1,500 cases of amputation, and less than 50 cases of blindness.

The principle of Home Service responsibility for the after-care of disabled soldiers applies regardless of the particular nature of the disability. No distinction can be made between the wounded man who may soon recover his normal earning capacity and the man who must pass through a long period of treatment and convalescence from disease. Although the foregoing chapters have discussed in some detail plans for the care of the war cripple, the general principle stated must be held applicable, so far as the Red Cross is concerned, to the after-care of men discharged on account of any form of physical disability, medical or surgical. Broadly speaking, the disabled soldier presents a single problem calling

for systematic and sane application of Home Service assistance whenever necessary to supplement the work of the Government agencies. Special preparation has been made by the authorities for dealing with each group of disabilities, however, and these should be known in a general way to Home Service workers in order that they may act with some knowledge of the Government's plans and methods.

Tuberculosis

Under a long-standing policy, continued in force during the first year of the present war, all men who, upon thorough medical examination and observation at the camps, were found to be suffering from tuberculosis were forthwith discharged from the Army. If the disease was diagnosed as acute tuberculosis or if chronic tuberculosis developed after the man had been three months in the service, it was accepted in effect that the Government was responsible, and such soldiers were discharged "in line of duty." This meant that they were regarded as having incurred the disability by reason of their military service, just as if they had been wounded, and were *prima facie* entitled to compensation under Article III of the War Risk Insurance Law. If, on the other hand, the disease was discovered within three months after enlistment it was assumed that it had existed previous to entrance into the service and had escaped detection. In such cases, unless it was shown that some other disease or excessive fatigue or exposure since enlistment had re-activated tuberculosis, the discharge was "not in line of duty," and the War Department recognized no responsibility for the man's subsequent care and treatment. Under the operation of this policy almost exactly 10,000 men were discharged from the Army from the beginning of the war up to June 1, 1918.

At the present time (July, 1918) a complete change of policy, involving a more liberal view of the Government's responsibility, has gone into effect. In the first place, the Bureau of War Risk Insurance has ruled that it will take under consideration, even when a man has been discharged as "not in line of duty," any evidence that he may submit to show that a previous condition was aggravated by his military service, and that it will hold itself free to award compensation in such cases. In the second place, and more important, the recommendation of the Surgeon General, approved by the Secretary of War early in May, 1918, has resulted in postponing discharges on account of tuberculosis (as well as other causes of disability) until the men are cured or as nearly cured as the nature of the disability will permit. At the same time, General Order No. 47 of the War Department issued May 11, 1918, ended for practical purposes the distinction as regards "in line of duty" by providing that when a man is once accepted for service upon his physical examination at a military station, any subsequent determined disability shall be regarded as having been contracted in the line of duty "unless such disability can be shown to be the result of his own carelessness, misconduct, or vicious habits, or unless the history of the case shows unmistakably that the disability existed prior to entrance into the service."

This means that men who develop tuberculosis in the service will ordinarily be sent to Army hospitals and kept, if possible, until the disease is arrested, certainly as long as they will stay. Contrary to an impression which has obtained some currency, the Army sanatorium treatment is not limited to three months or any other definite period. In fact, the chief difficulty which is now anticipated is to get the men to stay long enough. It is the wish of the Surgeon General that tuberculous soldiers

shall be kept in the service as long as they are willing to remain, provided there is sufficient accommodation for all of them in hospitals, and provided further that the individuals in question have need of further treatment. But the first desire of the soldier when told he has tuberculosis is usually to go home. Too often this desire will be aided and abetted by an anxious mother who is sure her boy will die unless at once sent to her to be cared for in what she considers the only proper way. Here is the obvious but difficult task of Home Service—to make it clear that this particular soldier boy owes a further duty to his country, to his dependents, and to himself, namely, the supreme duty of getting well, and that this can be accomplished far more quickly and surely under the careful supervision and treatment which he will receive at the military hospital. Moreover, he will be taught how to live so that he will not relapse, or become a menace to his family and his fellow-workers. So the wisely guided mother will not insist that he come home, even on furlough, until the medical officers are ready to discharge him.

The Surgeon General has not failed to provide tuberculosis hospital facilities commensurate with the increased need. Besides the regular Army hospital at Fort Bayard, N. M., new institutions at New Haven, Conn., Markleton, Pa., and Waynesville, N. C., are in operation, with a total present capacity of 1,305 beds. Other sanatoria at Azalea, near Asheville, N. C., Denver, Col., Whipple Barracks, Ariz., and Otisville, N. Y., will bring the total up to 5,875 beds before the end of the present year.

Following Up the Tuberculous Soldier

In an endeavor to meet the pressing situation at the time that great numbers of men were being discharged

from the camps under the old policy, arrangements were made whereby the Surgeon General furnished to the National Tuberculosis Association lists of names of all men discharged from the Army on account of tuberculosis. With the approval of the Surgeon General, the National Tuberculosis Association has, in turn, forwarded these lists to the appropriate local agencies in the three following groups: (1) State boards or departments of health; (2) State anti-tuberculosis associations; (3) Division Directors of Civilian Relief of the American Red Cross. The Division Directors have been clearing these names to the appropriate Home Service Sections in order that they might cooperate with the public and private health agencies and supplement their more specialized medical activities with such measures of relief and service to the family and to the patient himself as might be necessary in each case. In carrying through this procedure, the strongest emphasis has been placed upon the need of intelligent cooperation to prevent duplication of work among the three agencies, which would result in excessive and unnecessary visiting of the patient and his family. Under the operation of the new Army policy above referred to, the problem should be distinctly modified and the burden upon Home Service and other local agencies should be materially reduced. Doubtless the cooperative procedure already established in the several Divisions will need to be continued in force with respect to the after-care of men already discharged or who may eventually be discharged after sanatorium treatment, but who will need subsequent care and advice in their homes.

In taking account of the facilities for men discharged on account of tuberculosis, it should be remembered that the National Home for Disabled Volunteer Soldiers with ten branches throughout the country will admit for institutional care and treatment men discharged from any

branch of the service. Of the ten branches, however, only four have facilities for the care of men suffering from tuberculosis. These branches are at Dayton, O., the so-called Mountain Branch at Johnson City, Tenn., the Pacific Branch at Los Angeles, Cal., and the Battle Mountain Sanitarium, Hot Springs, S. D. Furthermore, every soldier in the regular Army who is disabled on account of disease or injury contracted in line of duty is entitled to become a beneficiary of the Soldiers' Home at Washington, D. C. This home has no branches, but if the soldier in question has tuberculosis he is sent from the Home at Washington to Fort Bayard, N. M., for treatment in the Army hospital there. Soldiers already under treatment at Fort Bayard, and eligible for admission to the Soldiers' Home on discharge are permitted to make application to that effect and be admitted as beneficiaries of the Soldiers' Home, whereupon their treatment at Fort Bayard may continue without interruption after their discharge.

Under Section 303 of the War Risk Insurance Law, provision may be made by the Bureau of War Risk Insurance for the sanatorium treatment of men entitled to compensation after their discharge from the Army. The Bureau pays all expenses of travel and treatment in such cases. Accordingly, the first thing for the Home Service Section to do in assisting a man discharged on account of tuberculosis, as, indeed, for any other disease or disability, is to make sure that application for compensation under the War Risk Insurance Law has been filed and all the information desired by the Bureau in deciding the case promptly furnished. In frequent instances Home Service workers have complained earnestly of the delay and failure of the War Risk Bureau to act, when the fault has been with the applicant and his advisers in not carefully reading the instructions and providing the in-

formation desired. The Bureau asks for no data which is not absolutely essential under the law before it can act on the application. Home Service workers fail in their duty if they do not take the pains to learn from the law and from their Division offices just what is required and see that it is forthcoming. Especially to be emphasized is the requirement that a statement of a local physician or other competent person be filed as evidence that the man is actually incapacitated from performing his regular work.

The Blind

The blinded soldier makes a strong appeal to the emotions, and perhaps for this very reason the extent and importance of this form of disability has been exaggerated in the public mind. The French experience indicates that only a half of one per cent of the soldiers engaged in battle are blinded. In Canada the number of soldiers blinded in three years of war was less than the number of civilians who lost their sight in the Halifax disaster. Nevertheless, be the number large or small, humanity requires the utmost effort for the alleviation of their condition.

It must be remembered that many blinded soldiers will be suffering from other forms of disability. In blindness caused in the industries, ninety-eight per cent of the eye injuries are without such complications, whereas in war forty per cent are multiple, that is, these blind men also have amputations of arms or legs or both, facial burns, destruction of jaws, and so on. To these particularly unfortunate individuals, the nation owes a lasting duty. Patriotic zeal will provide adequate care for these men at present, but only invested capital and far-reaching plans will make their future certain.

As soon as the American soldiers, blinded in battle, recover from their immediate wounds at the base hospital, the special work for them will be commenced. At first the chief effort will be to cheer them and inspire them with some degree of hope. Later, as the men improve, they will be concentrated at the port of embarkation in France under care of a special staff which will expand the measures of elementary instruction, teaching the men to get about and attend to their immediate needs, in other words, teaching them "how to be blind." On the way home they will be grouped according to the degree of injury, and upon arrival in the United States they will be sent to the United States Military General Hospital No. 7 at Baltimore for further medical and surgical treatment and special teaching. The technical training given by the Government will be the very best obtainable, and only paid professional instructors will be permitted to give it. The ideal of the Government will be to place every blinded man in a condition to take care of himself and those dependent upon him. Where it is possible for a soldier to return to his old occupation or one allied to it, the aim will be to have him do so. Otherwise a special suitable occupation will be taught, and in many cases it is hoped that the men will be able to command a larger salary after taking the training than before they lost their sight. Among the trades and professions which will be taught are broom-making, mattress-making, rug and carpet weaving, telephone operation, farm work, mat making, tuning in piano factories, winding of coils for armatures, piano tuning as an individual trade, salesmanship, massage, and typewriting and dictaphone operating. There will also be ample facilities for recreation in the school, including table games, dancing, singing, cross-country walking, roller skating, attendance at theaters, musicales, and other entertainments, medicine ball,

push ball, punching bag, relay races, gymnastics, field sports, running, climbing, swimming, diving, and skating.

Red Cross Institute for the Blind

To carry out this program a fortunate combination of public and private resources has been effected. Through the generosity of Mrs. T. Harrison Garrett, a suitable estate of ninety-nine acres at Baltimore was offered to the Surgeon General and accepted as the central hospital and school for blinded officers and men. The Red Cross War Council has supplemented the Army's plan by creating the Red Cross Institute for the Blind, in order that certain phases of the social and economic supervision of these men may be provided for. The medical officer of the Surgeon General's staff who is responsible for the official Army program for the blind has also been made director of the Red Cross Institute for the Blind, and will work in close touch with the Federal Board for Vocational Education, thus insuring thorough-going unity of policy and control.

One function of the Institute will be to provide certain necessary financial aid to equip the blind man after his reëducation is completed. For example, every blind man who enters commercial life will need a typewriter, and one of the special stenographic machines used in conjunction with typewriters.

A central purchasing bureau and a central selling agency will be established to promote the successful operation of special workshops for those blind men who cannot re-enter commercial or industrial establishments.

A survey must be made to unearth new occupations for the blind. The average wage of the blind man is now about \$4.62 per week. A special board will undertake this study of possible occupations not merely to determine the type of education necessary but to suggest the

adoption of appliances which will minimize danger and increase efficiency.

An important feature of the Red Cross Institute for the Blind will be a savings association to encourage thrift and investment of part of the liberal compensation and insurance payments of \$100 a month or more, which the totally blinded men may become entitled to while still under the care of the military authorities.

Other functions will be to provide additional facilities for the production of literature for the blind, to plan the after-care and supervision of the blind men placed in industry, and to establish homes and arrange home work for those who cannot go into factories or offices.

The Red Cross Institute, as one of its most important activities, will transport to Baltimore and maintain the relative who will be responsible for the care of the blinded man when returned to his home. It is the intention to instruct one such relative in the government training school side by side with the blinded soldier, as is now done by the British and French. The purpose is that the blind man's family may be informed as to his difficulties, ambitions, training, and needs, so as to prevent the mental deterioration which often results from false sympathy. Friendly relations between the family and teachers will be a potent means of stimulating the interest of the blind man.

The blind man has three serious difficulties to overcome before he can make his own living: his own timidity, the misplaced sympathy of his family and friends, and the reluctance of industry to employ him. To overcome his own handicap the Government will educate him. To offset the reluctance of industry, it will be demonstrated that the trained blind man can take his place and do his part. To help the family realize both the limitations and the possibilities of the blind man, reliance is

placed upon the plan of educating one member of each man's family and upon the intelligent and informed after-care work which will be organized by the Red Cross Institute for the Blind in cooperation with the Home Service Sections.

In order that the Division Bureaus of Civilian Relief may be in a position to provide expert advice in the after-care of the blind the same training facilities will be made available to selected staff representatives from the Division offices.

Deafness and Speech Defects

The Medical Departments of the Army and Navy have to deal not only with the defects of hearing arising from the ordinary diseases of the ear as in civil life, but with several groups caused directly by the conditions of war. These include four main types of injuries. First is the shock due to a single violent explosion. Many of these patients recover their hearing completely. Another type is the concussion deafness caused by the continuous action of high explosive shells, shrapnel, hand grenades, and the more or less continuous play of machine guns. These cases exhibit organic changes in the internal ear involving permanent impairment of hearing. A third class is the slowly progressive type of deafness which has for a long time been commonly observed among gunners and artillerymen. The fourth group includes all cases where the deafness results from wounds in the head.

A special section of the Division of Physical Reconstruction of the Surgeon General's office will have charge of all curative and educational measures for the deaf and those suffering from speech defects. This work for the deaf and speech defect cases will for the present, at least, be organized at General Hospital No. 11, Cape May,

N. J., and the parent school and teaching center will be located there.

All the leading institutions and private organizations for the care of the deaf and the foremost teachers and experts in this field are ready to give every possible aid in the plans of the Surgeon General.

Reëducation of the deaf will take the form of lip reading, stimulation of the auditory centers in appropriate cases, and, where lip reading is impossible, manual teaching. Careful study of individual conditions of speech defects will determine whether by operative procedure and other methods something like normal voice production can be restored. In some instances certain single muscles or groups of muscles are injured so that they do not function, meaning that certain words cannot be pronounced. Here it is a problem of suggesting the proper synonym to be added to the patient's vocabulary.

From the vocational point of view there are many occupations which a deaf man can take up with every chance of success in competition with those who have normal hearing. Agriculture, printing, and tailoring have been found by the French to be especially appropriate.

Two psychological factors in connection with the deaf are of particular importance in any consideration of the social after-care of these men, namely, suspicion and social ostracism. The deaf man, as is often observed, comes to believe that the conversation which he cannot hear is directed toward him and his infirmity. There is a too common aversion to talking with a person who is deaf or hard of hearing. Added to the direct suffering from the disability itself, this avoidance goes far to create an unhappy state of mind in the afflicted person. By contrast, the blind are in a sense more fortunate, in that the world quickly comes forward to them with its sympathy. Doubly unfortunate are those in whom facial wounds

have not only produced repulsive appearance, but, as often happens, have caused defects of speech. Unconscious cruelty thus marks the attitude of society toward both the deaf and those who are subject to the humiliation caused by their inability to speak in the normal manner. There is a field for the application of much intelligent sympathy in these cases and Home Service workers may well take the lead in modifying the too common attitude of the public.

"Shell Shock" and Nervous Disorders

These cases in the group of "war neuroses," as the doctors prefer to describe them, are of peculiar importance from the point of view of family understanding and influence. Moreover, they constitute a surprisingly large factor in the total of disabilities. Twenty per cent of all discharged Canadian soldiers suffer from some form of mental or nervous disorder. And of all the American soldiers so far returned from France, nearly twenty-five per cent have been discharged for this form of disability.

The Division of Neurology, Psychiatry and Psychology of the Army Medical Department has done much to select the men at the cantonments who suffer from mental defect or give evidence of such nervous instability that they would be likely to suffer serious breakdown under the stress of service. Up to the present time 35,000 such men have been discharged from the Army.

A special center for the treatment of war neuroses has been established at Plattsburg, N. Y. A hospital of 2,000 beds, capacity is planned, with a staff of medical officers, nurses, and attendants all of whom have had experience in the care of nervous diseases in civilian life. All the appliances for electric treatment, baths, etc., which have demonstrated value in this work will be provided. Occupations will be relied upon to a great

degree for their wholesome effect in arousing and controlling the patient's mental attitude. Likewise, recreation will be emphasized and provided for, but preferably in such form as will enlist the patient's interest and his active mental participation. Mere diversions where the patients are entertained by the efforts of others have less value.

A careful study will be made of each case from the point of view of the personal, family, and community background. In this respect, Home Service Sections, when specially requested by the Division office, may later be expected to give confidential information which will be of definite help to the medical authorities in effecting exact diagnosis, prescribing treatment, and reaching a decision as to whether and when the patient may be safely discharged to complete his convalescence at home. A social worker trained in this special field will be attached to the Plattsburg hospital and will establish contact with the proper person in each Division office for the adjustment of questions of this kind.

Essentially, the public should come to appreciate that in many of these cases the physical condition depends on the mental. There is even a danger that such patients will be treated on the basis of physical symptoms in a manner which will retard their recovery by relaxing their will through pampering care in hospitals and convalescent homes, making it harder than ever for them to exert their mental powers and bring about their own improvement. Some who are familiar with the war neuroses even regret that such men are sometimes given a generous pension on the basis of their apparent physical disability, which exaggerates the difficulty of removing the real and mental seat of the trouble.

It is not possible here to do more than suggest the exceedingly complex and difficult nature of the problems

involved in treating the war neuroses, and to emphasize the great importance in this field, above all, of controlling and directing the family influence to aid the work of the doctors. War neuroses differ in no respect from those with which the medical profession has long been familiar in civilian life, except that the thoughts and scenes connected with war and battle constitute the disturbing cause of the mental condition. And the same methods of treatment which have been found effective in civil life are found equally successful in restoring the men suffering from the manifold forms of mental and nervous disability caused by the conditions of war.

The term "shell shock" is inadequate, because men break down with the same disabilities who have never been within sound of a gun. Army medical officers declare that bad news from home is one of the most potent factors in causing nervous breakdown in the soldier. The lesson for Home Service is too obvious to need emphasis. The family must be safeguarded not only in order that the man may be able to fight the Germans, but that he may conquer this intangible and elusive, but none the less real and formidable, danger to his health.

A peculiarly discouraging phase of the problem familiar to all who have dealt with nervous disorders, but thrown now into prominence under war conditions, is that friends, and even members of the family too often refuse to believe that there is anything wrong with the patient, who often exhibits no physical symptoms which even intelligent people somehow seem to demand as evidence of disease. Only the person who has been through it himself knows how impenetrable is the cloud of incomprehension that intervenes between him and the one who repeats that platitude so bitter to the patient—"there is nothing the matter with him."

Another very different and equally cruel misapprehension said to have at first been observed in the case of British soldiers suffering with these conditions, is that the public, and even physicians, confuse these war neuroses with insanity.

No group of disabled soldiers will need more in the way of intelligent treatment, and of sympathy, patience, and moral support on the part of the family. This support must be directed both toward prevention and cure. As already indicated, the family must, if at all possible, be prevented from sending discouraging letters which may have this most untoward effect on the men at the front. And whenever a soldier breaks down from this cause, everything possible must be done to have his family and friends understand the nature of his very real illness and help him make the effort upon which his cure so largely depends.

The Insane

Unhappily, the insanity rate among soldiers is three times as great in war as in peace. To meet the need for enlarged provision for the treatment of the insane, the Army hospital at Fort Porter, N. Y., has been designated for this purpose. Some of those who are incurable will be discharged to the care of relatives, or of state hospitals in the states from which they came. The remainder will be transferred to St. Elizabeth's Hospital Washington, D. C.

Other Forms of Disability

An approximate idea of the distribution of the causes of disablement in the service may be obtained from the following table¹ analyzing the causes of all discharges for disability from the British Army and Navy from the

¹ Cf. Hutt, C. W., "The Future of the Disabled Soldier," p. 2.

beginning of the war to May 31, 1916. It is said that very slight change, if any, had taken place in these proportions to March, 1917.

	<i>Number discharged</i>	<i>Per cent</i>
Chest complaints	3,046	9.0
Rheumatism	1,365	4.0
Heart diseases	2,503	7.4
Epilepsy	353	1.0
Nervous diseases	999	3.0
Miscellaneous disabilities—Bright's disease, debility, gastric ulcer, varicose veins, etc.	2,870	8.5
Insanity	168	0.5
Eyesight cases	1,381	4.1
Deafness	985	2.9
Wounds and injuries to legs (necessitating amputation)	1,366	4.1
Wounds and injuries to arms or hands (necessitating amputation)	858	2.5
Wounds and injuries to legs (not necessitating amputation)	5,345	15.8
Wounds and injuries to hands (not necessitating amputation of complete hand)	2,496	7.4
Wounds and injuries to arms (not necessitating amputation)	4,688	14.0
Wounds and injuries to head	2,446	7.3
Frost bite (including amputation of feet or legs)	394	1.2
Miscellaneous wounds and injuries (not included in above)	2,122	6.3
Hernia	334	1.0
Total discharged for disability	33,719	100

It is possible that this table may not indicate a distribution which will hold true for the American Army, but it is fair to deduce from it what is, indeed, the fact, namely, that a great majority of discharged men will return to civil life with perhaps little more need of

medical attention than would be expected among a group of somewhat older men in civilian life. The plans for the American soldier provide for thorough observation and treatment of those suffering from familiar forms of medical disability, such as lesions of the heart, kidney, stomach, and other internal organs, as well as for the wounded and for the special groups of diseases already discussed. The present Army policy of thoroughgoing physical reconstruction contemplates that every sick or wounded man, regardless of the nature of his disability, shall be returned to civil life only after everything possible has been done to cure the particular disorder and to send him back home, if at all possible, in as good or even a better state of health than when he entered the service.

Those suffering from diseases such as tuberculosis, insanity, and other mental and nervous disorders may require treatment for a considerable period under special conditions. For the most part, however, the time of retention in Army hospitals after return to the United States will be relatively short. Some will be so nearly well as to permit of their discharge almost immediately upon landing. A considerably larger number will require treatment for a few weeks or a month or two in the general hospitals. But, altogether, perhaps ninety per cent of the returned disabled men will be discharged after a comparatively brief period of treatment and will require no special measures of physical and vocational reconstruction.

Yet it must not be thought that Home Service is without responsibility in relation to this very group. These men will go directly to their homes, and probably to their old occupations, without passing through the systematic course of treatment and training which the Government will provide for their more seriously disabled comrades.

They will, therefore, miss some of the compensating advantages which the more seriously injured will obtain. It may well be that the less seriously disabled will for a time need the help of Home Service even more than their comrades returning after more extended hospital care and special training. Perhaps a too ambitious attempt to resume a former occupation under unfavorable conditions will result in unexpected breakdown and again precipitate a family problem to be carefully studied and solved. Always, in such cases, the man may turn to the advantages of training provided by the Vocational Rehabilitation Law.

Reporting of Names to Home Service Sections

Arrangements have been made through Red Cross channels to furnish to each Division Director of Civilian Relief, who will in turn clear the information to the appropriate Home Service Section, the names of all soldiers and sailors discharged at the ports of disembarkation, as well as from the various Army hospitals. This will enable the Home Service Section in each community to know immediately of the return or expected return of a disabled soldier to that town or city, and with discretion and in accordance with the established principles outlined in the *Manual of Home Service* (A R C 201) to take the necessary steps to insure that all needed and desired assistance is forthcoming to each such man and to his family.

IX. Organization

The after-care of disabled soldiers and sailors, so far as this is a Red Cross problem, is to be accomplished through the Home Service Section in each locality. No new Chapter committee is required since the work by its very nature is an integral part of Home Service to the family. There is no essential difference in the methods and principles underlying assistance rendered to the family of a soldier undergoing treatment and training, and that rendered to the family of a soldier at the front.

Organization within the Section

In adapting the work of the Home Service Section to this new task, little or no change in the form of organization is necessary. Nevertheless, it must be held in mind that the Home Service Section is now dealing with problems changed by a new factor, the return of an ex-soldier who may himself be struggling with a complex group of difficulties further affected by the bearing of family relationships and family problems upon his condition. It is chiefly a question of emphasis, calling for the designation from within the Section, or the addition from without, of competent persons—men especially—with interest in this work. The same visitors, often, should be used in assisting the family of the returned soldier as in assisting the families of those in active service. But it is exceedingly important that a man—a member of the section with sound judgment and personal influence—should have those personal dealings with the returned soldier which concern his own affairs.

It is good organization to find for the Section, one or

more specially qualified persons, who will make it their duty to study the whole question of after-care of disabled men, and to develop the educational aspects of this work.

This is Home Service Work for Men

Direct dealing with the man himself, while undergoing treatment or training, or starting out in a new job, is first of all a man-to-man problem. A returned soldier or sailor will naturally prefer to take his personal problems and difficulties to an older man friend for sympathetic advice. This new duty of Home Service Sections will appeal to many men in business, labor, and professional circles. It is a new opportunity for personal service in the war which will attract men of sympathy and judgment.

Strengthening the Consultation Committee

Aside from the men who will have personal relations with returned soldiers and sailors, there is need and room for others on the Consultation Committee who are qualified to give expert or professional advice. Representatives from both the employers and the workmen's groups should be enrolled. This applies especially to the larger centers where Consultation Committees (See A R C 201, page 49) already exist. In smaller towns elaboration of organization should be avoided—the whole Home Service Section meeting in consultation on difficult problems.

Cooperation

Effective organization requires that the best working relations be established with other interested community agencies. While the Home Service Section will take its just responsibility for assisting the family of

the disabled soldier and the man himself, there may be other organizations properly interested and equipped to help. In many cities there are organizations to help the blind, the deaf, the mentally defective, the tuberculous, and others with severe disabilities. Cooperation should be developed with these organizations, nationally and locally. Likewise, employers, chambers of commerce, and other business men's organizations, on the one hand, and organizations of workmen, on the other, will be specially concerned to help with the placement of disabled men. With all of these agencies the Home Service Section will cooperate in order to avoid waste and duplication, and to utilize the specialist effectively at every turn.

Appendix I

Vocational Rehabilitation Law

An Act To provide for vocational rehabilitation and return to civil employment of disabled persons discharged from the military or naval forces of the United States, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act shall be known as the Vocational Rehabilitation Act. That the word "board," as hereinafter used in this Act, shall mean the "Federal Board for Vocational Education." That the word "bureau," as hereinafter used in this Act, shall mean the "Bureau of War Risk Insurance."

SECTION 2. That every person who is disabled under circumstances entitling him, after discharge from the military or naval forces of the United States, to compensation under Article III of the Act entitled "An Act to amend an Act entitled 'An Act to authorize the establishment of a Bureau of War Risk Insurance in the Treasury Department'," approved October sixth, nineteen hundred and seventeen, hereinafter referred to as "said Act," and who, after his discharge, in the opinion of the board, is unable to carry on a gainful occupation, to resume his former occupation, or to enter upon some other occupation, or having resumed or entered upon such occupation is unable to continue the same successfully, shall be furnished by the said board, where vocational rehabilitation is feasible, such course of vocational rehabilitation as the board shall prescribe and provide.

The board shall have power, and it shall be its duty, to furnish the persons included in this section suitable courses of vocational rehabilitation to be prescribed and provided by the board, and every person electing to follow such a course of vocational rehabilitation shall, while following the same, receive monthly compensation equal to the amount of his monthly pay for the last month of his active service, or equal to the amount to which

he would be entitled under Article III of said Act, whichever amount is the greater. If such person was an enlisted man at the time of his discharge, for the period during which he is so afforded a course of rehabilitation, his family shall receive compulsory allotment and family allowance according to the terms of Article II of said Act in the same manner as if he were an enlisted man, and for the purpose of computing and paying compulsory allotment and family allowance his compensation shall be treated as his monthly pay: *Provided*, That if such person willfully fails or refuses to follow the prescribed course of vocational rehabilitation which he has elected to follow, in a manner satisfactory to the board, the said board in its discretion may certify to that effect to the bureau and the said bureau shall, during such period of failure or refusal, withhold any part or all of the monthly compensation due such person and not subject to compulsory allotment which the said board may have determined should be withheld: *Provided, however*, That no vocational teaching shall be carried on in any hospital until the medical authorities certify that the condition of the patient is such as to justify such teaching.

The military and naval family allowance appropriation provided for in section eighteen of said Act shall be available for the payment of the family allowances provided by this section; and the military and naval compensation appropriation provided for in section nineteen of said Act shall be available for the payment of the monthly compensation herein provided. No compensation under Article III of said Act shall be paid for the period during which any such person is furnished by said board a course of vocational rehabilitation except as is hereinbefore provided.

SECTION 3. That the courses of vocational rehabilitation provided for under this Act shall, as far as practicable and under such conditions as the board may prescribe, be made available without cost for instruction for the benefit of any person who is disabled under circumstances entitling him, after discharge from the military or naval forces of the United States, to compensation under Article III of said Act and who is not included in section two hereof.

SECTION 4. That the board shall have the power and it shall be its duty to provide such facilities, instructors, and courses as may be necessary to insure proper training for such persons as are required to follow such courses as herein provided; to prescribe the courses to be followed by such persons; to pay, when in the discretion of the board such payment is necessary, the expense of travel, lodging, subsistence, and other necessary expenses of such persons while following the prescribed courses; to do all things necessary to insure vocational rehabilitation; to provide for the placement of rehabilitated persons in suitable or gainful occupations. The board shall have the power to make such rules and regulations as may be necessary for the proper performance of its duties as prescribed by this Act, and is hereby authorized and directed to utilize, with the approval of the Secretary of Labor, the facilities of the Department of Labor, in so far as may be practicable, in the placement of rehabilitated persons in suitable or gainful occupations.

SECTION 5. That it shall also be the duty of the board to make or cause to have made studies, investigations, and reports regarding the vocational rehabilitation of disabled persons and their placement in suitable or gainful occupations. When the board deems it advisable, such studies, investigations, and reports may be made in cooperation with or through other departments and bureaus of the Government, and the board in its discretion may cooperate with such public or private agencies as it may deem advisable in performing the duties imposed upon it by this Act.

SECTION 6. That all medical and surgical work or other treatment necessary to give functional and mental restoration to disabled persons prior to their discharge from the military or naval forces of the United States shall be under the control of the War Department and the Navy Department, respectively. Whenever training is employed as a therapeutic measure by the War Department or the Navy Department a plan may be established between these agencies and the board acting in an advisory capacity to insure, in so far as medical requirements permit, a proper process of training and the proper preparation of instructors for such training. A plan may also be established between the War and Navy Departments and the board whereby these departments

shall act in an advisory capacity with the board in the care of the health of the soldier and sailor after his discharge.

The board shall, in establishing its plans and rules and regulations for vocational training, cooperate with the War Department and the Navy Department in so far as may be necessary to effect a continuous process of vocational training.

SECTION 7. That the board is hereby authorized and empowered to receive such gifts and donations from either public or private sources as may be offered unconditionally. All moneys received as gifts or donations shall be paid into the Treasury of the United States, and shall constitute a permanent fund, to be called the "Special fund for vocational rehabilitation," to be used under the direction of the said board, in connection with the appropriations hereby made or hereafter to be made, to defray the expenses of providing and maintaining courses of vocational rehabilitation; and a full report of all gifts and donations offered and accepted, and all disbursements therefrom, shall be submitted annually to Congress by said board.

SECTION 8. That there is hereby appropriated, out of any money in the Treasury of the United States not otherwise appropriated, available immediately and until expended, the sum of \$2,000,000 or so much thereof as may be necessary to be used by the Federal Board for Vocational Education for the purposes of this Act, to wit, for renting and remodeling buildings and quarters, repairing, maintaining, and equipping same, and for equipment and other facilities necessary for proper instruction of disabled persons, \$250,000; for the preparation of instructors and salaries of instructors, supervisors, and other experts, including necessary traveling expenses, \$545,000; for traveling expenses of disabled persons in connection with training and for lodging, subsistence, and other necessary expenses in special cases of persons following prescribed courses, \$250,000; for tuition for disabled persons pursuing courses in existing institutions, public or private, \$545,000; for the placement and supervision after placement of vocationally rehabilitated persons, \$45,000; for studies, investigations, reports, and preparation of special courses of instruction, \$55,000; for miscellaneous contingencies, including special mechanical appliances necessary in special cases for dis-

abled men, \$110,000; and for the administrative expenses of said board incident to performing the duties imposed by this Act, including salaries of such assistants, experts, clerks, and other employees in the District of Columbia or elsewhere as the board may deem necessary, actual traveling and other necessary expenses incurred by the members of the board and by its employees under its orders, including attendance at meetings of educational associations and other organizations, rent and equipment of offices in the District of Columbia and elsewhere, purchase of books of reference, law books, and periodicals, stationery, typewriters and exchange thereof, miscellaneous supplies, postage on foreign mail, printing and binding to be done at the Government Printing Office, and all other necessary expenses, \$200,000.

SECTION 9. That said board shall file with the Clerk of the House and the Secretary of the Senate on July first and every three months thereafter, for the information of the Congress, an itemized account of all expenditures made under this Act, including names and salaries of employees. Said board shall also make an annual report to the Congress of its doings under this Act on or before December first of each year.

SECTION 10. That section three hundred and four of the Act entitled "An Act to authorize the establishment of a Bureau of War Risk Insurance in the Treasury Department," approved September second, nineteen hundred and fourteen, as amended, is hereby repealed.

SECTION 11. No person of draft age physically fit for military service shall be exempted from such service on account of being employed under the terms of this Act.

Approved June 27, 1918.

Appendix II

List of References

The following articles among others have been freely used in the preparation of this pamphlet and are recommended to those who desire to obtain a wider acquaintance with the subject:

1. TODD, JOHN L. *The French System for Return to Civilian Life of Crippled and Discharged Soldiers*. Publications of the Red Cross Institute for Crippled and Disabled Men. Series I, No. 5.
2. MCMURTRIE, DOUGLAS C. *The War Cripple*, Columbia University War Papers. Series I, No. 17.
3. HARPER, GRACE. *Vocational Reëducation for War Cripples in France*. Publications of the Red Cross Institute for Crippled and Disabled Men. Series II, No. 1.
4. BROCK, L. G. *The Reëducation of the Disabled*. Nineteenth Century and After, London, 1916, lxxx, 822-835.
5. JARROTT, THOMAS L. *The Problem of the Disabled Soldier*. American Journal of Care for Cripples, 1917, iv, 226-243.
6. HUTT, C. W. *The Future of the Disabled Soldier*. London, 1917.
7. FEDERAL BOARD FOR VOCATIONAL EDUCATION:
Bulletin No. 5 (Reëducation Series No. 1), *Vocational Rehabilitation of Disabled Soldiers and Sailors*.
Bulletin No. 6 (Reëducation Series No. 2), *Training of Teachers for Occupational Therapy for the Rehabilitation of Disabled Soldiers and Sailors*.
Bulletin No. 15 (Reëducation Series No. 3), *The Evolution of National Systems of Vocational Reëducation for Disabled Soldiers and Sailors*.
8. The Red Cross Institute for Crippled and Disabled Men, 311 Fourth Avenue, New York City, has issued several series

of publications in this field, some intended for the general reader and others for those interested in special or technical aspects of the problem. Every person who is interested in this subject should write to the Institute and ask to be placed on the mailing list.

9. *American Journal of Care for Cripples*, 2929 Broadway, New York City. From the beginning of the war this quarterly has reprinted a large number of the most significant articles appearing in other domestic and foreign periodicals.
10. *Recalled to Life*. A journal devoted to the care, reëducation, and return to civil life of disabled sailors and soldiers. Edited by Lord Charnwood and published by John Bale, Sons & Danielsson, Ltd., Oxford House, 83 Great Titchfield Street, Oxford Street, London W.

Index

- After-care of the disabled soldier or sailor, 62-71.
- Agencies other than Federal Government, may care for disabled men, 3, 44; The Red Cross, 3, 14, 44; state and local, 9; private, 9; their assistance will contribute to national welfare, 11; must operate under guidance of national authorities, 71; special, for blind, deaf, etc., 92.
- Agricultural courses in France, 30.
- Allotment and allowance continued during period of training, 52.
- American Association for Labor Legislation, 26.
- American Federation of Labor, 44.
- American Journal of Care for Cripples*, quotation from, 57.
- Amputation: centers for reconstruction of cases of, 31; percentage of cases of, 72; percentage in Canada, 72.
- Army and Navy medical authorities, reciprocal advisory service with Federal Board for Vocational Education, 13.
- Army and Navy medical departments: responsible for measures for restoration of the disabled, 12; provisions of, for wounded men, 18; for the deaf, 82.
- Army medical department: division of physical reconstruction, 20, 82; division of neurology, psychiatry, and psychology, 84.
- Army nurse corps: compensation for, 47; insurance for, 49.
- Artificial appliances for the crippled: government should supply, 25; making of, an appropriate occupation for the disabled, 31; law requiring government to provide, 45.
- Barres, 57.
- Blindness: percentage of, in the armies of France, 78; percentage of, in Canadian army, 72, 78; complicated with other disabilities, 78; care of American blinded commences at base hospital, 79; care continued in the United States, 79; trades and professions taught, 79; recreation for, 79.
- Brieux, 57.
- Brighton Hospital: trades taught in, 31.
- British Army and Navy. See *Disablement in service, causes of, in the British Army and Navy*.
- Bureau des Mutilés*, 24.
- Bureau of War Risk Insurance: acknowledgment to, 4; will set in motion procedure to establish claims, 53; will consider evidence on effect of military duty on pre-existing disease or injury, 53; Home Service may supply facts to, 53; provides medical examination, etc., 70; makes provisions for sanatorium treatment of men, 77.
- Canadian Military Hospitals Commission, 58.
- Canadian soldiers: number of amputation cases, 72; number of blind, 72, 78; percentage suffering from war neuroses, 84.
- "*Carry On*," new publication of Surgeon General's office, 59.
- Chamber of Commerce of the United States, 44.
- Choice of occupations: previous education and former experience the guide in, 32; the best practice in, 32; care in, to avoid unremunerative work, 33; vocational counselors will assist in, 34; determined by each individual's vocational possibilities, 34; make-up of committees for assisting in, 34; vocational officers will work with Army medical authorities to assist men in, 34. See also *Occupation*.
- Civilian and military control of the ex-soldier distinguished, 12, 13, 29.
- Civilian control of vocational training. See *Vocational Rehabilitation Bill and*

- Civilian and military control of the ex-soldier distinguished.*
- Civil rights act, 37.
- Committees on vocational guidance make-up of, 34.
- Community resources, 71.
- Compensation, 45-54.
- Compensation laws as affecting the disabled, 41.
- Compensation laws: Home Service workers may cooperate for modification of, 44.
- Compensation: temporary withholding of, 13; a portion conditioned upon the taking of vocational courses, 13; for permanent injury not reduced by economic recuperation, 14, 48, 49; monthly rates for total disability, 47, 48; a graduated percentage for partial disability, 48; continues during temporary disability, 49; adjusted to the family, 50; conditions of, during vocational reëducation, 52.
- Compulsory vocational training. See *Compensation.*
- Conservation of industrial resources, 7.
- Conservation of officers and men, 20.
- Crippled soldier: letter from, to Surgeon General, 65.
- Cripples. See *Disabled soldiers and sailors.*
- Curative workshops, 23.
- Deafness and speech defects: result from four types of injury, 82; curative and educational measures under division of physical reconstruction of Surgeon General's office, 82; General Hospital at Cape May, N. J., 82; forms of reëducation for those afflicted with, 83; occupations for, 83; difficulties met, 83.
- Department of Civilian Relief: its place in dealing with the disabled soldier, 15, 36.
- Department of Military Relief: its place in dealing with the soldier and sailor, 15; supervises Red Cross Institutes for the Disabled and the Blind, 36.
- Director General of Civilian Relief, 4; promise to "the men who come back." 67.
- Disabled soldiers and sailors: debt to, when discharged, 3; estimated percentage of American, 5, 30; return of, brings new problems, 5, 63; questions concerning, 6; attitude of public toward, 6; country's debt to, 7; state should make skilled workmen of, 8; a national problem, 8; a public duty, 8; must be restored to their own homes, 9; national homes for, 9; state homes for, 9; percentage of, in France and England, 10, 11; percentage of, in Germany, 11; on the Western front, 11; cooperation of other agencies with the Government in the reabsorption of, 11; duty of the Government toward, 12; recommendation of the Surgeon General of the Army concerning, 20; approval of this recommendation by the Secretary of War, 20; percentage of returned requiring vocational training, 30, 72; how not to treat the, 55; mental state of, 64; mental state portrayed in letter from a cripple, 65; percentage of medical cases, 72; percentage of surgical cases, 72; percentage of amputation, 72; percentage of amputation in Canada, 72; percentage of blindness, 72, 78. See also *Handicapped men.*
- Disablement in service, causes of, in the British Army and Navy, 87.
- Division Directors of Civilian Relief: will furnish form letters, 53; place in the care of tuberculous soldiers, 76.
- Division of neurology, psychiatry, and psychology of the Army medical department. See *Army medical department.*
- Division of physical reconstruction. See *Army medical department.*
- École Joffre: trades taught at, 30.
- Educational activities (official) in America, 58.
- Employers of labor. See *Handicapped men.*
- Employers: what they should not do, 42; what they should do, 43.
- Employment conditions: present and future, 38.

- Employment for the disabled soldier and sailor, 38-44.
- Employment, should be found by the Government for both the able and disabled ex-soldier, 38; need of expert placement, 39.
- England: occupations taught in, 31.
- Family: the part of the, in reconstruction, 16; Home Service must influence, 16, 27, 35; attitude of, has important bearing on the ex-soldier, 34, 35.
- Federal Board for Vocational Education: acknowledgment to, 4; a civilian department of the Government, 13; has control of vocational education of discharged men, 13; reciprocal advisory service with Army and Navy medical authorities, 13; has power to utilize existing agencies, 13; provides employment for the disabled through the United States Department of Labor, 13, 39; French figures quoted by, on percentage of men who continue training, 22; personnel of, 29; will assist men in choice of occupations, 34; what may be expected of it in the industrial field, 40; pays certain expenses to disabled men following prescribed courses, 52; assists in education of public opinion, 59.
- Federal Government: responsibility of, to disabled men, 3, 8, 9, 12, 13, 14, 25.
- Foreword, 3.
- Form letters furnished by Division Directors of Relief, 53.
- Fort Bayard, New Mexico, Army hospital, 77.
- Fort Porter, New York, Army hospital for the insane, 87.
- France: occupations which offer the greatest appeal to the disabled in, 30; education of public opinion in, 57; reëducation is voluntary in, 57.
- The Future of the Disabled Soldier*, 87.
- Garrett, Mrs. T. Harrison: gift of, for central hospital and school for blinded officers and men, 80.
- General Hospital, No. 11, 82.
- General Hospital, No. 7, 79.
- General hospitals for physical reconstruction. See *Reconstruction hospitals*.
- General Order, No. 47, 74.
- Gorgas, Surgeon General: quoted, 10.
- Government. See *Federal Government, responsibility of, to disabled men*.
- Handbook of Information for Home Service Sections*, 47.
- Handicapped men: sought as educational officers, 24; may become employers of labor, 33; not a special class, 39. See also *Disabled soldiers and sailors*.
- Harper, Miss Grace: quotation from, on time for beginning vocational education, 24; quotation on vocational guidance, 34.
- Home Service Sections: work for, in reëstablishing the disabled in civil life, 3; résumé of duties of, in relation to rehabilitation, 15; should influence family and neighborhood in the treatment of the disabled, 27; opportunity for, in assisting ex-soldier to a sound vocational diagnosis, 34; duties of, in training the disabled, 36; in placement, 44; in matters relating to compensation, 53; may aid in forming public opinion, 60; may reach their goal in after-care, 62, 69; may furnish medical service, 69; when responsibility is applicable, 72; place of, in care of tuberculous soldiers, 76, 77, 78; will work with Red Cross Institute for the Blind, 82; may use their good offices for the deaf, 84; place of, in the treatment of war neuroses, 85; responsibility of, to the less seriously disabled, 90; names of all disabled soldiers reported to, 90; organization within, for after-care, 91; but little change in present form necessary, 91; work for men, 92; strengthening the consultation committee, 92; cooperation with other community agencies, 92.
- Hospitals for physical reconstruction. See *Reconstruction hospitals*.
- Hôtel des Invalides*, 9.
- Indian School, Carlisle, Pa., 20.

- Industrial accidents: methods and principles of after-care of disabled men as applied to, 26; number of victims of, 26.
- Industrial resources. See *Conservation of industrial resources*.
- Industrial surveys, 40.
- Insane: Army hospital for, 87; proportion of, among soldiers, 87.
- Insurance: provided for by the War Risk Insurance Law, 49.
- Interallied Conference on After-care, 69.
- Invalided Soldiers' Commission, 58.
- Jones, Sir Robert: testimony of, concerning value of occupation in orthopedic work, 21.
- Lakeman, Curtis E., 3.
- Mack, Judge: on War Risk Insurance Law, 46, 51.
- Manual of Home Service*, 90.
- Medical departments of the Army and Navy. See *Army and Navy medical departments*.
- Medical problems, 72-90.
- Medical service, 69.
- Mental state: of the disabled man, 64; portrayed in letter from a cripple, 65. "Men who come back:" promise to, 67.
- Milbank, Jeremiah: gift of, to Red Cross Institute, 35.
- Military control of disabled men, when it ends, 13. See also *Civilian and military control distinguished*.
- Military Surgeon*, 11.
- Moratorium. See *Civil rights act*.
- Motion picture films, 58.
- Names of disabled soldiers reported to Home Service Sections, 90.
- National Government. See *Federal Government, responsibility of, to disabled men*.
- National Home for Disabled Volunteer Soldiers, 76.
- National Institute for the Training of War Cripples: trades taught in, 31.
- National Tuberculosis Association, 76.
- Navy nurse corps: compensation for, 47; insurance for, 49.
- Nurse or attendant, 47.
- Occupation: value of, in convalescence, 21; Sir Robert Jones on, 21; mental and moral effects of, 22; advantage of beginning in hospital, 23; curative workshops, 23; 'ward' work distinguished from vocational training, 23; work in hospital shops distinguished from vocational training, 23. See also *Choice of occupations and Vocational training*.
- Official Bulletin*, 20.
- Orthopedic work: restoring the use of limbs, 21; value of occupation in, 21; testimony of Sir Robert Jones, 21.
- Pay and allowances from the Government continue during training of the disabled, 40.
- Pensions: in the colonies, 45; since the Civil War, 45; quotation from British authority on, 46; in England, 48.
- Persons, W. Frank, 4.
- Placement: need of expert. See *Employment*.
- Plattsburg, N. Y.: special center for treatment of war neuroses, 84.
- Politics: danger of after-care becoming a question of, 51.
- Principles and program of Home Service for the disabled man, 5-17.
- "Professionals:" soldiers of earlier European wars, 9.
- Public opinion, 55-61.
- Public opinion: in France, 57; education of American, 58; in Canada, 58; campaign conducted by Canadian government, 58.
- Recalled to Life*: quotation from Capt. Basil Williams in, 46; quotation from editor of, 56.
- Reconstruction aides, 25.
- Reconstruction: extent of the problem of, 10; character of, contemplated by Army program, 89.
- Reconstruction hospitals: list of, provided by the Government, 19; workshops in connection with, 23; special educational officers for, 24.
- Recreation, 70.
- Red Cross Institute for Crippled and Disabled Men: statistical study published by, 10; gift of Jeremiah Mil-

- bank, 35; offers vocational training in specially selected trades, 36; publishes popular and technical papers, 36; organized under Department of Military Relief of Red Cross, 36; publicity work of, 59; has a lecture bureau, etc., 60.
- Red Cross Institute for the Blind: organized under Department of Military Relief of Red Cross, 36; on estate given by Mrs. T. Harrison Garrett, 80; created by the War Council, 80; medical officer of the Surgeon General's staff, a director of, 80; will work in unison with Federal Board for Vocational Education, 80; will provide financial aid, 80; purchasing bureau and selling agency will be established, 80; new occupations will be sought, 80; a savings association will be a feature, 81; will maintain a relative of the blinded soldier, 81; will give training facilities to staff representatives of Division offices, 82.
- Red Cross: obligation of, to disabled men, 3; participation of, in the care of disabled men, 14; community organizations should work with, 44.
- Reëducation of the blind. See *Blindness*.
- Reëducation of the deaf. See *Deafness and speech defects*.
- Roehampton Hospital: trades taught in, 31.
- St. Elizabeth's Hospital, 87.
- Secretary of War approves new policy for care of the disabled, 20, 74.
- "Shell shock" and nervous disorders. See *War neuroses*.
- Soldiers' Home, Washington, D. C., 77.
- Speech defects. See *Deafness and speech defects*.
- A Square deal for the Crippled Soldier*, 59.
- Surgeon General of the Army: acknowledgment to, 4; policy of, concerning disabled men, 20, 74; policy of, will result in conserving officers and soldiers, 20; will assist men in choice of occupations through medical authorities, 34; assists in educating public opinion, 58; letter to, from a cripple, 65. See also *Gorgas*.
- Time of retention in Army hospitals relatively short, 89.
- Trades which can be taught, 30; occupations which offer the greatest appeal in France, 30; taught at "École Joffre," 30; agricultural courses in France, 30; taught at National Institute in Paris, 31; taught in England, 31; at Roehampton and Brighton, 31; in Canadian schools, 31; making of artificial limbs and appliances, 31.
- Training of disabled men, 29-37.
- Treatment of disabled men, 18-28.
- Tuberculosis Army hospital. See *Fort Bayard, N. Mex.*
- Tuberculosis: former policy of Government with reference to, 73; present policy, 74; number discharged for, 73.
- Tuberculosis hospital facilities, 75.
- Tuberculous soldier: follow-up care of, 75.
- United States Department of Labor: to assist in placing the ex-soldier, 13, 39.
- United States Military General Hospital No. 7 for the Blind, 79; gift of Mrs. T. Harrison Garrett, 80.
- United States Public Health Service, 70.
- Vocational counselors: will assist in choice of occupations, 34.
- Vocational education: the beginning of. See *Vocational training*.
- Vocational guidance, 33.
- Vocational reëducation: provided for in the Vocational Rehabilitation Law, 50; a national policy, 50. See also *Vocational training and Vocational Rehabilitation Law*.
- Vocational Rehabilitation Law: recognizes national responsibility to disabled men, 3; analysis of, 12; calls for civilian authority in re-making the soldier into a citizen 13, 29; promises expert employment service, 39; attitude of American Federation of Labor and Chamber of Commerce of the United States toward, 44;

- makes reëducation a national policy, 50; social significance of, 50; supplements War Risk Insurance Law, 52; should be supported by Home Service Sections, 53.
- Vocational rehabilitation: number of victims of industry in need of, 26.
- Vocational training: offered by the Federal Board for Vocational Education, 13; offered in hospitals for reconstruction work, 20; effect of, when begun in the hospital, 22; percentage taking, after discharge, 22; percentage continuing, if begun in hospital, 22; must be distinguished from ward occupational and hospital shop work, 23; begun in France during convalescence, 24; should be linked with hospital training, 24; quotation from Grace Harper on, 24; educational officers in hospitals supplied by the Surgeon General, 24; percentage of disabled men requiring, 30, 72; choice of, must be voluntary, 35; offered to all who are entitled to compensation, 52; expenses paid for those following prescribed courses, 32; provisions for a special class, 52. See also *Vocational reëducation and Vocational Rehabilitation Law*.
- Voluntary choice of vocational training, 35.
- Voluntary reëducation in France, 57.
- Volunteer Medical Service Corps, 69.
- Ward occupation: distinguished from vocational training proper, 23.
- War neuroses: percentage of Canadian soldiers suffering from, 84; percentage of American, 84; number discharged from the Army for, 84; helped by the division of neurology, Army medical department, 84; special center for treatment of, 84; social worker at this center will keep in touch with each Division office, 85; family influence very essential in treatment of, 86, 87; distinguished from "shell shock," 86; not to be confused with insanity, 87.
- War Risk Insurance Law: purpose of, stated by Judge Mack, 46; provides for monthly compensation for total or for partial disability, 47, 48; provides insurance, 49; social significance of, 50; compared with workmen's compensation law, 50; quotation from Judge Mack on, 51; provisions of, supplemented by Vocational Rehabilitation Law, 52; should be supported by Home Service Sections, 53; provides for medical examination, 70; makes provision for sanatorium treatment of men, 77.
- The Way Out*, 66.
- "Wife," defined, 48.
- Williams, Capt. Basil, 46.
- Workmen's Compensation laws. See *Compensation laws as affecting the disabled and War Risk Insurance Law*.
- Appendix I. Vocational Rehabilitation Law.
- Appendix II. List of references.

