

**(Re)constructing and (re)habilitating the disabled body:
World War One era disability policy and its enduring ramifications**

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Abstract

This article examines the emergence of federal rehabilitation and pension programs for disabled soldiers during World War One in Canada. Rehabilitation is the intervention on individuals' behavior, minds and bodies to bring them closer to social norms and, is frequently viewed as an unproblematic good in social policy. Disability and rehabilitation were discursively constructed during this time in ways that upheld existing social values and supported capitalist production. Conceptualizations of disability were overtly linked to one's capacity to be economically productive within federal policy and discourse. The medical model of disability was entrenched through this policy. The emergence of Canadian rehabilitation programs for injured soldiers remains significant to Canadian social policy both because it set the stage for the development of Canada's welfare policy, and residues of the disablist principles that were foundational to the program can be found within contemporary social policy. This examination demonstrates that through these programs, the federal government first interlocked disability with economic productivity in its policy and discourse, which worked to support the establishment of the medical model of disability and reinforce oppressive ideas about gender and citizenship.

Keywords: rehabilitation; pensions; disability; World War I; productivity

(Re)construire et (re)habiliter le corps handicapé: Les politiques reliées au handicap et la réhabilitation pendant la première Guerre Mondiale et ses conséquences de longue durée

Résumé

Cet article examine l'émergence des programmes de réhabilitation et de pension fédéraux affectant les soldats ayant un handicap revenant de la première guerre mondiale au Canada. La

réhabilitation comprend les interventions sur le comportement, les esprits et les corps des individus afin de les rapprocher le plus possible des normes sociales, et elle est perçue en politique sociale comme un bien ne posant aucuns problèmes. Le handicap et la réhabilitation sont construit durant cette période par un discours qui contribue au maintien de valeurs sociales dominantes et des formes de production capitalistes. Les conceptions du handicap sont alors manifestement reliés dans les politiques et le discours fédéraux aux capacités du citoyen d'être économiquement productif. Le modèle médical du handicap devient fermement ancré a travers ces politiques et discours. L'émergence de programmes de réhabilitation canadiens pour les soldats blessés demeurent significatif pour la politique sociale canadienne parce que cela crée les conditions pour le développement de la politique d'aide sociale canadienne, et parce que des résidus des principes capacitistes sur lesquels ils sont fondés existent encore dans la politique sociale contemporaine. Mon analyse démontre que a travers ces politiques le gouvernement fédéral a, en premier lieu imbriquer le handicap avec l'idée de productivité économique dans ses politiques et ses discours, mais cela a aussi servi a soutenir le modèle médical du handicap comme le seul valide, et aussi a renforcer des notions opprimantes sur le genre et la citoyenneté.

Mots Clefs : réhabilitation; pensions; handicap; première guerre mondiale; productivité

Introduction

The First World War, fought from 1914 to 1919, was different from other wars Canada had previously participated in. The sheer scale of this war was unparalleled in history. In addition to the roughly 61,326 dead, 172,950 injured soldiers returned from the war (Guest, 1997). The rehabilitation effort for returning soldiers in Canada focused primarily on disabled veterans' medical and vocational rehabilitation, followed by pensions if needed. In this article, I will examine how disability was discursively produced in Canada and how it was interlocked with economic productivity which worked to support the establishment of the medical model of disability and reinforce oppressive ideas about gender and citizenship.

I will achieve this objective by examining federal rehabilitation and pension programs for disabled soldiers returning from the war. Following a brief survey of the scholarly literature, this article examines the dominant discourses about disability leading up to and during WWI. I will then provide a brief account of the emerging field of rehabilitation, including the establishment of rehabilitation programs and policies for returned disabled veterans. I then examine Canada's pension program for injured soldiers. These two programs worked to construct masculinity and citizenship as necessarily self-sufficient and disability as a loss in economic productivity. I will conclude this article by discussing some of the lingering implications of these early disability policies in contemporary Canadian social policy.

Literature Review

A number of historians have documented the Canadian events of the First World War, and Tim Cook (2011) has produced a thorough historiography of them. The bulk of the studies written about Canada's Great War experience have been military histories (Cook, 2011;

Kurschinski, 2015), although there have also been several medical histories (see: Allard, 2005; Macphail, 1925; Moran, 2008; Nicholson, 1975; Rawling, 2001). A number of social histories have examined the experiences of the war on Canadian soil (see: Keshen, 1996; Shaw & Glassford, 2012; Thompson, 1978; Vance, 2011); of particular note are those that have examined the role the war played in establishing masculine ideals and loyalty to the state (Moss, 2001; Vance, 2012).

Rehabilitation and pension programs for injured soldiers, however, have had limited treatment by historians, with some notable exceptions. Desmond Morton (1987; 1992) provides a political history of the development of the disability pension program for soldiers. In his influential work: *Fight or Pay: Soldiers, families and the Great War* (2004) he examines both family and disability pensions, their impact on Canadians at home and their political utility. Morton (1981) also authored a brief overview of Canada's rehabilitation program. Additionally, he and Wright (1987) provide an insightful political history of the reintegration of soldiers, including the rehabilitation and pensioning of disabled soldiers, returning from the war through to 1930. Building on this work, Kellen Kurschinski's (2015) *State, service, and survival: Canada's Great War disabled, 1914-44* provides a detailed history of both Canada's vocational training and pension programs using what he calls a "patient centred" framework (p. 28). Lara Campbell discusses how veterans mobilized their war injuries to procure benefits from the state during economic crisis; in doing so, she briefly examines the disability pension program and its lines of inclusion and exclusion (2000). Additionally, Occupational therapy scholar Judith Friedland (2011) has contributed a history of the field's emergence prior to the war and its consolidation around the time of and largely made possible by the First World War.

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These historians tend to unreflexively accept disability as a fixed category.¹ In contrast, disability scholars frequently discuss the ways that the concept of disability is produced and utilized in a historical context. The concept of disability is socially constructed and historically contingent (see, for instance: Abberley, 1987; Oliver, 1996; Stiker, 1999; Withers, 2012, 2013; Zola, 1978). There is no single, set definition of disability, it means different things and includes different categories of people in different times and contexts.

However, Canadian disability studies has largely overlooked this war even though, as I will demonstrate, it marked a massive creation and consolidation of disability policy. Historian Geoffrey Reaume's (2012) evaluation of Canadian disability history only discusses one text, Durflinger's (2010) *Veterans with a Vision*, which examines WWI in any detail. Since then, Dustin Galer's (2014) examination of sheltered workshops addresses the significance of the war's rehabilitation programs in their development. There are, however, several American and European histories that critically examine the construction of disability in state policy and medical discourse during the war (for example: Bourke, 1996; Linker, 2011a, 2011b; Meyer, 2008; Stiker, 1999). Of particular note is Carden-Coyne's (2007) work critically examining American rehabilitation programs and the discursive tying of productivity with disability both for its theoretical contributions and because the American vocational rehabilitation system was deeply influenced by Canada's (Harris, 1919; Kurschinski, 2015).

Dominant Discourses of Disability at the Onset of WWI

At the time of WWI, there were several different conceptualizations of disability. People who would now be understood as disabled had, in the centuries leading up to the war, been

¹ Two notable exceptions to this is are Tom Brown's (1984) and Mark Humpries' (2010) explorations of the interlocking of psychiatric diagnoses for "shell-shock" and class and gender, respectively.

understood as having a moral defect or deficit (Snyder & Mitchell, 2006). Eugenics was becoming an increasingly dominant discourse with respect to disability, and often drew on 19th century moralism and new understandings of genetics to legitimize its claims, which classified people into two broad categories: those who were fit (generally white, straight, middle- or upper-class non-disabled people) and those who were unfit (everyone else). Eugenicists attempted to steer human evolution by preventing or discouraging the breeding of those classified as unfit while encouraging the breeding of those considered to be fit. This paradigm constructed social problems like crime and poverty as caused by unfit people, naturalizing and legitimizing existing social inequalities (Davis, 2002; Snyder & Mitchell, 2006; Withers, 2012).

Leading up to the war, people with physical disabilities generally lived secluded, hidden-away lives (Bourke, 1996; Durflinger, 2010; Friedland, 2011; Stiker, 1999). Returning soldiers, however, were highly visible, both because of their numbers and, largely, they refused to hide away. Writing about the British context, Bourke (1996) asserts: “the war created a new constituency of disabled people... [and] altered the *whole* experience of disability. For instance, the distinction between the active and passive sufferer was blurred. In the case of people disabled from birth, the chief metaphor was passivity, and this childlike, ‘innate’ detachment was encouraged in institutions caring for them... He was the fit man, the potent man *rendered* impotent” (p. 37-38). Existing paradigms of disability could therefore, no longer hold. As soldiers returned disabled, there was a conflict between eugenic constructions of disability as morally and physically unfit and the moral framing of soldiers as heroes for the nation: the ‘fit’ had become ‘unfit.’ Canadian soldiers had been constructed as fit through eugenic discourse: defending the country, each had been medically examined and declared fit to fight (Special Committee on Returned Soldiers [SCRS], 1917), and yet they returned from war seemingly

among the ‘unfit.’

Thus, shortly after the onset of the war, the state and various medical and vocational experts in Canada (along with other Western states), created a new dominant discourse about disability, one in which there would not necessarily be a contradiction between the fit body and the maimed body. Although eugenics would continue to grow as the dominant model for the unfit disabled, the new discourse and practice of rehabilitation could accommodate those who populated the emerging category of the fit disabled.²

The official sites of disability policy in the first years of the WWI were the Military Hospitals Commission and the Board of Pension (the Department of Soldiers’ Civil Re-establishment absorbed these agencies in 1918). The Military Hospitals Commission was responsible for hospital care and rehabilitation, while the Board of Pension assessed how much financial assistance injured soldiers who were considered to have recovered as much as possible would receive. These two bodies worked to define and construct disability in Canadian policy for soldiers. This discourse was also adopted and reproduced by veterans themselves, particularly through their advocacy organization: the Great War Veterans Association. It was through rehabilitation and pension programs that disability was defined, categorized, and measured in a widespread and systemic fashion, and also how both disability and rehabilitation were interlocked with economic productivity.

Rehabilitation: Origins and Principles

In 1914, rehabilitation was not an entirely new approach; it had been practiced and experimented

² Eugenics and rehabilitation are often framed as oppositional; however, in our forthcoming book *The healing power of domination: Interlocking oppression and the origins of social work*, Chris Chapman and I demonstrate that in pre-WWII Canada, they were complimentary.

with on a small scale in Canada. Stiker (1999) argues, “the ideas of compensation, collective responsibility, state involvement, normalization based on a perception of the average, and social insurance” originated through worker’s rehabilitation and compensation programs (p. 125). Worker’s compensation was first implemented in Canada in Quebec in 1909 and other provinces followed suit (Guest, 1997). Rehabilitation had also been practiced in psychiatric institutions (Kidner, 1918) and by a few disability charities (Campbell, 1957; Drimmer, 1992). These small-scale experiments would soon be overshadowed by the massive rehabilitation efforts that emerged in response to the war.

Rehabilitation was defined in a variety of ways during this period. Commissioner for, and architect of, Canada’s Board of Pension, Major John Todd (1918) asserted that “in the narrowest sense,” rehabilitation “refers to the replacement of broken fighting men in their homes” (p. 1). However, “in its widest sense,” Ontario’s Special Committee on Industrial Relations (1921), defined it as:

the reclamation of potential powers of production, inactive through subnormal physical or mental capabilities. It is grounded upon the assumption that there exists in the mentally and physically handicapped portion of the population certain latent capabilities susceptible of development by systemic training and encouragement. (p. 4)

Rehabilitation discourse, therefore, meant that, according to Chapman (2014), “worthless people could achieve worth by eliminating the part of them that was disabled” (p. 36). From this perspective, these soldiers could have the disability trained out of them and become productive citizens once again, through rehabilitation.

Federal Rehabilitation Program

The rehabilitation program for disabled soldiers was designed to restore workers’ capacity to participate in the labour market. Rehabilitation to get people to work began while

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newly disabled soldiers were still in their hospital beds undergoing medical care. Occupational retraining program focused on ideas of choice for injured soldiers, in keeping with liberal “principles of individual freedom and self-determination” (Lakeman, 1918, p. 116). There were, however, substantial restrictions on who could access the program. Only those who could not return to their former employment were admitted, which excluded 5,000 people who applied (Morton & Wright, 1987). Where possible, existing skills were built upon, which reduced the training time and, therefore, the expense. For example, a bricklayer was trained to become a foreman or contractor. Undergraduate students were almost never assisted in continuing their studies but streamed into vocational training (Morton & Wright, 1987). This is evidence that the program was designed and implemented to reconstruct the productive *body* to function within capitalism, and to do so quickly.

Vocational councillors’ opinions, medical opinions, and labour market needs were taken into account along with the disabled person’s views, in determining rehabilitation goals. The soldier’s wishes were usually, but not always, agreed with (SCRS, 1917). The attitudes of officials were, at times, overtly paternalistic towards those undergoing rehabilitation. Ernest Scammell, Secretary of the Military Hospitals Commission, maintained that a man could not choose his occupation:

His knowledge is not sufficient to enable him to judge perfectly... he must have the wise counsel of someone who knows the whole problem better than he does himself. There must be a minimum of sentiment and a maximum of hard business sense (quoted in Morton & Wright, 1987, p. 17)

While choice continued to be emphasised, it was also clearly constrained. Of the American program, which was modelled after the Canadian, Lakeman discussed the use of “expert vocational guidance, and of systematic educational propaganda” that was intended to “form the

man's own will" (Lakeman, 1918, p. 116). It framed the program and 'educated' the returned soldier in such a way that he could (generally) believe he made a free choice, but this choice was shaped by both economic need and vocational experts' perceptions of the individual in question (see Stephen, 2007).

Disability was constructed as a loss of economic productivity through state and medical discourse during this period, placing the aim of rehabilitation on creating productive workers. Rehabilitative programs and doing work were sometimes even viewed as curative (Amos, 1943; Friedland, 2011; Kidner, 1918; Morton, 1992). A.E. Lowrey, Chairman of the investigating committee of the Great War Veterans Association reported that a man's "loss of his arm was no handicap" in one instance because he was able to work in the same job he had before the war (SCRS, 1917, p. 786). Key government officials, military officers and veterans clearly viewed disability (and handicap) as the consequence of inability to work (or to work less). Disability was constructed as synonymous with diminished capacity for or actual economic productivity; the cure for this was integration into the capitalist economy.

Labour participation and economic productivity remained central through the many incarnations of rehabilitation policy during and immediately after the war (Morton & Wright, 1987). In 1917, Senator McLennan, a Conservative Senator and member of the Military Hospitals Commission, proclaimed: "the fact that I want as many of these returned soldiers to be producers as possible is one that should not be lost sight of" – and it wasn't (SCRS, 1917, p. 88).

The Pension System

Canadian pension policy for returned soldiers, like rehabilitation policy, also worked to uphold liberal principles of self-sufficiency and productivity. There was no general entitlement

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to pensions for returned soldiers except for those who were disabled. Those who qualified for pensions were medically assessed by the Board of Pensions for their “degree of disability” (SCRS, 1917, p. xx). Throughout the war, these classifications of levels of disability changed from four categories to six categories in 1916 and, then, twenty in 1917 (Morton & Wright, 1987). Consistently, however, disability was assigned a percentage by medical professionals based on the perceived loss of productivity. A 100 percent level of disability, or ‘total disability’ meant that one could not work at all (Neary, 2011; SCRS, 1917; Morton, 2004; Morton & Wright, 1987). Percentages of disability were also rounded down to the lower classification. For instance, a man classified as being 50 per cent disabled in 1916 received a 40 percent pension, because there were only 6 classes at the time. Individuals assessed at less than 20 percent disability were not provided a pension at all but paid “compensation by gratuity” (Todd in SCRS, 1917, p. 1079; p. 1061).³

Pensions were designed to fill the gap when rehabilitative efforts to restore worker productivity had been exhausted. They were intended to mitigate the difference between a disabled person’s and a non-disabled person’s wages. Todd, who was the central figure in Canada’s pension scheme, asserted: “it is the ultimate disability which is taken into consideration in granting pension, not the suffering through which a man has gone” (SCRS, 1917, p. 1085). In this context, disability was defined entirely in relation to productivity. As Lieutenant-Colonel James Biggar put it:

A man is not pensioned because he has lost his eyes, but because, having lost his eyes, he cannot see. He is not pensioned for a wounded shoulder, but because he had lost his full ability to use his arm. In other words he is pensioned for the loss, partial or complete, of a normal ability; which, in fine, is the exact meaning of the word disability. (1919, p. 29)

³ In 1918, new rules allowed people with more than five percent disability to collect a pension.

The state was careful to ensure that disabled people were only ever compensated for a loss in wages because of lower productivity. Pain, however, was to be endured but not compensated.

The Pension Board only received a small number of formal complaints from veterans; but a much larger number of soldiers were dissatisfied with the level of disability they were assigned for the purposes of a pension (SCRS, 1917; Morton & Wright, 1987). For example, Private Coutier, whose body was riddled with shrapnel, got only \$5 a month in pension and reported not being properly examined by the medical board (Special Committee Appointed to Consider and Report upon the Pension Board [SCACRPB], 1918). One man was described as “Teeth knocked out—bullet in hip—pension \$8 per month” (SCRS, 1917, p. 1082).

When soldiers were unhappy with their assessment and the resultant funds allotted to them, there was little they could do. A soldier could request reconsideration before the Pension Board; sometimes the same original decision makers would review the file (SCRS, 1917, p. 1069). There was no appeal mechanism for decisions made by the Board. Indeed, Todd ensured the system was designed without an external appeal in order to help “prevent the abuses” that reportedly happened in the United States (quoted in Morton & Wright, 1987, p. 19). Concerns about fraudulent disabled people were widespread at the time (Schweik, 2009).

Returned soldiers who were considered to have pre-existing conditions which resulted in a lower pension were also often depicted as fraudulent. When disabled veterans attempted to claim their pensions, many who had been deemed fit to fight upon enlistment were retroactively labeled as having been unfit. One man had been examined by an insurance company shortly before enlisting and was declared healthy. While fighting at the front, he began having problems with his heart. He was given no pension because of a pre-existing heart condition (SCRS, 1917,

p. 21). Such men were fit enough to risk their lives but not fit enough to be compensated for their wounds.⁴ In discussing one such case of reclassification, veterans' advocate Norman Knight reported: "he cannot understand now how they can take up this old medical complaint. He thinks it is simply to reduce his pension, which the policy of the Government is to offer him as little as they can." Committee Chairman Herbert Ames candidly replied: "That is the policy of any and every Government, and always will be" (SCRS, 1917, p. 1252). Here, as is common with respect to regulatory definitions of disability, "definitions change depending on the intended outcome" (Withers, 2012, p. 110). The pension system, while publicly described as broad and fair worked to limit benefits, particularly to working class men, in a variety of ways and mobilized definitions of disability in order to do so.

Self-Sufficiency, Masculinity and Citizenship

Rehabilitation discourse also stressed self-sufficiency. Todd (1918) asserted that "[f]rom the beginning, disabled men must be accustomed to the idea of work, of self-support" (p. 7). Similarly, Kidner (1918), who had served as Vocational Secretary of the Invalided Soldiers' Commission said: "[t]he disabled man himself must have the will to succeed, the will to overcome his handicap" (p. 147). These men were encouraged (if not forced) to support themselves with as little help from the state as possible. Indeed, Senator McLennan testified that:

[t]he aim of the [Military Hospitals] Commission is to do its best for the physical and economic well-being of the man, and to bring to bear on him such influences that he may perform for his country a service not less important than those of the firing line, namely, that instead of being an idle ward of the State, he becomes a shining example to the young, of self-dependence, of courage and perseverance in overcoming disabilities. (SCRS, 1917, p. 7)

⁴ Robert England (1943) also retroactively labeled many World War I soldiers as based on the large numbers of recent immigrants who fought for Canada.

Here, in addition to self-sufficiency, productivity within the capitalist system was also constructed as a duty of liberal citizenship in Canada. This is why Kidner (1918) asserted that productive disabled ex-soldiers were “self-supporting, capable members of the community, fulfilling their duties in peace as they did in war” (p. 148). Through this discourse, citizenship and economic productivity were interlocked, undermining citizenship claims of those who did not participate in the formal economy (along with many women and Indigenous people).

Further, pensions were discursively constructed as a replacement of perceived loss of income rather than as charity. The liberal discourse underlying these programs emphasized self-sufficiency and independence and denigrated dependency of any kind. Concerns that reliance on charity would breed dependency and laziness were clearly prevalent at the time. H.W. Hart, the Ottawa Returned Soldiers Committee Secretary, expressed this sentiment, warning: “the habit of living on charity, repugnant at first, may become chronic, transforming worthy and desirable citizens into useless and undesirable beggars” (SCRS, 1917, p. 1074). The state also made it illegal to make “indiscriminate and unauthorized appeals for funds or other property by private persons or associations on behalf of returned soldiers” (Morton, 2004; Struthers, 1983, p. xxxvii). Fundraising for soldiers was therefore criminalized, in part, because indiscriminate relief had been thoroughly demonized by the burgeoning profession of social work – especially the Charitable Organization Societies (Agnew, 2004; Hébert Boyd, 2007; Palmer & Heroux., 2012; Schweik, 2009). This regulation worked to bring charitable fundraising efforts under state control while reinforcing categories of the undeserving and deserving poor (which would also include ‘morally sound’ injured workers, as well as wives and children through mothers’ pensions [Go, 1996; Morton, 2004]).

This focus on independence within the pension system, Durflinger (2010) argues,

“dovetailed nicely with contemporary social views of a man’s role as his family’s self-reliant breadwinner” (p. 5). The pension and rehabilitation systems reinforced and upheld constructions of (normative, white) masculinity. Concerns about masculinity were an “unusually intense” social concern at the time (Moss, 2001, p. 27). Humphries (2010) has explored gender ideologies with respect to trauma and psychiatric disability during WWI. He argues that trauma was medically constructed “as an individual failure to meet masculine ideals” with the intent of deflecting “a larger challenge to idealized masculinities” (p. 508). Shell shock was often imagined as a form of feminized or female hysteria (Humphries, 2010; Meyer, 2008). Consequently, Humphries argues, this permitted the state to uphold existing “tests of morals and means to determine who was deserving or undeserving of state assistance” by individualizing and pathologizing any deviation from those ideals (2010, p. 508). Disability, which was associated with femininity, complicated understandings of masculinity and self-sufficiency because only those who demonstrated the drive to be self-supporting were considered deserving (Friedland, 2011; Humphries, 2010; Moss, 2001). Rehabilitation, therefore, was not only engaged in reviving the productive self but inseparably also in restoring these returned soldiers’ masculinity.

The government essentially ignored women in its rehabilitation and pension programs for disabled people. In Canada, women were first able to get disability pensions for their war injuries in 1941 (Stephen, 2007). There had, however, been 2,054 nurses working overseas tending to injured soldiers during WWI; 53 were killed (Canadian War Museum, n.d.). In the 1917 Parliamentary Special Committee on Returned Soldiers proceedings report, numbering at more than 1,200 pages, women appear to be mentioned only in relation to their role as wives/widows and mothers, as temporary workers filling men’s jobs during the war, or as active nurses. The

exception to this was a small rehabilitation program in which a small number of women took a massage course (SCRS, 1917). Women, I would argue, were not present in this discussion not only because there were so few women overseas, but also because the dominant male breadwinner discourse made the notion of women as economic entities who needed rehabilitation or compensation to restore their productivity nonsensical (Morton, 2004; Stephen, 2007). Within this discourse, women were consumers rather than producers and did not need individual consideration with respect to important economic matters (Stephen, 2007).

In addition to the exclusion of women, both the pension and rehabilitation programs reinforced other existing social inequalities. Within the pension appeal process, for example: typical soldiers would not have the means to hire counsel to represent them in order to overturn a Pension Board decision (Norman Knight in SCRS, 1917), ensuring that those with class privilege would be more likely to get pensions, although they were the least likely to need them. Mills also maintained that, “you are treated as a malingerer, if you are a private” (SCACRPB, 1918, p. 68). Privates were almost always working class people. Additionally, racialized people would likely have been less often believed or more likely dismissed by medical and social work experts given the well documented evidence of systemic racism in these professions (Grygier, 1997; Hébert Boyd, 2007; Washington, 2008). Similarly, status Indians did not have equal access to veteran’s benefits (Lackenbauer, Moses, Sheffield, & Gohier, 2009). Humphries (2010) also argues that homosexuality was likely a factor in denying a pension on psychiatric disability grounds, which may have also occurred more broadly. Thus, a governmental program with the stated aim of equalizing perceived disadvantages of disability also worked to reinforce systemic social inequalities.

Social Policy Implications of WWI Disability Policy

WWI Policy and the Entrenchment of the Medical Model of Disability

State constructions of disability in the rehabilitation and pension programs for disabled WWI veterans had implications for the lives of these men and their families, other disabled people, and the emerging Canadian welfare state as a whole. Pension and rehabilitation (as well as workers compensation) discourse worked to establish disability as an economic problem, the extent of which was determined by medical professionals, rather than a moral, justice, religious and/or charitable issue. Soldiers were medically assessed for the level of disability in relation to their economic productivity. These policies helped interlock economic productivity with the medical model of disability by medically identifying assessing and defining disability. The medical model conceptualizes disability as an individual problem that is caused by malfunctioning anatomy and/or biological processes. This model, which views disability as tragic and the terrain of expert intervention, is now hegemonic, continues to have major implications in the lives of disabled people (Smith, 2005; Withers, 2012). That disability falls within the medical domain goes largely unquestioned.

WWI was “a reference point” not only for rehabilitation, as Stiker observed, but also for the entire medical model of disability. This model has been thoroughly challenged by disability studies scholars. While it is reified within pension and rehabilitation discourse as the logical or natural way to manage, classify and understand disability, the medical model and the bodies interpreted through it are themselves imbued with social meaning and value (for critiques of the medical model, see: Clare, 1999; Oliver, 1996; Smith, 2005; Withers, 2012). That the support of disabled people was viewed as a national responsibility, while the duty to overcome disability was an individual one, worked to solidify this new paradigm of disability. Individual bodies were seen as abhorrent and in need of correction, while social structures remained intact and

unquestioned. Physical disability was constructed as an individual issue about inept bodies unable to produce; or, as Senator McLennan put it, the “maimed man” was not a “whole man” (SCRS, 1917, p. 84). The Special Committee for Reintegration asserted that “[t]he question [of disability], therefore, is an individual one” (SCRS, 1917, p. xxvi). Individual bodies (and minds) were retrained to participate in capitalist production, without addressing the fundamental injustices associated with linking full citizenship and human worth to productivity within this system. This policy worked to erase the social production of disability; of course, war – the cause of these particular disabilities, is inherently social.

Imposing the medical model in social policies ensured that administrators and doctors became the ultimate experts about disability and disabled bodies, rather than disabled people themselves. Disabled people’s accounts of their experiences were easily overruled. One individual who reported “Stomach trouble caused by gas inhalation,” was found not to be disabled because there was no documented report of gas in his paperwork (SCRS, 1917, p. 1085). Leaving aside the question of the truthfulness of the claim, it is significant that the pension process constructed disabled people as unreliable in recounting their own experiences. The doctor in charge of the medical board in one district, Dr. J. McKay, reported that if a man “lost that arm there would be something on his papers to show it” (SCACRPB, 1918, p. 315). If the documentation wasn’t found, the presumption was that he did not have the arm when he enlisted – even though he would not have been admitted into the army if this had been the case. Indeed, veterans’ advocate E.R.R. Mills reported that, “in some cases I have heard them almost tell [disabled veterans] to their faces that they were liars” (SCACRPB, 1918, p. 68). While the presumption of dishonesty for those in receipt of poor relief was commonplace (Agnew, 2004; Hébert Boyd, 2007; Palmer, Bryan D., & Heroux, 2012), we should recall that returning soldiers

had previously been constructed as exceptionally honourable and now seeking a legal entitlement were perceived as inherently suspicious. Their exceptionally honourable entitlement conflicted with discourses of the moralistic distrust of disabled people's schemes to cheat charity systems (see Schweik, 2009).

Program Implications on Social Welfare Policy

Pensions that were limited to a small group of returned soldiers, coupled with rehabilitation programs that stressed changing the individual rather than the social, worked to help the state resist the construction of a larger welfare state infrastructure (as was taking place in Germany and France at this time) following WWI. Major John Todd who spearheaded the pension system imagined the policies for injured soldiers as a step towards healthcare for the entire population (Morton, 1981). Nevertheless, as Neary suggests, World War I “veterans’ benefits prefigured the welfare state, they also set an example of complex eligibility criteria and of coverage based on status rather than citizenship” (Neary, 2011, p. 287). Conservative Prime Minister Borden was against social welfare legislation. According to Struthers (1983), he only “favoured a modest expansion in the role of the state in order to cope with the problems of a more complex and increasingly polarized society” (p. 18). These early medical understandings of disability and needs-based approaches to benefits are still evident in social assistance programs today.

Further, the denigration of charity through pension and rehabilitation discourse would have also included social assistance in the form of the newly emerging mothers’ allowance. The exaltation of self-sufficiency and ‘worthy’ entitlement was not only used to legitimize the pension program but to justify not implementing assistance for others – including unemployed

veterans and disabled civilians. Neither of these groups had experienced a physical loss, nor had they sacrificed a tangible part of themselves for the nation.

The federal pension system also enacted a central principle that continues to guide social assistance policy today: less eligibility. Less eligibility means ensuring that social assistance rates are lower than the lowest paid workers' wages in order to discourage people from collecting them (Guest, 1997). State officials publically articulated that, "a totally disabled man should never require [charitable or social] assistance" (Ames in SCRS, 1917, p. 419). They claimed the pension rates were set at exactly the amount one was believed to need to replace what was lost. There was, at the time, concern expressed about the rates being set too high (i.e. beyond a 'replacement' level) as that could create a disincentive to work (SCRS, 1917; Morton, 2004; Morton & Wright, 1987). In the case of partial disability, the soldier's wage coupled with the pension was deemed sufficient. Any financial hardship, under this logic, was the fault of the worker who was not working enough to support himself or his family. In reality, however, pension rates were far too low for many injured soldiers during the war; many lived in intense poverty (low medical determinations of percent of disability also contributed to this) (Morton, 1987, 2004; Morton & Wright, 1987). Keeping pension (or workers' compensation or mothers' allowance) payments low⁵ doesn't only impact recipients, it also works as an example for nondisabled people. The State was careful to ensure that disabled people were only ever compensated for a perceived loss in productivity and never benefited beyond that. As disability was synonymous with un- or under-productivity, the application of this social policy could function to not only govern disabled soldiers but also as a means of providing further incentive

⁵ The government boasted that its pensions were the most generous in the world. This was true for those who were considered 100% disabled – which was not the case for the vast majority of people.

for nondisabled people to be productive. This is what Guthman and DuPuis (2006), drawing on Foucault call, “governing the center” (p. 473) – the regulating of marginal groups in order to influence the behaviour of non-marginal populations.

Conclusion

While the pension and rehabilitation systems were deeply problematic, it is also important to note its significance for those who received it, for those who didn't, and for the nation state. Morton and Wright (1987) argue the pension system was implemented because “neither Canadians nor their veterans would tolerate” being forced into living off of charity. This, they argue, was “a small but real social revolution” (p. xix). The crack in the door that the pension and trainings programs for disabled soldiers during and after WWI made eventually allowed for further expansion of the welfare state. Veterans and workers who had sacrificed a great deal during the war wanted to see returns on their investment, they were agitated and angry. In a number of cities, veterans rioted over the lack of jobs available for them (Morton & Wright, 1987). Fear of the unemployed, including a large number of veterans – disabled and nondisabled – forced the government to implement a (temporary) unemployment assistance plan in 1918 (Struthers, 1983) and, again later, in the 1930s (Campbell, 2000; Struthers, 1983).

The programs for disabled veterans during and immediately following the Great War were relatively small compared to other state run social initiatives in Canada. However, they had profound and lingering implications for the Canadian welfare state and conceptualizations of disability. The rehabilitation and pension programs were mutually supporting mechanisms that worked to reimagine disability in Canada, reconstructing certain kinds of disabled people as heroic and as fit while interlocking these constructions with rugged individualism and economic

productivity. The state was able to justify withholding resources to the majority of the population by devising these limited programs. Disabled people were discursively constructed as identifiable through medical practice, lacking, less than whole, likely to abuse process, untrustworthy, lacking in expertise about their own lives but redeemable through economic participation. These constructions have left a legacy that disabled people continue to work to combat to this day.

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