SOURCE SPOTLIGHT:

Rules for discharging disabled veterans, 1919

INTRODUCTION

When World War I ended in 1918 more than 4.6 million men returned to the United States from war. The American people and the US government were unprepared to reintegrate and care for the men who returned with physical injuries and psychological damage that would affect veterans for the rest of their lives.

According to the Library of Congress, 224,000 soldiers returned home with a permanent physical or mental disability. Of the injured, 4,400 were amputees. Almost 100,000 soldiers had been removed from combat due to psychological injuries and 40,000 of them were subsequently discharged.1 With no government agency dedicated to veterans affairs at the time, responsibilities for veterans were scattered between several agencies. On January 29, 1919, “Rules for the Discharge of Disabled US Soldiers” were published in the Official US Bulletin, issued by the US War Department and the Office of the Surgeon General.

Despite the nation's good intentions, disabled veterans were overwhelmed with confusing paperwork to fill out. Many WWI veterans faced unemployment, poor housing conditions, and inadequate medical care. As a result, veterans and other Americans founded organizations like the Disabled American Veterans of the World War and the American Legion to support and fight for the rights of disabled veterans. Their efforts led Congress to establish the US Veterans Bureau in 1921, which was a precursor to the Department of Veterans Affairs.

EXCERPTS

“["It is the policy of the War Department to retain, so far as practicable under military control, for the purpose of medical and surgical treatment (a) officers and soldiers suffering from acute diseases or acute exacerbations of chronic diseases or unhealed lesions; (b) officers and soldiers suffering from communicable diseases or who are 'carriers,' whose discharge would be a danger to the civil community; (c) officers and soldiers suffering from disabilities incurred in the line of duty which are correctible within their terms of service or enlistment; (d) officers and soldiers suffering from chronic or permanent disabilities incurred in the line of duty, which are susceptible of improvement by measures for mental or physical reconstruction designed to fit them for return to their homes, for the resumption of their former vocations, or, with their consent, for the industrial opportunities or the training courses provided by the Federal Board for Vocational Education.

“In the accomplishment of this policy, it is the intention to restore officers and soldiers, who are held in service as provided above, to health and function as fully as possible, considering the nature of their disabilities, the limitations of the military service, and other provisions which the Government has made for the care of the permanently disabled.

QUESTIONS FOR DISCUSSION

Use your historical knowledge and the transcript below to answer the following:

1. Does it seem that the American government sincerely tried to meet the needs of our disabled veterans? Explain.
2. Are there any notable/visible shortcomings to the plan for treating and discharging the disabled veterans? Any strengths? Explain.
3. Shell shock—now known as Post-Traumatic Stress Disorder (PTSD)—was not an unfamiliar result or side effect of war. The sheer numbers of men suffering from it during and after the war was staggering. Did the government effectively address this issue? Explain.
4. Does the treatment for drug addiction seem callous or appropriate? Defend your answer.

SOURCE SPOTLIGHT:

Rules for discharging disabled veterans, 1919

THE OFFICIAL U.S. BULLETIN, WEDNESDAY, JANUARY 29, 1919.

Rules for the Discharge of Disabled U.S. Soldiers Issued to All Hospitals by the Surgeon General

INSTRUCTIONS GIVEN AS TO SPECIFIC CASES

General Policy of War Department to Retain Control of Men Suffering from Certain Chronic or Communicable Diseases Until Cured - Protection to Public as Well as Patients

The War Department authorizes the following from the Office of the Surgeon General:

Rules for discharging disabled veterans in the line of duty who wish to take them.

It is not the department's purpose, therefore, to retain disabled officers and soldiers under treatment indefinitely, thus exposing them to the danger of hospitalization, but rather only so long as it is necessary to complete that degree of physical restoration tailored in the preceding paragraph. Such necessity of restoration having been taken, discharge for disability should be recommended promptly in the case of permanently incapacitated disabled or enlisted men.

In the case of officers and the permanent establishment, discharge may be proscribed in Circular 27, War Department, November 14, 1918, governs.

Special Rules to Be Observed.

To apply the following rules, the following special rules will ordinarily be observed:

1. Cases of tuberculosis should be kept under treatment in military hospitals until the disease is arrested, or until it is determined that they are progressive in type or incurable.

2. Cases of organic heart disease and manifest chronic nephritis should be recommended for discharge.

3. Cases of general paralysis or insanity complications should be sent to St. Elizabeth's Hospital or other institution provided for in Army Regulations.

4. Other insane who present particularly dangerous tendencies, or in whose character the clinical evidence points to incurable conditions, should be likewise disposed of.

TREATMENT OF THE INFIRM.

1. All cases of epilepsy not cured in (c) will be recommended for discharge on certifying.

2. All cases of drug addiction will be promptly recommended for discharge.

3. The MMR or nearly blind should be retained until the eyes of the patients have healed, or are otherwise physically fit for discharge.

4. The deaf or nearly deaf may be retained until they have improved by teaching and are otherwise physically fit for discharge.

5. Cases of consumption of the lung or skin, or both, should be returned to hospital until the patients have healed, or are otherwise physically fit for discharge.

6. Cases suffering from surgical disability incurable in the line of duty which are correctible in whole or in part within their term of service should be returned to the proper place of correction to the officer, by the soldier, or with the consent of the military authorities.

Retrieval for Disabled Men

The National Home for Disabled Volunteer Soldiers provides care for veterans who have served in the line of duty and are unable to maintain themselves. The Bureau of War Risk Insurance provides compensation and medical and hospital treatment for disabilities incurred in the line of duty. The Federal Board for Vocational Education provides courses in vocational training and maintenance for the army, for soldiers disabled in the line of duty and who wish to take them.

© 2019 The Gilder Lehrman Institute of American History
www.gilderlehrman.org

(The Gilder Lehrman Institute, GLC01668)
GENERAL POLICY OF WAR DEPARTMENT TO RETAIN CONTROL OF MEN SUFFERING FROM CERTAIN CHRONIC OR COMMUNICABLE DISEASES UNTIL CURED—PROTECTION TO PUBLIC AS WELL AS PATIENTS.

The War Department authorizes the following from the Office of the Surgeon General:

The discharge of disabled soldiers and the conditions under which this may be carried out, is the subject of the following circular letter sent by Surgeon General M. W. Ireland to all Army surgeons and hospitals:

**Policy of Department.**

It is the policy of the War Department to retain, so far as practicable under military control, for the purpose of medical and surgical treatment (a) officers and soldiers suffering from acute diseases or acute exacerbations of chronic diseases or unhealed lesions; (b) officers and soldiers suffering from communicable diseases or who are 'carriers,' whose discharge would be a danger to the civil community; (c) officers and soldiers suffering from disabilities incurred in the line of duty which are correctible within their terms of service or enlistment; (d) officers and soldiers suffering from chronic or permanent disabilities incurred in the line of duty, which are susceptible of improvement by measures for mental or physical reconstruction designed to fit them for return to their homes, for the resumption of their former vocations, or, with their consent, for the industrial opportunities or the training courses provided by the Federal Board for Vocational Education.

"In the accomplishment of this policy, it is the intention to restore officers and soldiers, who are held in service as provided above, to health and function as fully as possible, considering the nature of their disabilities, the limitations of the military service, and the other provisions which the Government has made for the care of the permanently disabled.

**Retreats for Disabled Men.**

"The National Home for Disabled Volunteer Soldiers provides retreats for former soldiers who have served in time of war and are unable to maintain themselves. The Bureau of War Risk Insurance provides compensation and medical and hospital treatment for disabilities incurred in the line of duty. The Federal Board for Vocational Education provides courses in vocational training and maintenance during the same, for soldiers disabled in the line of duty who wish to take them.

"It is not the department's purpose, therefore, to retain disabled officers and soldiers under treatment indefinitely, thus exposing them to the danger of hospitalization, but rather only so long as is necessary to complete that degree of physical restoration indicated in the preceding paragraphs. Such measure of restoration having been taken, discharge for disability should be recommended promptly in the cases of permanently incapacitated drafted or enlisted men. In the case of officers not of the permanent establishment, the procedure prescribed in Circular 73, War Department, November 18, 1918, governs.
Special Rules to Be Observed.

“In applying the foregoing rules, the following special rules will ordinarily be observed:

(a) Cases of tuberculosis should be kept under treatment in military hospitals until the disease is arrested, or until it is ascertained that they are progressive in type or incurable.

(b) Cases of organic heart disease and manifest chronic nephritis should be recommended for discharge.

(c) Cases of general paresis or of insanity complicated by epilepsy (insane epileptics) should be sent to St. Elizabeths or disposed of as otherwise provided in Army Regulations.

(d) Other insane who present particularly dangerous tendencies, or in whom all the clinical evidence points to incurable conditions, should be likewise disposed of.

Treatment of the Insane.

(e) Soldiers showing symptoms of insanity whose cases are not included in paragraphs (c) and (d) should be retained in military hospitals under observation and treatment for a period not exceeding four months. If at the end of four months the symptoms continue, like disposition will be made of these cases also.

(f) All cases of epilepsy not covered in (c) will be recommended for discharge on certificate of disability.

(g) Drug addicts will be promptly recommended for discharge.

(h) The blind or nearly blind should be retained until they are functionally able to care for themselves and are otherwise physically fit for discharge.

(i) The deaf or nearly deaf may be retained until they have learned lip reading and are otherwise physically fit for discharge.

Cases of Amputation.

(j) Cases of amputation of the leg or arm, or both, should be retained in hospital until the stumps have healed, suitable provisional artificial limbs provided, and reasonable proficiency in the use of such limbs acquired.

(k) Soldiers suffering from surgical disabilities incurred in the line of duty which are correctible in whole or in part, within their terms of service should, if consented to by the soldier, be retained for the necessary corrective measures. If the corrective measures are contraindicated within a reasonable period, discharge will ordinarily be recommended.

Cases of disability not incurred in the line of duty, which may be corrected by proper treatment, may be retained for correction or be recommended for discharge as deemed most appropriate.”