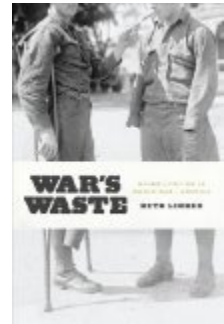


Beth Linker. *War's Waste: Rehabilitation in World War I America*. Chicago: University of Chicago Press, 2011. 304 pp. \$35.00 (cloth), ISBN 978-0-226-48253-8.

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The Great War and the Forging of a Rehabilitation Imperative

For a nation with more than 1,166,494 wounded in combat since 1917, Beth Linker's *War's Waste*, which chronicles the institutionalization of rehabilitation in the nation's military, is both urgent and timely.[1] In her compelling study, Linker argues that World War I was a moment of significant change in national methods of providing for wounded veterans and one that marked the beginnings of a pervasive "ethic of rehabilitation" (p. 1). This ethic, which maintained that "disabilities would disappear" with medical attention and the trauma of war thus banished from national memory, expanded its influence to multiple facets of American society (p. 8). Over the course of seven well-written chapters, *War's Waste* traces the means by which the ethic of rehabilitation became embedded in the nation's social institutions as well as the bodies of wounded soldiers.

Linker locates the roots of this ethic in public dissatisfaction with an economically inefficient national pension system. Though debates over reform raged throughout the late nineteenth century, the United States spent more than five billion dollars in 1917 to support its Civil War veterans. The efforts of anti-pension Progressives opposed to such high annual output culminated in the War Risk Insurance Act of 1917 (WRIA). Passed six months after the United States declared war on Germany, the WRIA replaced the traditional pension system with government life insurance and provisions for "rehabilitation and re-education" of wounded soldiers (p. 5). Begun as a means to restore "social order after the chaos of war," it was by no means limited to wartime: following the

Armistice, Congress passed the Civilian Vocational Rehabilitation Act (CVRA), extending similar services to victims of industrial accidents (p. 4). The shift from pension to rehabilitation services was, ultimately, one aspect of the broader "Progressive Era movement to stabilize the workplace and the nation's labor economy" (p. 141).

Medical rehabilitation as conceptualized by the Progressives required both a new corps of professionals and spaces in which to practice. American orthopedic surgeons, ideologically and politically aligned with anti-pensioners, had honed their skills in rehabilitation and reeducation through work with children in industrial training schools. While Linker notes that the ascendancy of orthopedic surgeons was not preordained, they were uniquely suited to the prerogatives of the WRIA and further legitimized by their transnational professional connections. Alongside orthopedic surgeons, the growing need for individuals trained in the quotidian arts of rehabilitation effected the development of physiotherapy as a distinct new profession. Composed exclusively of women, these professionals were responsible for manipulating male bodies and thus occupied a uniquely gendered social location in which they were expected to be neither as masculine as orthopedic surgeons nor as traditionally feminine as the nursing staff. Rather, these women constructed a professional identity through claims to sternness and specialized knowledge.

To accommodate these professionals in their efforts to minimize veterans' long-term dependence, Surgeon

General William Gorgas designated Letterman General Hospital and Walter Reed General Hospital as permanent rehabilitative institutions. These hospitals were themselves then rehabilitated to include physiotherapy buildings, massage rooms, and curative workshops where veterans underwent vocational training. Perhaps the most integral spatial creation was the prosthetic shop (or “Limb Lab”), which became the site for “prosthetic construction and care” and replaced the manufacturing house as the primary location of amputation care (p. 118). The care received in these specialized locations was not always welcome, however, and patients and their advocates responded with vigorous protest. Faced with threats of censorship, accusations of treason, and premature discharge, wounded soldiers took great risk to voice concern despite their caregivers’ attempts to persuade veterans of the dangers of the old pension system. The strain of protest begun among World War I veterans culminated in the 1932 Bonus March on Washington and, later, the GI Bill for World War II veterans.

Although Linker’s work is of clear use to labor and military historians, her primary contributions are to the fields of medical and disability history. By emphasizing a broader definition of “science” in understanding the rise of the modern American hospital and the solidification of modern medical authority, she demonstrates that these phenomena were as dependent on developments in rehabilitation as the advances in diagnostics, pain management, medical education, and nursing noted by other scholars. She also offers a corrective to historians who claim rehabilitation as “primarily a medical specialty” (p. 191n33). The overall framework of *War’s Waste* aligns with the disability studies project by situating disability as a problem of war rather than a problem of the individual.

Though Linker at times considers patient protest

without noting the ways in which the patients themselves contributed to the constitution of a rehabilitative logic, she is careful to consider the perspective of disabled veterans. She is also attentive to the connections between industrial capitalism and changing understandings of disability. Disability historians will appreciate her critique of rehabilitative science’s focus on amputees as model objects of rehabilitation. Doing so allows her to engage the problem of what Robert McRuer (following Michel Foucault and Henri Stiker) has called “uneven biopolitical incorporation,” or the reintegration of particular disabled populations at the expense of others.[2]

Despite its overall effectiveness, it is worth calling attention to a few issues. Given the contemporaneous debates over national health insurance and the WRIA’s insurance component, the relative disengagement from the role of insurance companies is surprising. Disability historians may also regret that Linker never effectively defines “disability” and often uses the category uncritically. Finally, although *War’s Waste* takes care to analyze the role of gender in the rehabilitative logic, Linker’s treatment of race is minimal throughout. Notwithstanding these quibbles, *War’s Waste* offers important insights into the developments of the ethic of rehabilitation in the Progressive Era and would be useful to any historian of the period.

Notes

[1]. Congressional Research Services, “American War and Military Operations Casualties: Lists and Statistics,” Federation of American Scientists, February 26, 2010, <http://www.fas.org/sgp/crs/natsec/RL32492.pdf> (accessed July 25, 2011).

[2]. Robert McRuer, “Disability Nationalism in Crip Times,” *Journal of Literary & Cultural Disability Studies* 4, no. 2 (2010): 163-178, quotation on 169.

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