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## The Soldier's Return – the Canadian WWI Veteran Care System

It is easier to make war than peace – this popular English saying pictures the broad array of problems dominating every post-war reconstruction period. Reintegration of veterans constitutes a huge challenge after any conflict. As Stephen Leacock, the Canadian writer summed it up in 1938: “When the war ends they are welcomed home under arches of flowers with all the girls leaping for their necks, and within six months they are expected to vanish into thin air, keep out of the public house and give no trouble!”.

For Canadians WWI has been THE war, the one which brought the highest number of casualties ever in Canadian history (approximately 61 000 killed, 150 000 wounded<sup>2</sup>). The problem of veterans had no comparable precedent in that country before WWI, as never before had such a large contingent of soldiers been organized there. The scale and duration of the conflict surpassed all the expectations of the government and the society at large. In a government report prepared in 1917 one can read that the authorities “(...) were fully occupied with the duty of mobilizing forces for Overseas” and because of that “(...) the work of looking after the returned men could not have engaged the degree of attention its importance

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<sup>1</sup> S. Leacock, *My Remarkable Uncle and Other Sketches*; <http://gutenberg.net.au/ebooks07/0700011.txt>, 01.08. 2017.

<sup>2</sup> Sources on the number of fallen and wounded soldiers vary in estimations. Statistics Canada provides the following numbers: 56,638 soldiers killed in action or died of wounds, 141,418 wounded. If the category missing 4368 is added to the number of the deceased the total is 61 006 – *Number of Casualties in the First World War, 1914 to 1918, and the Second World War, 1939 to 1945*; [http://www65.statcan.gc.ca/acyb02/1947/acyb02\\_19471126002-eng.htm](http://www65.statcan.gc.ca/acyb02/1947/acyb02_19471126002-eng.htm), 01.08.2017. Canadian Museum of War lists 172,000 wounded with the reservation that approximately 138,000 of the above number were classified as battle casualties. *The Cost of Canada's war*; <http://www.warmuseum.ca/firstworldwar/history/after-the-war/legacy/the-cost-of-canadas-war>, 01.08.2017. In *World War I: Encyclopedia*, eds. S.C. Tucker, P.M. Roberts, Santa Barbara 2005 entry *Canada Army*, one can find the following figures: 239 605 wounded, 66 665 killed.

demanded”<sup>3</sup>. In this paper I would like to concentrate on certain, in my opinion most important, problems faced by the Canadian authorities in the process of reintegration of its WWI veterans.

## Specialized Hospital Care

In the first two years of the conflict, preparations for bringing home combatants of WWI and reintegrating them into civilian society were made largely on the basis of ad-hoc decisions forced by the development of the situation at the front. The most pressing issue which had to be addressed was organization of specialized hospital care for the soldiers. At the outset of the war Canada had only one temporary, tented hospital near the Valcartier training camp in Quebec for volunteers who enlisted to the expeditionary force but could not sustain the difficulties of the preparatory training. In 1915, when the first invalids started returning from Europe, it was still hoped that proper arrangements could be made without much effort, in cooperation with St John Ambulance Association and the Canadian Red Cross Society. As the officials responsible for organizing medical care for the wounded had no front-line experience, they were not able to predict the increasing number of casualties, nor, that some of the wounded would require permanent rather than temporary care. They believed that the problem of lack of hospital beds for veterans could be solved with the help of patriotic citizens who offered their summer mansions to be turned into convalescent homes. Yet, with the number of seriously wounded servicemen increasing alarmingly, it became evident that proper therapy could not be provided by small hospitals located in adapted, scattered, and most often isolated private mansions<sup>4</sup>.

In 1915, with casualties mounting, the Canadian government headed by Sir Robert Borden recognized the need for creation of an institution which would coordinate all the efforts to provide assistance for the sick and wounded soldiers returning to Canada. For that purpose the Military Hospital Commission (MHC) was established. It was the predecessor of the contemporary Veterans’ Affairs – the Canadian ministry responsible for the care of combatants. The two main priorities of MHC were: providing effective treatment for veterans, and later on rehabilitating them so that they would be able to find gainful employment. Such an approach was perceived as the main way to avoid repetition of the American pension evil in Canada<sup>5</sup>. Work on creation of a proper system of veteran care was

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<sup>3</sup> *Report of the Military Hospitals Commission*. J de Labroquerie Taché, Ottawa, May 1917, p.17 [http://babel.hathitrust.org/cgi/pt?id=uc1.\\$b32500;view=1up;seq=3](http://babel.hathitrust.org/cgi/pt?id=uc1.$b32500;view=1up;seq=3); 07.08.2017.

<sup>4</sup> *Ibidem*, p.18.

<sup>5</sup> About expansion of benefits for veterans of Civil War in the USA, perceived in Canada as pension evil see: T. Skocpol, *Social Policy in the United States: Future Possibilities in Historical*

commenced immediately at every centre where the men were recruited. MHC officials were to provide wounded veterans returning from the front with some ideas how to resume civilian life, so that former soldiers would not become “wards of the state”<sup>6</sup>. This motivation was clearly stated in the official government documents: “Invalided men (...) unless some occupation is found for them, may degenerate into unemployables”<sup>7</sup>.

The outcome of the efforts made by the members of the Military Hospital Commission to prepare a sufficient system of medical care and vocational therapy for the veterans returning from Europe was described in the *Report of the Military Hospitals Commission* published in 1917. Wounded soldiers arriving back to the country on board of hospital ships were received at the Discharge and Clearing Depots – i.e. hospitals which were to classify their wounds and send them by so called “hospital cars” – i.e. specially prepared trains, being “in every respect a hospital on wheels” – for further treatment/convalescence in institutions located close to the place where they had enlisted. All five depots possessed a total number of 1 600 beds: 550 in Halifax, 100 in St John, 800 in Quebec, 100 in Winnipeg, 50 in Calgary<sup>8</sup>. The number of beds which could be used for further, prolonged treatment of the wounded were 1 720 beds in military hospitals not classified as Discharge and Clearing Depots, plus 4 000 beds in sanatoria and convalescent homes<sup>9</sup>. These figures indicate that the number of places for soldiers needing treatment was alarmingly low. With a Canadian overseas contingent of more than 400 000 soldiers<sup>10</sup>, such preparations would prove largely inadequate if all the wounded soldiers were regularly transported back to the country for treatment and rehabilitation. Luckily, returns were spread in time because of the limited capacity of the two hospital ships transporting the wounded combined with complications resulting from the hazards of German unrestricted submarine warfare.

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*Perspective*, Princeton 1995, pp. 54–55, A.S. Orloff, *The Political Benefits of America's Belated Welfare State*, [in:] *The Politics of Social Policy in the United States*, eds. M. Weir, A.S. Orloff, T. Skocpol, Princeton 1988, p. 46.

<sup>6</sup> *The Provision of Employment for Members of the Canadian Expeditionary Force on Their Return to Canada and the Re-Education of Those Who are Unable to Follow Their Previous Occupations Because of Disability*, Ottawa 1915, p. 9; [https://www.forgottenbooks.com/de/books/TheProvisionofEmploymentforMembersoftheCanadianExpeditionaryForceonTheirReturnto\\_10295047](https://www.forgottenbooks.com/de/books/TheProvisionofEmploymentforMembersoftheCanadianExpeditionaryForceonTheirReturnto_10295047), 01.08.2017.

<sup>7</sup> *Ibidem*.

<sup>8</sup> *Report of the Military Hospitals Commission*, op. cit., pp. 8–12.

<sup>9</sup> *Ibidem*, pp. 17–32.

<sup>10</sup> Canadian Museum of War, *The Canadian Expeditionary Force*; <http://www.warmuseum.ca/firstworldwar/history/life-at-the-front/military-structure/the-canadian-expeditionary-force/>, 02.08.2017.

Small as the number of hospital beds in Canada was, services provided by the military hospitals seem to have been of high quality. Of course official government reports can be far-fetched in the statements that:

The hospitals erected in every military district in Canada were admirably suited for their purpose; they were fully equipped with all the appliances for treatment and re-education, with departments for electro-therapeutics and hydro-therapeutics, gymnasiums and remedial workshops; and they were maintained with the enthusiastic assistance of the staffs in a state of the highest efficiency<sup>11</sup>.

Yet, a similar opinion could be found in the American press: “When the Canadian veteran was in need of medical attention, he got the best – absolutely the best. The physicians and surgeons were the highest grade – no political leeches or men incompetent to make a living at private practice, as was too often true with us”<sup>12</sup>.

Canadian government officials realized that proper care of the wounded was fundamental for boosting enlistment of men willing to go to Europe to fight, so they were doing everything to convince enlistees that their “(...) future prospects are good rather than hopeless, to disabuse the community of the notion that the crippled man is necessarily a helpless dependant, and to promote the most constructive possible spirit toward the disabled soldiers themselves”<sup>13</sup>. Such an attitude was promoted by various press articles, specially ordered flyers and even films<sup>14</sup>. One such pamphlet *The Soldier's Return: How the Canadian Soldier Is Being Refitted for Industry* prepared by the Military Hospital Commission, became especially popular. It had the form of an interview with a disabled veteran, “Private Pat”, who lost his leg during the war, but presented immense determination to get to work, claiming “I want to be a man again as I was before, and make my own living and not sponge on other people”. He further stated: “Lend us a hand to get our legs again, real or artificial and you will see if we don't keep our end up and make our own living like the rest of you! Believe me, we've got just as much pride and independence as any one else”<sup>15</sup>. To set a good example for the soldiers, Private

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<sup>11</sup> Macphail A., *The Medical Services – Official History of the Canadian Forces in the Great War 1914–19*, Ottawa 1925, p. 398; <https://ia700407.us.archive.org/15/items/medicalservices-00macpuoft/medicalservices00macpuoft.pdf>; 14.01.2014.

<sup>12</sup> Frost, S., *Where Veterans Fell Among Friends*. “Outlook” October 10, 1923 <[www.unz.org/Pub/Outlook-1923oct10-00225](http://www.unz.org/Pub/Outlook-1923oct10-00225)> 28.02.2014

<sup>13</sup> McMurtrie, D. C., *The Canadian Publicity Campaign in the Interest of Crippled Soldiers, Their Re-education and Employment* “American Journal of Care for Cripples 5, 1 (1917) p. 149, quote from: Heap R. “Salvaging War's Waste”: *The University of Toronto and the “Physical Reconstruction” of Disabled Soldiers during the First World War*, p. 217 [in:] Montigny Edgar André, Chambers Lori (eds.) *Ontario Since Confederation*, Toronto 2000.

<sup>14</sup> Keshen, J. A. *Propaganda and Censorship During Canada's Great War*, Edmonton 1996, p. 59.

<sup>15</sup> *The Soldier's Return: How the Canadian Soldier Is Being Refitted for Industry* Ottawa 1919, p. 3.

Pat “shunned the dole and struggled under veteran land program” soon becoming a productive, self-supporting citizen<sup>16</sup>.

## **Vocational Rehabilitation and Employment Possibilities for Disabled Veterans**

The system of vocational training also had to be built from scratch as there were no precedents, qualified instructors, or defined funds. Canada decided to take a different path than France and England, where efforts to re-establish veterans were conducted mainly at the local level by private agencies and municipal authorities<sup>17</sup>. The Canadian government from the beginning confirmed its responsibility for reintegration of combatants. The head of MHC clearly stated: “With regard to the disabled, their care is an obligation which should fall primarily on the State, and this liability cannot be considered as being extinguished by the award of a pension from public funds”. He also pointed out the fact that “everything possible should be done by the Government, and by public effort, to insure to those that come back have a means of livelihood. This to apply, not only to those who are disabled, but also to those who are able-bodied”<sup>18</sup>.

In the case of “able-bodied” soldiers i.e. those who did not sustain any visible injuries it was hoped that after the war they in majority would be re-employed by their “patriotic employers”. For those uninjured soldiers who were unemployed at the time of enlistment or those who were “superseded in their absence” as well as “wounded men similarly situated” for whom there was hope for almost total recovery “the Dominion Government, acting through the Military Hospitals Commission, in definite co-operation with the Provincial Governments” was to prepare the largest possible number of openings in the districts from which the men were recruited<sup>19</sup>. “Invalided and wounded men who are unable to follow their previous occupation by reason of their disability, but who will be capable, after proper training, to take up other work” posed the biggest problem<sup>20</sup>. It was stipulated that they “should be the wards of the country until such time as they are able to earn sufficient to keep them”<sup>21</sup>. Thus, the state was to be responsible for giving such soldiers

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<sup>16</sup> Keshen, J. A. *Propaganda and Censorship During Canada's Great War*, op. cit., p. 60.

<sup>17</sup> About organization of vocational training in various allied countries see *Vocational Rehabilitation of Disabled Soldiers and Sailors*, Government Printing Office, Washington 1918, pp. 31–58; <https://ia600301.us.archive.org/16/items/vocationalrehabi00unitrich/vocationalrehabi00unitrich.pdf>; 06.08.2017.

<sup>18</sup> *The Provision of Employment...*, op. cit., p. 5.

<sup>19</sup> Ibidem.

<sup>20</sup> Ibidem.

<sup>21</sup> Ibidem, p. 7.

“an opportunity to learn new trades” which would lead them “in the shortest possible time to a reasonable standard of productive efficiency”<sup>22</sup>. The government appealed to the patriotic feelings of various employers (banks, railway companies, theatres, hotels, retail stores etc.) to create special posts for partially incapacitated former soldiers, especially amputees, employing them as messengers, elevator attendants, porters etc. in all the instances when “their disability will not interfere with their efficiency”<sup>23</sup>. Similarly all vacant provincial government and municipal positions were reserved for partially disabled men.

In the choice of a new profession, disabled veterans were to receive professional vocational counseling so as not to allow them to make wrong choices which would result in the need to retrain them once again. This issue was indicated in a rather paternalistic way in the report:

The soldier himself cannot be allowed to choose at will just what he prefers to do in the future if he cannot follow his previous vocation. His knowledge is not sufficient to enable him to judge perfectly. There must be, of course, nothing mandatory about the course he is to pursue, but 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 sound hard business sense concerning the future of the returned soldier to civil life<sup>24</sup>.

The policy of Canadian authorities was to retrain disabled soldiers “in an occupation as closely allied to his former one as possible”. Such an approach was seen as one which “saved Canada from our absurdities in trying to train ditch-diggers as telegraphers or stokers as proof-readers, and narrowed to a minimum the possibilities of waste and folly”<sup>25</sup>. Thus, no matter what kind of injuries a man sustained, if there was any possibility of return to his old occupation he had no chance for training in a new vocation. Because of the principle that the retraining courses were to be brief, up to eight months, disabled former students were a troublesome category, and each case was examined independently to assert whether it was worth investing in their further education<sup>26</sup>. Generally re-training was reserved only for disabled soldiers. An exception was made for the “minors” – the boys who had lied about their age and managed to enlist when under 18. The army somehow wanted to redeem its mistake of accepting them without checking their real age and thus

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<sup>22</sup> Ibidem.

<sup>23</sup> Ibidem, p. 7.

<sup>24</sup> Ibidem, p. 9.

<sup>25</sup> Frost, S., *Applied Sense in Rehabilitation*. “Outlook” October 17, 1923; [www.unz.org/Pub/Outlook-1923oct10-00225](http://www.unz.org/Pub/Outlook-1923oct10-00225); 28.07.2017.

<sup>26</sup> Morton Desmond, Wright Glenn. *Winning the Second Battle: Canadian Veterans and the Return to Civil Life 1915–1930*. University of Toronto Press, Toronto 1987, p. 94.

all of them could count on professional training, so that they would not have to remain unskilled workers till the end of their lives<sup>27</sup>.

The *Report of the Work of the Invalided Soldier's Commission* published in 1918 enumerated 36 various types of vocational courses available in 1917 and 175 in 1918. The list provides a large variety of blue collar occupations and rather limited number of white collar jobs, with some proposals like coal mining or embalming sounding rather odd in the context of the disabled men, who spent prolonged time in nerve- and body- wrecking conditions at the front<sup>28</sup>. Similarly "Bulletin" – the Military Hospital Commission magazine, described a large variety of courses which would allow employment to be found for virtually every disabled veteran. As an example the case of a legless and one-eyed veteran was mentioned, who successfully became a silver polisher<sup>29</sup>.

Another option for the disabled as well as some able-bodied soldiers was to "go on the land". It was believed that soldiers who had got used to outdoor life during the war, would be willing to continue it after the war.

Large numbers of men who previously followed an indoor occupation, both those who are able-bodied and those who are partially disabled, will after their long open air life in the trenches, desire to find employment on the land. If one-tenth of those who come back are willing to become farmers or market gardeners, the returns from their labors during the first three years will more than compensate the country as a whole for any expense that may be incurred on their behalf<sup>30</sup>.

Such beliefs were reinforced by propaganda, for example the already mentioned flier *The Soldier's Return: How the Canadian Soldier Is Being Refitted for Industry*, among the soldiers known also as *A Cheerful Chat with Private Pat*, in which its one legged hero stated: "The country life's the life for me, with a cow, a hen and a honey-bee"<sup>31</sup>.

Veterans qualifying for the program received monetary grants, which could be spent on land purchase and later on repaid in installments over a few year period without any interest added<sup>32</sup>. This program was not particularly successful due

<sup>27</sup> Ibidem, p. 134.

<sup>28</sup> Full list of vocational training courses can be found in *Report of the Work of the Invalided Soldiers' Commission*. J de Labrougerie Taché, Ottawa, 1918, pp. 17–20; <http://babel.hathitrust.org/cgi/pt?id=uc2.ark:/13960/t25b01975;view=lup;seq=23>; 01.08.2017.

<sup>29</sup> Keshen, J. A. *Propaganda and Censorship During Canada's Great War.*, op. cit., p. 59.

<sup>30</sup> *The Provision of Employment for Members of the Canadian Expeditionary Force on Their return to Canada and the Re-Education of those who are unable to follow their previous Occupations because of Disability*, J.De L. Tache, Ottawa 1915, p.9–10 <<https://ia700306.us.archive.org/8/items/provisionofemplo00canarich/provisionofemplo00canarich.pdf>> February 15, 2014,

<sup>31</sup> *The Soldier's Return...*, op. cit., p. 3.

<sup>32</sup> *The Provision of Employment...*, op. cit., p. 10.

to many reasons. There were few farms at good locations available, so veterans purchased and settled on land which was difficult to cultivate and far from transportation routes. Many of them did not have enough farming experience or turned out to be too weak to work physically on the farm. All soldier settlers began their farming too late to profit from wartime prices of agricultural produce. They paid high wartime prices for their land and stock and in subsequent years had to pay off loans which could be even 50% higher than the actual value of their property. In consequence 80% of farming veterans went broke within the first five years<sup>33</sup>.

In the first years after the war, the Canadian scheme for former soldiers' re-training was seen as an exemplary one. In an article published in 1923, its author comparing Canadian and US achievements in reintegration of veterans wrote: "Canada has trained some 52 000 men (...) and at one time had about 20 000 in training. To-day there are fewer than 1200 left, and hardly any more coming in except a few for retraining in cases when increasing disability has outflanked the previous schooling". Further in the text its author stressed the extremely high percentage of trained men who had managed to get steady employment. "On the final check-up, six months after the men graduated, 93 per cent were in steady employment. Of the other 7 per cent part had gone abroad, some had died, some had gone into business for themselves; less than 1 percent are known to have failed". These figures were compared with data from the US where only between 60–80% of disabled men were re-trained successfully<sup>34</sup>. The brevity of the courses, criticized by Canadian veterans, was seen by the Americans as an asset. "The average time it has required to get these results is under seven months, as against an average of twenty-seven which have given the poorer results in the United States"<sup>35</sup>.

Generally, from the contents of *The Provision of Employment for Members of the Canadian Expeditionary Force on Their Return to Canada and the Re-Education of Those who are Unable to Follow their Previous Occupations Because of Disability* it is clearly visible that the part of the program devoted to hospital care and retraining of the veterans was relatively far-reaching, looking beyond the immediate problems of providing enough beds for the wounded. It also drew on previous, however meager, experience and "offered an alternative to the two old traditions, military mendicancy and the 'pension evil'"<sup>36</sup>. Unfortunately, many of the solutions which were put into practice often proved inefficient as the scale of

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<sup>33</sup> Kershen, J., *Getting It Right the Second Time Around: The Reintegration of Canadian Veterans of World War II* [in:] *The Veterans Charter and Post -World War II Canada*, Neary P., Granatstein J.L. eds., Montreal 1998, p. 64.

<sup>34</sup> Frost S., *Where Veterans Fell Among Friends.*, op. cit.

<sup>35</sup> Ibidem.

<sup>36</sup> Morton, D., Wright, G. *Winning the Second Battle: Canadian Veterans and the Return to Civil Life 1915–1930*. Toronto 1987, p. 18.



the conflict and the number of casualties largely exceeded Canadian organizational capacity. Deficiencies in the organization of post-war veteran care combined with the adverse economic situation after the war and the Depression of the 1930s led to the massive dissatisfaction of WWI veterans in the years prior to WWII.

## **Old and New Categories of Disabilities**

Initially, Canadian authorities hardly seemed to realize that disabled soldiers defied the stereotypes of post war amputees preserved from previous conflicts. Of course soldiers after amputations constituted a conspicuous group, as it was clearly visible that they had suffered for their country, yet because of better treatment methods and stricter implementation of antiseptics, fewer men lost their limbs during WWI than in earlier, 19th century conflicts. Since the amputees could not resume active service, they were sent back from Europe as soon as their condition allowed. The Hospital Commission decided to establish one single centre in Toronto, specializing in prosthetics and orthopedics, where one single company provided artificial limbs. Such solution was considered to be better than giving particular patients an allowance to buy an artificial limb from any kind of prosthetics manufacturer. The main advantage of such centralization, as it was believed, was the fact that the Commission was able “to secure most up-to-date improvements, by arrangement with various patentees” and that in subsequent years, the limbs could be renewed, maintained, and repaired in one place. An additional advantage was, that many of the employees of the center were “men who themselves wear artificial limbs”<sup>37</sup> so additional work places for veterans were created. What is more, disabled workers at the centers could better understand the needs and problems of their patients connected with fitting the proper prosthesis and learning how to function with it. The authorities, however, did not pay attention to the huge travel expenses which veterans from British Columbia, the Maritime or Prairie Provinces would have to cover to have even the most basic reparation made in Toronto after the war.

Having in mind the image of a legless or armless veteran most people did not realize that a large percentage of the veterans was simply sick not wounded<sup>38</sup>. Among them tuberculosis (TB) patients constituted the largest group. The illness concerned to a lesser extent those servicemen who had contracted it in the European trenches, but mainly those who had never been overseas but “in the rush for recruits (...) had been passed as fit, who were suffering from tuberculosis which did not diagnose itself until later”<sup>39</sup>. Care for each TB soldier became a federal

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<sup>37</sup> *Report of the Military Hospitals Commission.*, op. cit., p. 36.

<sup>38</sup> Morton Desmond, *The Canadian Veterans' Heritage from the Great War* [in:] Neary P., Granatstein J.L., *The Veterans Charter and Post-War II Canada*. op. cit., p. 17.

<sup>39</sup> *Report of the Military Hospitals Commission.*, op. cit., p. 35.

responsibility at the cost of \$1200–1300 a year<sup>40</sup>. Treatment of each such patient lasted for several months, so they occupied places in hospitals so much needed for soldiers who had sustained wounds at the front. As one top official of the Military Hospitals Commission commented, the army had to take huge costs of hospitalization and pensions for TB sufferers because it had economized on three-dollar tuberculin tests at the time of enlistment<sup>41</sup>. Nevertheless, expensive as it was, after the war, care and treatment of TB cases by the military was shown as exemplary, especially in comparison with other countries taking part in the conflict. Tuberculosis sanatoria were considered to be “(...) one of the best achievements of the medical service”. Canadian military officials were particularly praised for remembering “(...) that the fight against the white plague is endless and always needs help” and for the fact that the army “(...) built no sanatoria for itself; instead it took over and enlarged private sanatoria to meet its needs, so that when its own emergency had passed the equipment could be turned automatically to the service of the general public”<sup>42</sup>.

There was also the most troublesome category of the “totally disabled” soldiers the needs of whom had to be particularly carefully catered to, so as to avoid accusations that their immense sacrifice was not appreciated by the country. In 1917 the Commission came to the conclusion that in Canada the need arose to establish “one or more permanent Homes where men who are totally disabled may be maintained (...) but no definite steps had been taken”<sup>43</sup>. The authorities could not come to a decision as to what character such institutions should have. The fear of “pension evil” clearly echoes in the part of the report concerning such soldiers: “It would hardly appear to be desirable to establish permanent Homes along the lines of the Homes of the United States. Every effort should be made to assist men to assist themselves in their own homes. The establishment of free boarding houses is most undesirable. On the other hand, where it is not possible for a man to be looked after by his friends, there should be institutions to which he may be sent at Government expense. The need for such institutions will be more marked ten years after the conclusion of the War than it is at present time”<sup>44</sup>.

In 1919 to help “(...) men too badly disabled to make a living in the competitive market” the first sheltered workshop was established and by 1924 ten such institutions existed in Canada employing 347 “problem cases”<sup>45</sup>. The society could

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<sup>40</sup> McCuaig K., *The Weariness, the Fever and the Fret – Campaign Against Tuberculosis in Canada 1890–1950*, Montreal 1999, p. 38.

<sup>41</sup> Morton D., Wright G., *Winning the Second Battle ...* op. cit., p. 25.

<sup>42</sup> Frost S., *Where Veterans Fell Among Friends.*, op. cit.

<sup>43</sup> *Report of the Military Hospitals Commission.* op. cit., p. 34.

<sup>44</sup> *Ibidem*, p. 35.

<sup>45</sup> Frost S., *Where Veterans Fell Among Friends.*, op. cit.

learn from the press that “these shops are run at a loss of around \$30 a month (...) but this loss is far less than the direct support of these unfortunates would be”<sup>46</sup>. In such sheltered institutions heavily disabled veterans were doing “light work equal to their strength and being paid for it”<sup>47</sup>. Their wards repaired furniture or utensils, wove baskets, cut and sewed simple clothing, or produced toys, and their best known object – imitation poppies<sup>48</sup>.

Apart from the three groups mentioned above, certain new categories of disabled soldiers appeared during WWI – shell shocked soldiers as well as the victims of gas attacks, posing new challenges for the army officials responsible for their treatment and reintegration. The first full-scale chemical attack took place on April 22, 1915 at Ypres, sanctioned by the German High Command in hope that this new weapon would break the stalemate of trench warfare. It claimed the lives of 1 000 French and Algerian soldiers and wounded approximately 4 000<sup>49</sup>. The troops were totally unprepared – the attack caused panic and chaotic retreat, having an incredible psychological impact on troops and public alike. Gas warfare quickly became a psychological as well as a physical weapon. Because the first measures of protection were largely ineffective, the constant threat of exposure combined with periodic harassing gas attacks, caused unbearable stress<sup>50</sup>. Soldiers exposed to chlorine and phosgene, because of the damage to the respiratory tract required at least a two month long convalescence. Mustard gas, known as the king of battle gasses because of its deadly effectiveness caused by the delayed effects of exposure, also led to severe lung damage, additionally producing large blisters at the area of contact and leading to inflammation of the eyes which could cause permanent blindness.

Canadian troops fighting at Ypres were for the first time exposed to this new type of weapon on April 24, 1915. The gas attack on that day eliminated approximately 6 000 soldiers from the 1st Canadian Division from the fight<sup>51</sup>. Only those who got the order to protect their mouths and noses with pieces of cloth soaked in urine were not affected<sup>52</sup>. In order to try to protect the soldiers from this deadly weapon, a special unit known as Canadian Corps Gas Services was established at

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<sup>46</sup> Ibidem.

<sup>47</sup> Ibidem.

<sup>48</sup> Morton D., Wright G. *Winning the Second Battle...*, op. cit., p. 139.

<sup>49</sup> Fitzgerald G. J., *Chemical Warfare and Medical Response During World War I*. “American Journal of Public Health” April 2008; 98(4), pp. 611–612

<sup>50</sup> Ibidem, pp. 614–615.

<sup>51</sup> Granatstein J.L., Olivier D.F., *The Oxford Companion to Canadian Military History*, New York 2011, p. 178.

<sup>52</sup> T. Cook, *Through Clouded Eyes: Gas Masks and the Canadian Corps in the First World War*, “Material Culture Review” 1988, vol. 47, [online] <http://journals.hil.unb.ca/index.php/MCR/article/view/17732/22197>, 23.04. 2014

the beginning of 1916. Its task was to devise a system for warning the troops about an attack and to prepare clear guidelines for medical personnel on how to treat the victims. Nevertheless, even with the best care provided, approximately 35% of Canadian soldiers who survived such attacks were eliminated from military service<sup>53</sup>. Additionally there were many men exposed to numerous minor gassings, which were not immediately debilitating. After the war these victims developed various chemically induced illnesses, but it was very difficult for them to fight for pensions as their injuries had not been recorded in their medical files during the war<sup>54</sup>.

During WWI, the Canadian military, like other armies taking part in the conflict, had a problem with classification and treatment of soldiers suffering from mental disorders. Manly courage was taken for granted among those who decided to enlist and it was believed that symptoms of mental exhaustion could be cured by a day's rest or a good night's sleep behind the lines. Cowardice and desertion in the face of the enemy, which could be attributed to shell shock, could even be punished by death<sup>55</sup>. From Canadian WWI publications and reports it is evident that the views on shell shock evolved and depended largely on military rank and position. Frontline officers usually realized that once excellent soldiers could be changed by the horrors of war. Such cases were described by R.J. Manion, a military surgeon, in a book based on his war experience, published in 1918. Judging from the description provided by this physician, knowledge of the nature of this phenomenon was rather limited, among civilians and military men alike. To start with, he tried to convince his readers that the phenomenon actually existed. "There is legitimate nervousness named 'shell shock'. The real cases of this condition, when they are extreme are sad to see". The doctor described basic symptoms in the following way: "(...) soldier suffering from this malady trembles violently, his heart may be disordered in rhythm, he has a terrified air, the slightest noise makes him jump and even occasionally run at top speed to a supposed place of safety. He is the personification of terror at times crying out or weeping like a child". With the above description of the symptoms, Manion's persuasive comment, supported by his authority as a medical man: "These are not cases of cowardice, though to a superficial

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<sup>53</sup> Tim Cook, *No Place to Run: The Canadian Corps and Gas Warfare in the First World War*, Vancouver 1999, p. 155.

<sup>54</sup> Canadian War Museum, *Canada and the First World War – Poison Gas*, <http://www.warmuseum.ca/firstworldwar/history/battles-and-fighting/weapons-on-land/poison-gas/> 05.08.2017

<sup>55</sup> In Canadian units 17 000 soldiers of all ranks were tried by court martial, 222 sentenced to death and 25 executions took place. Out of 222 Canadian death sentences 203 were for desertion. *Statistics of the Military Effort of the British Empire During the Great War*, His Majesty's Stationery Office, London 1922, p. 643, 649, quoted from: Mantle, C. L. *The Apathetic and the Defiant – Case Studies of Canadian Mutiny and Disobedience 1812–1919*, Canadian Defence Academy Press, Kingston 2007, p. 329; More on the problem in: Iacobelli Theresa, *Death or Deliverance: Canadian Court Martial in the Great War*, UBC Press, Vancouver 2013, p.5

observer they might appear so,”<sup>56</sup> suggests that many military officials, without front-line experience, probably treated victims of shell shock as malingerers. Such supposition finds confirmation in the report about medical services prepared after the war “on the recommendation of the Chief of General Staff”<sup>57</sup> by Sir Andrew Macphail. In this text one can read: “Shell-shock was a term used in the early days to describe a variety of conditions ranging from cowardice to maniacal insanity”. The author further ascertained: “The war produced no new nervous disease; it was the same hysteria and neurasthenia neurologists knew before the war; but it produced many new names and theories”<sup>58</sup>. Sir Macphail advocated “(...) friendly word of assurance, and possibly a draught of rum, from an experienced medical officer” as the best forms of treatment for shell-shocked soldiers and summed up the part of his work devoted to this medical problems with one sentence: “‘Shell-shock’ is a manifestation of childishness and femininity. Against such there is no remedy”<sup>59</sup>.

Even if more enlightened military officials actually admitted the existence of the problem of shell shock, they were highly traditional in approach to its treatment. Towards the end of the war, an official government publication, the magazine “Reconstruction,” claimed that rehabilitation of shell-shocked soldiers is easy; the subject simply had to face his fears<sup>60</sup>. Specialists recommended that the staff at the wards treating shell shocked soldiers should try to create a cozy and welcoming atmosphere, which would help the soldiers to forget about their terrible experiences. “The prime essential is the atmosphere of cure, together with good food, complete rest for those who need it, plenty of diversion for those who can bear it, and freedom from responsibility. (...) As to treatment, psychotherapy, psychoanalysis and hypnotism, all have their upholders”<sup>61</sup>.

However, the nurses and doctors actually working with such patients were fully aware that their efforts aiming at restoring mental stability to such men would be wasted if shell-shocked soldiers were forced to return to the front. “Another condition even more difficult to deal with, it is a perfectly natural dread of a return to the scenes of horrors. It is certain that no man who has seriously broken under fire should ever be subjected to it again, but it is unhappily true that most of the

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<sup>56</sup> Manion R. J., *A Surgeon in Arms*, Toronto 1918, pp. 163–164 <<https://archive.org/details/surgeoninarms00maniuoft>, 13.01.2014.

<sup>57</sup> Macphail A., *The Medical Services – Official History of the Canadian Forces in the Great War 1914–19*, F.A. Ackland, Ottawa 1925, p.iv;

<sup>58</sup> *Ibidem*, pp. 276–278.

<sup>59</sup> *Ibidem*.

<sup>60</sup> Keshen, J. A. *Propaganda and Censorship...*, op. cit., p. 59.

<sup>61</sup> MacInnes M.S., *Shell Shock*. „Canadian Nurse” Vol.13 (1917), p. 723 <<https://archive.org/stream/thecanadianurse13cnanuoft#page/n15/mode/2up>> 07.08.2017

patients at some time or other are likely to be returned to the front”<sup>62</sup>. Traumatized soldiers, especially low ranking ones were treated with particular mistrust by the medical authorities, especially commissions awarding pensions. As one of them stated: “When you go before a medical board you are treated as a malingerer, if you are a private. They disgust you to start with, and in some cases I have heard them [officials] almost tell them [soldiers] to their faces that they were liars”<sup>63</sup>.

Because of such an approach, the number of soldiers with mental problems seemed not to be large, so from the “Discharge Depots they were sent directly to the Hospitals for the Insane in the provinces from which they came”<sup>64</sup>. However, the army quite quickly realized that it had to deal with two groups of soldiers with mental deficiencies “(...) those who are Insane and managed to enlist because of careless enlistment procedures and those suffering from ‘Shell Shock’<sup>65</sup>”. No matter what the cause of mental problems were, in the case of soldiers who had been overseas, the military authorities decided to establish special military hospitals to treat mental problems, as the existing civilian institutions were largely associated with “overcrowding, neglect and stigma” and thus could not help to cure “heroes presumably driven mad by the horrors of the war”<sup>66</sup>. The most famous Canadian institution established in 1916 with the aim to treat traumatized soldiers was Ontario Military Hospital in Cobourg. The Military Hospital Commission boasted in its report that the “Institution is equipped with the most up-to-date apparatus in the form of electrical cabinets, continuous baths etc”<sup>67</sup>. Within the first half a year of its operation 1060 soldiers were its patients<sup>68</sup>. According to official statistics, during WWI roughly 10000<sup>69</sup> Canadian soldiers were diagnosed with shell-shock out of a 400000<sup>70</sup> overseas contingent. It means that only 2.5% of soldiers received any kind of specialist help.

## Pensions

In Canada before WWI, pensions to the country’s veterans and dependants of the fallen soldiers were paid mainly from the Patriotic Fund. This tradition dated

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<sup>62</sup> Ibidem.

<sup>63</sup> Morton D., Wright G., *Winning the Second Battle...*, op. cit., p. 76.

<sup>64</sup> *Report of the Military Hospitals Commission*, op. cit., p. 36.

<sup>65</sup> Ibidem, p. 37.

<sup>66</sup> Morton D., Wright G., *Winning the Second Battle*, op. cit., p. 27.

<sup>67</sup> *Report of the Military Hospitals Commission*, op. cit., p. 37

<sup>68</sup> Ibidem.

<sup>69</sup> Canadian War Museum, *Canada and the First World War – Shellshock*; <http://www.warmuseum.ca/firstworldwar/history/life-at-the-front/trench-conditions/shellshock> 06.08.20017.

<sup>70</sup> Canadian War Museum, *The Canadian Expeditionary Force*; op. cit.

back to 1812 when the colony of Upper Canada began collecting money to support disabled militiamen and their families. In 1900 another Canadian Patriotic Fund Association was chartered for the support of the volunteers of the South African War. Payments from that fund supplemented tiny British pensions paid to the disabled soldiers of the Canadian contingent and the families of the dead. The Association was still operating at the outbreak of the Great War, so its trustees decided to allocate the unspent balance of \$76 000 to the new Patriotic Fund chartered by the Parliament<sup>71</sup>. Its main scope of responsibility was to “ensure for soldiers’ dependants a reasonable standard of comfort during the absence of the breadwinner”<sup>72</sup>. The payments were to compensate for the lost earnings of breadwinners who decided to enlist. The problem with patriotic fund allowances was that they were paid only to the dependants of the fighting soldiers classified as being “in need”. The payments were calculated at the discretion of local branches of the fund located in particular provinces, in such a way so as “(...) not demoralize the poorer class nor impose too many restrictions on the customs of those who had lived at a higher standard”<sup>73</sup>. On average a family in need received \$192 per year<sup>74</sup>.

It was clear from the beginning of the war, however, that with so many men joining the expeditionary force, no private charities or public funds could bear the effort of caring for the disabled soldiers and support the widows. Only the government could take responsibility for the quickly increasing number of the disabled and dependants of the fallen. Canadian federal officials were aware that they had to devise a new, efficient system of pensions quickly, if not because of sense of obligation towards the suffering heroes, then because of the need to keep recruitment going. The government was also aware that after the war veterans would constitute a substantial part of the electorate and could be really powerful when voting as a bloc. Nevertheless, payments from the fund were maintained until 1919 when its administrators decided to devote the remaining surplus of money collected during the war to ensure allowances for those who found themselves ineligible for government support. The official report on the activities of the fund published after the war pointed especially to the needs of women who found themselves “(...) bereft of their husbands, through the formation of other ties or restlessness induced by their experiences”, as well as the widows and families of the soldiers who “(...) returned

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<sup>71</sup> Morris, P. H. *The Canadian Patriotic Fund – A Record of its Activities from 1914–1919*, pp. 8–9, <https://ia600308.us.archive.org/3/items/canadianpatrioti00morruoft/canadianpatrioti00morruoft.pdf>; 30.01.2014.

<sup>72</sup> *Ibidem*, p. 9.

<sup>73</sup> *Ibidem*, p. 29.

<sup>74</sup> *Ibidem*, p. 23.

to his home safe and sound only to succumb, within a few months, to an attack of influenza or some other disease”<sup>75</sup>.

In 1914 the Canadian scheme for veteran care existing apart from the activities of the Patriotic Fund dated back to the North West Rebellion of 1885. According to its outdated provisions, pension payments could be suspended if a widow or dependant mother of a fallen soldier was found to behave improperly. In the case of disabled soldiers the level of payments depended more on the rank of the soldier than the type of injuries; i.e. lower ranks received smaller pensions. In general, most of the pensions awarded never exceeded an average day-laborer’s wage<sup>76</sup>.

In preparations to design a new model pension awarding system, the Canadian government decided to use the experiences of other countries, especially Great Britain, France and the USA<sup>77</sup>. Having taken into consideration the positives and negatives of models used abroad, the Canadian government decided to introduce a system based on the activities of a special Pension Commission. It was to be immune from political influence thanks to the creation of an independent, quasi-judicial body named the Board of Pension Commissioners. Members of the Board, appointed for a 10 year term, grouped in teams of three people, were to evaluate particular applications. The basic philosophy behind the newly devised system was presented by its main architect, John Todd in a publication *The Duty of a War Pension*<sup>78</sup>. He defined the very term pension as “ (...) part of the compensation which is provided by the State on behalf of those who have suffered in their persons by death or disablement”<sup>79</sup>. Other parts of the compensation were: medical treatment, providing artificial limbs or other appliances, as well as vocational training. The payments were to be calculated in reference to “(...) the standard of maintenance

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<sup>75</sup> Ibidem, p. 333 -334

<sup>76</sup> Morton D., Wright G., *Winning the Second Battle...*, op. cit., p. 46.

<sup>77</sup> Before enlistment in 1915, John Lancelot Todd was Canada’s first professor of parasitology and tropical medicine, participating in numerous expeditions to Africa (Congo, Gambia). He started his work on reforming the Canadian pension awarding system when assigned to the Pension Department in England. Working on the fundamentals of the Canadian Pension scheme he studied especially the French system, preparing numerous articles and reports on the subject, among them: Todd, John L., “The French System for Return to Civilian Life of Crippled and Dis-charged Soldiers.” *American Journal of Care for Cripples* 5 (July 1917): 5–45. After the war he resumed his scientific career, conducting in 1920 research in Poland as a member of the Typhus Research Commission, League of Red Cross Societies in Poland, and American Red Cross, studying typhus transmission, and methods of control and eradication; Wolbach, S. Burt, John L. Todd and Frank W. Palfrey. “Notes on Typhus, being a Preliminary Report from the Typhus Research Commission of the League of Red Cross Societies to Poland.” *International Journal of Public Health*, 1 (2) (September 1920), pp. 211–215.

<sup>78</sup> Todd, J. L., *The Duty of a War Pension*, “North American Review” 210, July/December 1919, pp. 499–511. <<http://www.jstor.org/stable/25120352>> 06.08.2017

<sup>79</sup> Ibidem, p. 499.



(...) of an unskilled but healthy and willing man can always secure in the general market for labor”<sup>80</sup>. The reasons for imposing such a limit on pensions was the fear of pension evil plaguing the US in the years following the Civil War. “If a Government pays, from the taxes of its citizens, a sum greater than this to soldiers by way of pension, it makes them a privileged class”<sup>81</sup>. Payments were to be determined solely on disability, without referring to previous occupation or income – “vocational skill (...) private income (...) military rank should make no difference in the amount of pension paid”<sup>82</sup>. This postulate was not fully put into practice as the traditional differences in the amount of money awarded depending on rank, were partially maintained. Still as the maximum pensions for lower ranks – private to lieutenant – were increased and the child allowance also rose, the discrepancies between the lower ranks and upper ones became less drastic<sup>83</sup>. Additionally, the amount of pension awarded particularly to the totally disabled men, who had little chance to take up work and thus supplement their income, was to be revised periodically in accordance with changes in the costs of living<sup>84</sup>. In order to award similar payments to soldiers with similar disabilities, special “disability tables” were introduced which were “(...) to secure uniformity among surgeons in their estimation of the degree of disability resulting from identical injuries”<sup>85</sup>. According to the procedure, a pension applicant was first to be examined by the local medical board (Board of Medical Officers) which task was to describe the disability with utmost precision and prepare a report about his condition. Whenever possible the files from the enlistment were compared with the examination conducted before discharge. When the medical report was ready, the task of awarding pensions was taken by Board of Pension Commissioners (BPC) which on the basis of the medical records and tables of disabilities determined the pension category. Widows were awarded 80% of the maximum pension for their late husband’s rank, yet they lost the benefit when remarrying.

The reformed Canadian system of awarding pensions was largely admired, especially in the US for two reasons. Firstly for its aim “(...) to reduce the pension burden by reducing the disabilities for which pensions must be paid” and secondly for its efficiency “(...) the Canadian claim got final action on an average of less

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<sup>80</sup> Ibidem, p. 501.

<sup>81</sup> Ibidem, p. 508.

<sup>82</sup> Ibidem.

<sup>83</sup> In 1914, before the revision of pension systems a totally disabled private was getting \$264 a year, a lieutenant \$480, lieutenant-colonel \$1200. After the revision in 1916 a private’s maximum pension rose to \$480 while the ones for the highest ranks remained practically unchanged. Morton D., Wright G., *Winning the Second Battle...*, op. cit., pp. 46–52.

<sup>84</sup> Todd, J. L., *The Duty of a War Pension*, op. cit., 508.

<sup>85</sup> Ibidem.

than a month. Every case had to be referred to Ottawa for approval, but even this caused little delay<sup>86</sup>. Canadian policy towards reintegration of veterans during WWI was exceptional in the sense that even though the federal government assumed a central and directing role in the formation and implementation of policy concerning rehabilitation of disabled soldiers, it was also successful in mobilizing provincial authorities and a great variety of institutions, organizations, and individual citizens<sup>87</sup>.

The system prepared by the Canadian government throughout the war seemed to be ready for the return of large numbers of veterans when demobilization was finally announced. In 1919, the Canadian economy was still in full swing and discharged men could find work without much difficulty. Patriotic employers were willing to re-employ returning veterans, also disabled ones, in place of the women who were laid off. The government ensured re-employment of civil servants, teachers, and all other workers who had been employed in the public sector before the war. Paradoxically the most difficult was the situation of professionals – lawyers, doctors, businessmen – who lost the majority of their clients due to their prolonged absence on the market<sup>88</sup>. The majority of Canadian society was not fully aware how big the problem of readjustment of veterans into civilian life would pose in the incoming years. People believed the official line which stated that:

A new country like Canada with vast unexplored natural resources, which we all believe will be developed after the termination of this Great War, contains countless opportunities for ambitious men to win their way, and in so far as the State is able so to do, the first call upon these opportunities should be placed at the disposal of those men, who, in the hour of peril were willing to jeopardize their lives for our common defense<sup>89</sup>.

Nevertheless when the first slight economic slump came in the early 1920s and then the Great Depression began in 1929, many veterans who received vocational training found that that it had become very easy to lose a job and increasingly difficult to get a new one. They also realized that there were significant discrepancies between the bold government promises and their experiences as combatants. They started expressing dissatisfaction over veteran programs, especially calculation of pension rates. In 1922 in the face of protests a royal commission was called under the guidance of a veteran Lieutenant Colonel J.R. Ralston. Between 1923–24 the so called Ralston Commission investigated administrative difficulties and reviewed

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<sup>86</sup> Frost S., *Where Veterans Fell Among Friends*, op. cit.

<sup>87</sup> Heap R., 'Salvaging War's Waste', op. cit., p. 214.

<sup>88</sup> Morton D., Wright G., *Winning the Second Battle*, p. 115.

<sup>89</sup> *Preliminary and Second Report of the Special Committee of the House of Commons of Canada of the Care and Treatment of Returned Soldiers*, Ottawa 1917, p. 6; <https://ia700504.us.archive.org/9/items/CCreturnedsoldiers1917rep00uoft/CCreturnedsoldiers1917rep00uoft.pdf>, 15.02.2014

a couple of hundred of actual pension files of veterans who lodged complaints. The members of the commission also took a month long trip across Canada to hear from veterans in hospitals and sanatoria. It established that veterans' grievances were in the majority of cases well grounded and that the system of benefits for war pensioners did not work properly<sup>90</sup>. The commission was particularly critical about the Pension Board's absolute authority and no possibility for veterans to appeal its decisions.

To those familiar with judicial systems it will seem somewhat striking that the *Pension Act* (...) vests in a body consisting of free commissioners in Ottawa, the sole, original and final jurisdiction to determine the right for applicants for pensions for the whole of Canada. There is no appeal, control or effective review by any outside body and the Pension Board is not subject nor amenable to any ministerial or departmental instruction<sup>91</sup>.

The Ralston Commission in its reports prepared numerous recommendations to make the nation's system of disability pensions and veterans' benefits more transparent, compassionate, and effective<sup>92</sup>. The recommendations led to the introduction of amendments into the Pension Act, which simplified the pension application procedure. On its basis a Veterans' Bureau was established, which was to be independent from the Board of Pension Commissioners and was to assist veterans in making pension applications. On the basis of recommendations of the Ralston Commission, a war Veterans' Allowance Act was passed in 1930. This act introduced War Veterans' Allowance, known among the veterans as "burnt-out pension". It was a "(...) discretionary benefit made available to veterans with overseas service" who found themselves on the economic margins of society. On its basis unemployed veterans aged 55–60, who did not meet disability criteria, yet were permanently unemployable (usually because of psychological problems) could be awarded monthly payments of \$20 to single and \$40 to married veterans over the age of 60<sup>93</sup>.

In the period of the Great Depression the most radical veterans began demanding payment of a special bonus for all members of the Canadian Expeditionary Force. Such demands were rejected first of all by the government but also by other veteran groups (Canadian Legion) on the grounds that the responsibility of the state

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<sup>90</sup> Veterans Affairs Canada, *The Origins and Evolution of Veterans Benefits in Canada 1914–2004*. p. 7, [http://veteranvoice.info/ARCHIVE/info\\_EvolutionofVACBenefits.pdf](http://veteranvoice.info/ARCHIVE/info_EvolutionofVACBenefits.pdf) 15.05.2014.

<sup>91</sup> Royal Commission on Pensions and Re-establishment, *First Interim Report on the Second Part of Investigation*, Ottawa 1923, p. 12.

<sup>92</sup> Veterans Affairs Canada *The Origins ...*, op. cit., p. 7.

<sup>93</sup> England R., *Discharged: A Commentary on Civil Re-establishment of Veterans in Canada*, Toronto 1943, p. 29–30.; Neary P., *Out to Civvy Street: Canada's Rehabilitation Program for Veterans of the Second World War*, Montreal 2011, p. 41.

was not to pay a bonus to everyone who had served but to provide adequately for the disabled as a result of war service, their dependants and the dependants of the fallen<sup>94</sup>.

The care of disabled veterans posed one of the most important problems and challenges of WWI reconstruction for all the chief belligerents. Although they all had the same dilemma, the ways to resolve the problem differed depending on the country. In Britain reintegration of disabled men was left largely to voluntary efforts and pensions occupied less than 7% of its annual budget from 1923 onward, while in defeated Germany the state resumed this responsibility, charities were eliminated and approximately 20% of the annual budget was consumed by war victims' pensions<sup>95</sup>. What is striking, these two opposing attitudes had paradoxical effects. British veterans, although largely neglected by the state and receiving meager compensations, remained devoted subjects, while well catered for German veterans became largely hostile towards the New Weimar Republic that favored them<sup>96</sup>.

In Canada on January 1, 1921 Arthur Meighen, Prime Minister of the time, made a very sincere evaluation of the postwar reconstruction and soldier re-establishment in the widely read "MacLean's Magazine":

In carrying out the problems of restoration, problems inseparable from war, great difficulties were encountered. (...) In the face of it all the Government carried on, knowing that the solution of reconstruction problems was its sacred pledge to the people; and it carried on with no small degree of success. Our soldiers were brought back; re-establishment plans were devised and executed. (...) We make no claim that these vast portentous tasks were consummated without fault or error; without mistake or even injustice. (...) it would have been more than human had such unprecedented achievements been brought about, often in desperate haste and without chart or experience to guide us, without error. But this I do claim that they were performed (...) with a high measure of success."<sup>97</sup>

The preparations taken up during the war turned out to be inadequate, because long term costs of helping veterans and their families were immense – health

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<sup>94</sup> Neary p., *Out to Civvy Street*, op. cit., p. 45.

<sup>95</sup> Attitudes certainly had much to do with the consequences of victory and defeat and with broader political cultures of particular states. Still, in Britain broad public participation in voluntary organizations and charities, led the veterans to believe that their fellow citizens honored them and diminished their rightful claims on the victorious state. In Germany, the state offered privileges led to alienation of veterans from the general public. That is why German veterans accused the society of neglecting them and scorning their sacrifices, while ordinary citizens came to resent veterans' privileged position. Cohen D., *Will to Work: Disabled Veterans in Britain and Germany after the First World War* [in:] Garter D. A., *Disabled Veterans in History*, Ann Arbor, 2000, pp. 295–297.

<sup>96</sup> *Ibidem*.

<sup>97</sup> Meighen A., *Our Plans for Canada*, "Maclean's", January 1, 1921, p. 14.

problems surfaced and the number of people qualifying for disability pensions rose from 43 000 in 1919 to 78 000 in 1933<sup>98</sup>. This happened despite the fact that Canadian authorities were very careful with awarding pensions, being afraid of the “pension evil” which the USA had experienced when the notorious Arrears Act of 1879<sup>99</sup> was introduced. Boards of military experts, who were to assess the disability rate and subsequent pension, were warned against overprotective treatment of ex-soldiers.

In the years following the Great War, official propaganda, especially in the form of publications issued by the Department of Soldiers' Civil Re-establishment, released optimistic data about the generous pensions, retraining courses, and employment possibilities available for all the veterans. When ex-soldiers complained about the substandard quality of such services, their complaints were treated as ungrounded and a clear sign of a demanding attitude. Generally, from the contents of *The Provision of Employment for Members of the Canadian Expeditionary Force on Their return to Canada and the Re-Education of those who are unable to follow their previous Occupations because of Disability* it is clearly visible that in the planning stage the Canadian government and its officials had some good ideas which, if put into practice and combined with decent funding, would help to build an efficient and well organized system of care for the veterans returning from Europe. It was relatively far-reaching, looking beyond the immediate problems of providing enough beds for the wounded. Unfortunately, many of the proposals remained on paper, and those which were put into practice often proved inefficient as the scale of the conflict and the number of casualties largely exceeded Canadian organizational capacity. Yet, if compared to the veterans of other countries fighting in WWI, Canadians were in a privileged position.

## **The Soldier's Return – Canadian WWI Veteran Care System**

### **Summary**

In Canada World War I has been called the Great War until now. As part of the British Empire, the Dominion of Canada entered the war when Great Britain declared war against Germany on 4<sup>th</sup> August 1914. During four years of this conflict

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<sup>98</sup> Finkel A., Conrad M., *History of the Canadian Peoples: 1867 to the Present*, Toronto 1998, p. 217.

<sup>99</sup> On the basis of the Arrears Act of 1879 pensions for Union Civil War veterans were increased due to the fact that they could be calculated from the day of discharge from the army and not from the moment when the claim was placed. By 1880 it had nearly doubled the prior annual pension expenditure.

over 600 000<sup>100</sup> soldiers served in the Canadian army, among whom 66 000 were killed and app. 150 000 wounded. This article presents the most important challenges and problems connected with the process of creating a pioneer state veteran care system in Canada for veterans of Expeditionary Force fighting in the western front. In effect of efforts of the Ministry of Demobilization and Reintegration of Soldiers, an extensive (at that time) system of medical care, allowances, disability pensions and professional training for the disabled veterans was successfully established. Thus, Canada offered the highest standard of benefits offered to veterans and became a leader among other countries taking part in WWI. Nevertheless, imperfections of the pioneer system and an unfavorable economic situation in the first two years after the war and during the great crisis caused that before the outbreak of WWII, veterans had become a social group who often demonstrated their discontent.

**Key words:** WWI, veterans, reintegration, pensions, shell shock

## **Powrót żołnierzy – kanadyjski system opieki nad weteranami I wojny światowej**

### **Streszczenie**

W Kanadzie I wojna światowa do dziś nazywana jest Wielką Wojną (The Great War). Jako część Imperium Brytyjskiego Dominium Kanady przystąpiło do niej z chwilą wypowiedzenia przez Wielką Brytanię wojny Niemcom 4 sierpnia 1914 roku. W trakcie 4 lat konfliktu w armii kanadyjskiej służyło ogółem ponad 600 000<sup>101</sup> żołnierzy, z których ponad 66 000 poległo, zaś ok. 150 000 zostało rannych. Tekst niniejszy przedstawia najważniejsze wyzwania i problemy związane z procesem tworzenia w Kanadzie pionierskiego, państwowego systemu opieki nad weteranami Korpusu Ekspedycyjnego, walczącymi na froncie zachodnim. Dzięki wysiłkom Ministerstwa ds. Demobilizacji i Reintegracji Żołnierzy udało się zbudować szeroki, jak na ówczesne czasy, system opieki medycznej, zasiłków, rent i szkoleń zawodowych dla inwalidów wojennych. Tym samym Kanada stała się pod względem zakresu i wysokości oferowanych weteranom świadczeń liderem wśród pozostałych państw biorących udział w I wojnie światowej. Niemniej jednak

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<sup>100</sup> Sources provide different data – from 619 000 (R.K. Hanks, *Canada Army*, [in:] *World War I: Encyclopedia*, eds. S.C. Tucker, P.M. Roberts, Santa Barbara 2005, p. 257) to 665 000 (L. Sondhaus, *World War I: The Global Revolution*, Cambridge–New York 2011, p. 336).

<sup>101</sup> Źródła podają różne dane – od 619 000 (R.K. Hanks, *Canada Army*, [w:] *World War I: Encyclopedia*, eds. S.C. Tucker, P.M. Roberts, Santa Barbara 2005, s. 257) do 665 000 (L. Sondhaus, *World War I: The Global Revolution*, Cambridge–New York 2011, s. 336).

niedociągnięcia pionierskiego systemu w połączeniu z niesprzyjającymi warunkami ekonomicznymi w pierwszych dwóch latach po wojnie oraz podczas wielkiego kryzysu sprawiły, iż przed wybuchem II wojny światowej weterani stali się grupą społeczną często demonstrującą swoje niezadowolenie.

**Słowa kluczowe:** I wojna światowa, weterani, reintegracja, renty inwalidzkie, szok artyleryjski

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