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SOCIAL WORK IN THE VETERANS' BUREAU

Its History and Its Possibilities

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One cannot think of social service without thinking of social adjustments and their difficulties, for social service is in its very essence the science or the art of assisting individuals to adjust themselves to their environment. Every human being must meet this problem of adjustment, yet to every human being the problem is a different one. There is no person to whose life social service in its broader sense cannot contribute. This will be true as long as society exists, for to every individual life can be applied the technique which social workers, through years of concentration on just such problems, have found to be most efficient in solving these difficulties. It is this variability of the problem which gives to social work its greatest interest. The social worker, though gradually having acquired a certain technique in dealing with social problems, never has to solve the same problem twice. Every case presents new factors which alter the entire aspect of the problem, and which make it necessary to consider it individually.

This variability of the problems to which social service may be applied is due to two main factors, both of which are themselves variable, i. e., the individual and his environment. No two individuals are alike. We no longer believe that all men are born equal. We are the product of heredity and education. Here again we are speaking of variable factors, unlimited indeed in their possibilities for variation. Each individual, differing from each of his fellows, must meet an environment slightly different from that met by his neighbor. This environment likewise is not a constant factor but is itself continually changing.

The difficulty of the social adjustment which the individual makes is dependent then on his own personality make-up and on the degree of change in the environment to which he must adjust. Throughout the history of society the individual has always had these handicaps in his own make-up to complicate his problem of adjustment, but it is only recently that the Social and Medical Sciences have recognized how great these handicaps are. It is only within the last few years that attention has been given to the scientific study of Personality. In earlier years the environment was studied, it is true, and it was supposed that by correcting faults in the environment, an adjustment of the individual could easily be made. With this object much money was spent by charitable organizations on relief work.

Individuals who had failed in making their social adjustments were given better food, better clothing, better houses. But improvement in the environment did not always bring about the desired social adjustment. Though everything possible in the way of material aid was done for them the failures continued to be failures. Gradually sociologists, in looking for a reason for lack of satisfactory results, turned their attention to the individual himself. They said: "We make his environment easy to live in, yet still he does not adjust himself. There must be something wrong with the man himself." And so they enlisted the aid of medical science. "Tell us what is wrong with this man," they begged, "that in spite of our earnest efforts to help him, keeps him always a failure." And the psychiatrist, who had also observed the individual's failure to profit by his improved environment, was ready with an answer. "It is not sufficient," he said, "to improve the individual's environment. We must study the individual. Only after determining his innate defects and latent possibilities can we make his environment such that he can adapt himself to it. To change the environment without reference to the individual's personal make-up is only haphazard. If we can make the individual's environment suitable to his peculiar needs we can stimulate his desirable characteristics, subjugate his undesirable qualities, and thus control his reactions, and bring about the reaction which will benefit himself and society."

With this aim, the social worker went at his problem from a new angle, and as a result Psychiatric Social Service came into being. Psychiatric Social Service deals with the same old problem of social adjustment, emphasizing the study of the individual's personality as well as of his environment. It has developed through the combined efforts of the Psychiatrist and the Sociologist, and has proved of special value when applied to the social difficulties of persons suffering from mental disease, or abnormal personality traits. Such persons will always present our most puzzling behavior problems.

It will readily be seen that any sudden or marked change in one's environment calls for new adaptations, and that individuals of abnormal mental make-up will have more than ordinary trouble when called upon to make such adaptations. The World War brought changes to us all, demanding new adaptations from all of us. Of the soldier himself it demanded the most. He was called away from the environment in which he had grown up and to which he had learned to adapt himself with more or less success, was plunged into a totally new situation, then upon cessation of hostilities was dropped back not into his former environment, but into a civilian world which while he had been away, had itself changed in many respects. The change from civilian life to military and again from military life to a new civilian life in a changed society called for a very high

degree of adaptation and proved to be a strain even for the normal individual. For the individual of low mentality, or of psychopathic make-up, such adaptation was virtually impossible or was at best a slow and painful process. Such an individual might eventually succeed in making an adjustment, but only after a struggle in which he needed much forbearance and understanding from society.

This problem of the readjustment of the service man to civilian life was foreseen to some extent, and the U. S. Government, in formulating its program of rehabilitation, made special provisions for the neuropsychiatric patient. Soon after the signing of the armistice it became evident that this type of patient required special treatment. Because the Government, bound as it was by red tape, could not quickly enough render the desired assistance to its ex-service men, the American Red Cross was called upon to turn its attention to this problem. This society, which had become wonderfully well organized throughout the entire country during the war, was now designated by the U. S. Government to act in a semi-official capacity in affording assistance to the ex-service man. The Home Service Sections of the American Red Cross had been busy during the war, in caring for the families of enlisted men and so were already well in touch with the problem, and were already organized in such a way that they could quickly reach the disabled ex-service man in his own community. With remarkable foresight the Red Cross had al-

ready been recruiting workers with special training along the lines of neuro-psychiatry and, finding a dearth of such trained workers, had organized training courses in various parts of the country. Schools for training psychiatric social workers were established in connection with the existent schools of Social Service, such as The Smith College School of Social Work, The New York School of Social Work, and The Chicago School of Civics and Philanthropy. Only students with sound previous preparation and some experience in social work were admitted to these courses, and the standards for graduation were placed high, that the public might be insured of thoroughly trained and skilled workers, when employing the graduates of these schools. Owing to the immense volume of work to be done and the great number of workers needed, it was necessary for the Red Cross to employ many workers without special training, but so far as possible trained psychiatric workers were assigned to positions which involved dealing with neuro-psychiatric patients. The system used was as follows:

In every government office of the War Risk Insurance Bureau, the United States Public Health Service, and the Federal Board of Rehabilitation, - the three government agencies originally handling the ex-service men's problems, - a Red Cross representative was stationed. This representative was in constant communication with the numerous local branches of the American Red Cross, both urban and rural, and acted as a liaison officer

between the government departments and the Red Cross workers in the field. The government relied on these Red Cross workers to make personal contacts with the ex-service men in their own communities, as no other means for making such contacts had as yet been developed. The task was a huge one. It was the responsibility of the Red Cross worker to locate the disabled ex-service man, to inform him of the provisions made by the government for his care and to assist him in filing his application for compensation and medical treatment. The bulk of the work was originally of necessity paper-work, - placing the claimant's case before government agencies, establishing his claim by procuring evidence of service connection, helping the ignorant and the illiterate to fill out their blanks correctly. There were found to be many men who because of mental incompetency, were absolutely unable to press their own claims, and for whom Red Cross workers had to act in the capacity of attorney. Much of the early Red Cross work was that of educating the disabled man as to his rights under the law and of how to procure the benefits due him. When this had been done and the claimant had been examined, many further social problems arose.

Adjustment of claims was often a matter of months. In the meantime the sick man had to be cared for and his family given financial relief. It was often necessary for a claimant to undergo a period of hospitalization before a diagnosis could

be made and his claim adjusted. In such cases the Red Cross loaned him money pending the adjustment of his claim, or made arrangements for his family to be cared for while he was in the hospital. Red Cross workers were placed in government hospitals and through them the local chapters were able to keep the patient's family informed of his progress and to reassure the patient regarding his family's well-being. In this way rendering the period of hospitalization a less trying experience both for the patient and his family, and contributing toward the speed of the patient's recovery.

During the early post-war years, because of inadequate facilities for the care of mental patients, the government was forced to make use of state hospitals for the insane. This necessitated legal procedure through the civil courts, a most trying ordeal to the patient's family, who felt that in view of the special circumstances, the mentally afflicted ex-service man should not be subjected to court proceedings. It was the Red Cross worker who stood by the patient and his family through this ordeal, easing the procedure as much as possible by personally interviewing the judge and explaining the circumstances, appearing with the relatives in court, and making arrangements for the appointment of a guardian. The appointment of a guardian was sometimes necessary even when a patient was to remain at home, as no compensation was paid directly to

often insidious in its development, the early symptoms going unnoticed or being attributed to bad temper or some unrelated cause. When an individual breaks down mentally he fails to make the social adjustment he formerly did, but the breakdown may be so gradual that society does not realize what is occurring until some overt act is committed. Only the person with the insight and understanding which comes from special training is equipped to study the individual's social adjustment and to determine wherein it is weak, and thus trace the development of any mental ailment. Ability to do this was essential in dealing with government patients, as the laws set arbitrary dates during which mental disabilities must have occurred in order to be considered the result of military service and so be compensable. The Red Cross worker who had special psychiatric training, brought to the physician an account of the claimant's social adjustment which did much toward accomplishing a correct diagnosis.

In the meantime the government agencies were becoming better organized and better equipped to handle the personal problems connected with their work. Many duties heretofore assigned to the Red Cross were now relegated to government agencies themselves. To a carefully organized Veterans' Bureau, assuming its own responsibilities, the Red Cross gladly relinquished much of the routine work. The Veterans Bureau now had its contact repre-

representatives to assist men in filing their claims and presenting evidence. Through the decentralization of the rating to local offices, a more personal note came into the work. As the pressure of routine work became less great, more attention was paid to the human side of the claimant's case. Claims were more quickly settled, and financial need relieved. But in spite of better organized government machinery one type of case became increasingly difficult to meet, i. e. the mental patient. The Veterans' Bureau then felt the need of a special type of worker in dealing with its neuropsychiatric patients, and requested some of the psychiatric social workers of the Red Cross to remain "on the job", not as Red Cross workers, but as employees of the Veterans' Bureau, bringing to this organization the benefit of their special training. Thus a beginning of a social service department within the Veterans' Bureau was made, its object being especially to handle social problems connected with neuropsychiatric patients.

The value of the Veterans Bureau having its own social workers lies in the fact that the Bureau can control their activities along the lines which will most benefit the patient and can rely on them as unprejudiced by the policies of outside organizations. It is earnestly hoped that the social service organizations which have been of such great assistance to the Veterans' Bureau in the past will continue to offer the splendid coopera-

should be treated other than as an ordinary criminal. Wishing to give the prisoner the benefit of any doubt which might exist regarding his sanity, the Veterans' Bureau assigned the case to its psychiatric social worker for investigation. She went immediately to the city in which the prisoner was located and carefully interviewed all persons who could be expected to give reliable information regarding the claimant's behavior, not only covering his recent episode but his entire past history. The informants included representatives of the local Red Cross and the American Legion, the parents and wife of the claimant, and several employers and fellow-employees. The story thus learned was an interesting one. There were unfavorable factors both in the heredity and in the early home environment of the claimant, but he had apparently overcome them and as a young man had worked steadily, and at the time of his enlistment was occupying a fairly good position. After his discharge from service he returned to the same position, but was no longer dependable, as he once had been. He frequently remained away from work for several days at a time, then would report again just as though nothing had happened, apparently quite unconcerned about his absence, and giving only some careless excuses. His family reported that at such times he remained at home and appeared to be in a drowsy condition, either staying in bed or rooming around as though in a daze. Because of this peculiar drowsiness

his family had suspected him of drug addiction, but had never found any confirmation of their suspicion. He was flighty and seemed to have lost all his former ambition, the change in his personality being very marked. In contrast to this chronic drowsiness he had on several occasions become excited over some trifling occurrence and as a result had been in conflict with the police. This went on for several years until his symptoms became so marked as to prevent his holding a job at all. Various agencies found him work, but owing to his drowsy condition, he lost job after job. His only remaining interest seemed to be in the local militia where he had been made Supply Sergeant. One night he became disturbed, entered the gun room of the armory, to which he had the keys, armed himself, and threatened to shoot some negroes in the town. He was disarmed by his captain, but again entered the gun room, this time forcing his way in by breaking a transom. When the police were called he threatened to shoot them and it was necessary to resort to the use of tear bombs before he was finally captured and confined in the jail, where he appeared to be in a daze. When all the facts in this case were presented to the Neuropsychiatric Section of the Veterans' Bureau, the decision was rendered that the claimant was undoubtedly psychotic and that his disability was probably service connected. The civil authorities were eager to turn the claimant over to the Veterans' Bureau for medical observation, and it was recommended that he