

## Finding “the Man Behind the Handicap”: Gender, Rehabilitation, and the War Blind of the First World War

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Sergeant William H. Zimmerman’s (1884-1941) job in France with the American Expeditionary Forces was to transport ordnance in a truck to the firing lines. The native Texan was driving near the front when the truck skidded and landed upside down in a shell hole. Zimmerman awoke in a hospital with a broken pelvis, internal injuries, and completely blind. Despite his wartime suffering, Zimmerman and many others like him thought first and foremost about their significant other. Many blinded veterans navigated postwar life attempting to fulfill their traditional gender roles as the male breadwinner in relation to their wives and children.

After his injury Zimmerman recalled, “When I went over there I had a girl so when I returned I made up my mind I would have to give her up.” Zimmerman was eventually sent to General Hospital No. 7, or “Evergreen,” near Baltimore, Maryland, a rehabilitation hospital for blinded veterans of the Great War. “I made up my mind then and there that being blind was not half as bad as not making good,” Zimmerman remembered. Progressive Era rehabilitation efforts made their mark on the young soldier. “You see I have got to get a job now, because they sent for my girl to come down here to see me and she said, ‘Bill, if you make good I am going to marry you.’ Well, blindness is a handicap of course but it’s not going to stop me.”<sup>1</sup>

Like Zimmerman, the rehabilitation process aimed to convince many disabled veterans that their sacrifice for the nation was not enough and that they needed to return to the workforce and return to a life of independence. The extensive re-integration process involved hospital care, training, and social activities. Gender relations between men and women significantly influenced the dynamic between disability and war, emblematic in the process of rehabilitation of veterans blinded in battle. The men and women involved in the

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1 W.H. Zimmerman, “Our First Blinded Soldier: He is Being Re-educated and Will Make Good,” *A.E.F. Carry On: A Magazine on the Reconstruction of Disabled Soldiers and Sailors* 1:1 (June 1918), 13.

rehabilitation process largely sought to erase the scars of war both on the individual and on society.

A majority of the disabled soldiers and sailors from the First World War suffered amputations, though many were affected in other ways including combat trauma and blindness. The purpose of this chapter is to explore how gender influenced the treatment and re-integration of the war blind in the United States, France, and Britain from the moment they lost their sight. The importance of the war blind, despite their relatively small number, lies in their physical condition, the societal stigma of disability, and efforts to erase deformities in civil and military society. The societal stigma of disability emblematic in the care of disabled veterans had its beginnings in the civilian sphere. Historian Susan Schweik examines the emergence of “ugly laws” throughout various cities in the United States in the late nineteenth and early twentieth centuries. The authors of these laws intended to rid the streets of “any person who is diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object.”<sup>2</sup> Civilian Arthur Fuller’s experience represents the efforts of the ugly laws. Combating his expulsion from Brooklyn in 1919, Fuller explained that he was “in condition, hard, strong – not effeminate or sloppy.”<sup>3</sup>

When America’s blinded veterans returned from European battlefields, rehabilitation was a vehicle to avoid the stigma of the “unsightly” and “sloppy” beggar. This stigma propelled a societal movement to erase the physical signs of war on men in all belligerent nations, including blindness. Though while veteran amputees utilized artificial limbs, and facial wounds received the newest cosmetics, blindness was a condition that was more difficult to mask. The efforts to mask blindness encompassed intentions to change behavior, morality, and physical appearance, at the root of which was gender. Innovations in blind veteran care included a necessity for comradeship, independence, masculine sport, and the accompaniment of women.

Though the United States did not receive its first case until 1918, Americans began working with blinded veterans in 1915 in France through the emergence of the “Phare” or Lighthouse. Instituted by Winifred Holt (1870-1945) as extensions of the New York Lighthouse, Holt and her nursing staff engaged in the rehabilitation efforts of hundreds of French war blind in Bordeaux and Paris, in conjunction with the French institution at Reully, Paris. Initial reports in American newspapers and journals employed rhetoric depicting the French war blinded as having lost his manhood in the face of injury, and thus regaining

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2 Susan M. Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009), 1.

3 *Ibid.*, 149.