The Journal of the Gilded Age and Progressive Era (2023), **22,** 296–318
doi:10.1017/S1537781423000051

CAMBRIDGE UNIVERSITY PRESS

ARTICLE

Sound Citizenship: Hearing and Speech Disabilities in World War I

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Abstract

This article discusses speech and hearing disabled Americans' claims to citizenship during World War I, and the ways American policymakers sought to rehabilitate American soldiers treated in the U.S. Army Section of Defects of Hearing and Speech—or those classified after the Section's closure as deaf, hard-of-hearing, or "speech defective." Ultimately, I argue that one's aural communication abilities were indicators of worthiness in American society and that this was especially the case during World War I, when tensions about speech and hearing heightened within and outside of the Deaf community due to significant pressures placed on Americans to show support for the war. Such pressures also shaped the experiences of American soldiers treated for speech and hearing disabilities after 1918, by suggesting that their service to the United States could not be complete until they were successfully rehabilitated through lip-reading training. To be able to aurally communicate signified the veterans' sound citizenship in a literal and a metaphorical sense.

Keywords: World War I; disability; citizenship; deafness; speech

Private Isadore Warshoevsky was the first soldier of the American Expeditionary Forces to return to the United States deaf and enter the Section of Defects of Hearing and Speech at U.S. Army General Hospital No. 11 in Cape May, New Jersey.[1] Warshoevsky's military service in World War I ended with his inability to hear, and one of his ultimate goals upon his arrival in Cape May was to be able to communicate with his wife. At the Section, the Jewish immigrant from Kiev learned to read and write in English, learned lip-reading in order to cater to the predominantly hearing American public, and ultimately communicated with his spouse through a handwritten letter. After rehabilitation, Warshoevsky intended to return to his pre-war career in shoe repair, but it was his "most satisfactory" progress in lip-reading that caught the attention of commentators in the U.S. Army Surgeon General's official rehabilitation magazine *Carry On.* Isadore Warshoevsky, the article concluded, would return home within months "a better citizen than he was when his country called him to war." Indeed, Warshoevsky considered himself lucky that he could trade his hearing for an education.[2]

Isadore Warshoevsky's postwar experiences, as well as the ways that magazines and newspapers throughout the United States relayed those experiences to an American

audience, are significant for a number of reasons. His story emphasized that he had regained his manhood through vocational re-education in order to successfully reintegrate into civilian society as a model citizen. In Warshoevsky's case, lip-reading was akin to learning how to use a prosthetic arm or leg, and enabled him to establish economic and social bonds such as work and love that were intrinsic to postwar veteran success stories. And much like other returning soldiers, the men at the Section of Defects of Hearing and Speech encountered a policy framework and societal expectations that suggested that their service was not enough, and that they had to reintegrate into social and economic life in order to completely fulfill their obligations of citizenship.[3] Warshoevsky, like thousands of other men, entered one of dozens of stateside rehabilitation hospitals that sought to transform disabled soldiers, such as amputees, blind veterans, and nerve-damaged veterans, into productive workers, and to hide their disabilities as much as possible.

Isadore Warshoevsky's experiences were also shaped in ways specific to his disability. The U.S. Army conceived of speech and hearing disabilities as belonging under the broader umbrella of communication "defects" that needed to be treated together at the Section of Defects of Hearing and Speech. Originating under the U.S. Army Medical Department's Section of Head Surgery, the Section opened as a communication rehabilitation center in July 1918 and treated deaf veterans such as Warshoevsky, as well as veterans with various wounds or illnesses that affected their ability to speak, leading to stutters, raspy voices, low tones of voice, and the inability to speak altogether. In addition to vocational training, hearing and speech disabled veterans were trained to read lips and perfect the tone of their voices to communicate effectively with nondisabled Americans, which was a concern not necessarily shared by hospital administrators elsewhere.

Historians have written extensively about American rehabilitation after World War I, including its goals as a vocational training program, the racial biases Black veterans faced in postwar hospitals, and the long-term implications of disabled veterans' prolonged medical needs despite the temporary nature of postwar hospital care.[4] Scholarship about deaf Americans is likewise extensive.[5] Scholars have given significantly less attention to the interactions between deaf veterans and the Deaf community during and after World War I, and the experiences of speech disabled veterans through the lens of citizenship and disability studies.[6]

This article, therefore, discusses speech and hearing disabled Americans' claims to citizenship during World War I, and the ways American policymakers tried to rehabilitate soldiers treated in the Section—or those classified after the Section's closure as deaf, hard-of-hearing, or speech "defective." Like Isadore Warshoevsky, many of the veterans at the Section bought into the army's ableist and eugenics-driven speech and hearing rehabilitation as a way to fulfill their obligations of American citizenship. US wartime culture meant lending a hand to the war effort within a culture of coercive voluntarism.[7] Coercive voluntarism drove millions of American civilians to register for the Selective Service or to conserve food for the war effort. That same spirit of coercive voluntarism was at work in the rehabilitation of disabled soldiers, as the U.S. Army hoped to transition war-worn sick and disabled soldiers—including men with speech and hearing disabilities—into economically self-sufficient and socially upstanding civilians.[8] The fact that *Carry On*—a magazine that demonstrated rehabilitation's "successes" in the broadest scope—highlighted deaf soldier Isadore Warshoevsky as a "better citizen" than before the war is significant in this context, as it suggests that citizenship depended on one's ability to communicate through aural (sound-based) language either by speaking clearly or by using the eye to read the spoken words of nondisabled peers.

Ultimately, I argue that one's aural communication abilities were indicators of worthiness in American society, especially when American war mobilization put Americans' claims to citizenship—including deaf and speech disabled individuals—under a metaphorical microscope. Such pressures to prove one's citizenship undoubtedly shaped deaf civilians' overwhelming support for the war, as popular deaf newspapers, such as *The Silent Worker*, editorialized the many sacrifices deaf men and women made in support of the war effort. Wartime conceptions of citizenship also converged with existing ableist barriers that excluded many disabled people from the full benefits of American citizenship, as the institutional records of the Section and the United States Veterans' Bureau suggest.[9] Such convergences molded the experiences of American soldiers treated for speech and hearing disabilities after 1918 by suggesting that their service to the United States, and therefore their claims to citizenship, could not be complete until they were successfully rehabilitated through lip-reading and voice-training. In the context of postwar America, to be able to aurally communicate mattered. To nondisabled authorities, it was evidence of the soldiers' and veterans' sound citizenship in a literal and a metaphorical sense because sound-based communication signified a sound (healthy) body and mind, which ultimately meant a quality American citizen.

Hearing, Speech, and Creating Sound Citizenship, 1914–1917

Veterans' speech and hearing rehabilitation existed in an American society dependent on aural communication that increasingly marginalized people who could not speak or hear sufficiently enough for the hearing public.[10] Two public speech campaigns demonstrate the extent to which nondisabled Americans equated speech with citizenship. First, a national campaign called Better Speech Week mainstreamed the speaking patterns of predominantly nondisabled, white, educated Americans. Better Speech Week began in 1915 in Alabama as a result of the efforts of Claudia Crumpton. Crumpton was the head of the English Department at the Alabama Girls Technical School, and was also the secretary of the Committee on American Speech within the National Council of Teachers of English. Crumpton hoped that Better Speech Week would highlight spoken English that best represented the United States, and speech that indicated "a defect or disease" in the nation such as slang, stutters, foreign accents, and "Negro dialect[s]."[11]

Had it not been for the mass mobilization of American society in World War I, Better Speech Week may have remained a regional event rather than a nationwide movement with claims to represent the best of American citizenship through the spoken word. By 1920, Better Speech Week was observed in public schools, businesses, and other such establishments in Kansas, Missouri, Alabama, North Carolina, Illinois, Wisconsin, and New York. It was in these locations where we can understand how Better Speech Week functioned as a mechanism to delineate "defective" speech. Junction City, Kansas, inaugurated "Ain't-less Day" in October 1918, to discourage the use of slang. "Better speech makes better Americans," explained *The Junction Weekly Union* newspaper. "As a patriotic measure, if for no other reason, we should do our best to promulgate interest in pure American speech."[12] Katherine Knowles Robbins, the chair of the Chicago Woman's Club's American Speech Committee, organized Better Speech Week in Chicago. Robbins likened "defective" speech to "a germ as deadly as the influenza bug" that needed to be killed.[13] "Our young people," Knowles wrote in an editorial for *The Charlotte Observer,* "are using the language of the underworld. … It is a step from laxity of speech to laxity of morals."[14]

The Better Speech Movement regularly deployed slogans familiar to wartime Americans that equated white, nondisabled, and middle-class speaking patterns to high quality American citizenship. The Chicago Women's Club under Katherine Robbins's leadership intended to save the American language and preserve "100 percent Americans."[15] Better Speech promoters had no qualms about linking normative speech to citizenship and World War I even years after the war. When students at Glens Falls High School in upstate New York observed Better Speech Week in 1920 they hung posters in the hallways that encouraged normative speech and likened the war on speech to the war against Germany. One such poster read, "Conquer Bad English as We Conquered the Hun," and underneath the slogan appeared an image of Uncle Sam "running the Hun through with a bayonet."[16] When Better Speech Week was observed in Washington, D.C., in November 1921, *The Washington Times* argued, "America's veterans could be honored in no better way than in the preservation of this English language" free of "speech defect[s]."[17] The Better Speech Movement, therefore, equated citizenship with fluent aural speech and wartime patriotism by suggesting one's social worth depended on their ability to conform to white, middle-class communicative standards.

A second speaking campaign suggested a significant link between citizenship and fluent, aural spoken English. During World War I, public speaking and fundraising campaigns such as the Liberty Loan drive sent citizen-speakers throughout American cities and towns to profess their support for the war by relaying messages about patriotism to hearing crowds. Likewise, the Four Minute Men organization gave brief patriotic speeches to the public in support of the war while training would-be speakers in the art of captivating audiences for the sake of the country's war effort.[18] The movement culminated on July 4, 1918, when thirty-five thousand Four Minute Men speakers volunteered to give an Independence Day message on behalf of President Woodrow Wilson. "We see, then," wrote Assistant Professor of Public Speaking at the University of Cincinnati B.C. Van Wye, in *The Quarterly Journal of Speech Education* in October 1918, "that the work of the teacher of speech [in training the nation's speakers] is eminently essential in the great task of winning the war."[19] A civilian's ability to speak or to hear aural speech increased their likelihood of being counted by their fellow Americans as patriotic citizens.

Military mobilization also highlighted normative conceptions of American versus "defective" speech, and actively dismissed prospective American soldiers who could not communicate aurally. One man at the Plattsburgh training camp in New York wrote to *The Survey* that he "stammered very badly all his life, and because of it he was refused enlistment in the Army."[20] In addition to barring "stammering" or "stuttering," the army singled out unclear speech as a problem. General Henry McCain, the great-great uncle of Vietnam War Veteran and late-Senator John McCain, reported in 1918 that many failures of securing commission in the Officers' Training Camps were due to "lack of clearness in enunciation, and inability to give the commands with sufficient volume of voice to be heard [at] a reasonable distance."[21] If a soldier stuttered or spoke softly, the argument went, the lack of clarity could lead to a misunderstanding and therefore unnecessary death on the battlefield.

The ways that speech pathologists in the civilian sector treated speech disabilities suggests that dismissal from army training resulted not just from the need to maintain military safety precautions, but also from assumptions about the person's compromised morals. By 1914, most major cities including New York, Boston, and Chicago had speech correction classes, where civilians were treated as patients. Around five hundred patients entered treatment at New York's Clinic for Speech Defects under its director Dr. James Sonnett Greene by the end of 1918. Greene argued that without treatment to correct the

speech disability his patients could deteriorate from "weak good-natured individual[s]" to people "with tendencies toward criminality."[22] Greene concluded that speech therapy could have saved many young men from ending up in homes for troubled youth. "Instead of undesirable citizens," reflected one New York Clinic for Speech Defects report, "we would have, with the proper care and training, citizens that we all could be proud of."[23] That professionals such as James Sonnett Greene equated speech disabilities with corrupted morality and deficient citizenship makes the fact that the army barred speech disabled men from officer commissions unsurprising. Leading professionals such as Greene clearly understood a speech disability as a sign of one's moral failure that could corrupt the broader population if left "untreated." The same New York Clinic for Speech Defects even suggested that a state-run public speech clinic was "an absolute necessity as a preparedness measure for our military body."[24]

The presumption that clarity of speech determined one's ability and worth also suggested that the ability to hear speech mattered. By the time Isadore Warshoevsky arrived at the U.S. Army Section of Defects of Hearing and Speech, early-nineteenth-century deaf schools' emphasis on sign language instruction had been largely replaced by an increasingly medicalized view of deafness that conceptualized deaf individuals as "defective" patients who needed a "cure," and who were not quite at the evolutionary level as aural speakers. Some hearing Americans even imagined that deaf people could not fully exercise their citizenship due to their inability to hear.[25]

The very term "defect" in the Section of Defects of Hearing and Speech suggests that the institution existed in, and was shaped by, eugenic discourse. Eugenics, which began as a movement in the late-nineteenth century and became a global competition to improve the overall quality of the human race, was defined in part by nondisabled people seeking to rid the world of "defectives" through segregation and sterilization with the ultimate goal of reducing welfare costs, and eliminating poverty, immorality, and crime.[26] Nondisabled eugenic anxieties that tied disability to immorality and poverty, as will be shown, existed within the medical communities tasked with treating speech disabled American civilians and soldiers alike, and the U.S. Army envisioned communication rehabilitation as a way to avoid such stigmas. Indeed, the editors of *Carry On* argued that, as a deaf veteran, Isadore Warshoevsky's quest to communicate through lip-reading qualified him to be counted among citizens of the nation at a time when exclusionary eugenic policies barred many disabled immigrants from entering the country, when "ugly laws" barred disabled people from public sight in certain U.S. cities, and while deaf leaders distanced the Deaf community from people with disabilities for the sake of assimilation.[27]

The influence of eugenics on conversations about deaf citizenship also accompanied a significant but not wholly successful institutional and cultural shift regarding deafness in American society. Deaf institutions that had emerged during the nineteenth century embraced "the language of signs" as a means of providing accessibility to biblical scripture and enabling deaf individuals to be better integrated into the Christian community.[28] By the late-nineteenth century, the concept of community changed from biblical-Christian to national-American, and the impulses of the Progressive Era shaped deaf education as reformers sought to create a more uniform and normative conception of the individual fitting into American society. Progressive reformers not only wanted to reform child welfare, juvenile justice, and immigrant diets to be more "Americanized," they also wanted to standardize aural communication.[29] This meant that deaf institutions that were administered by hearing people preferred lip-reading instruction to sign language, because lip-reading promised to incorporate deaf individuals into mainstream society

and into the workforce through adaptation to sound-reliant English as the communicative basis for American citizenship.[30]

Deaf educational leaders contested hearing administrators' erosion of sign language in deaf institutions. Many American deaf schools taught "oralism" or lip-reading, but some were "combined" schools that taught both oral methods and sign language. Deaf people resisted such assaults on their language and culture. Shortly after the United States entered World War I, deaf principal Robert Patterson of the Ohio State School for the Deaf referred in grim terms to the divisiveness surrounding methods in deaf education. "It is no secret," he wrote, "that there is a dark shadow over our hearts, caused by the smoke rising out of the battle of methods which is going on in our schools. … Strange it is that at this time, while our country is fighting in the world war in the cause of justice, liberty and humanity, there is still a struggle in our land … for equality of opportunity and of justice in the education for the deaf."[31]

Patterson was not the only deaf leader who spoke of the "ruthless destruction" of sign language in deaf schools by oralists. While the Convention of the National Association of the Deaf endorsed the combined system of teaching in 1917, it protested the indiscriminate elimination of sign language altogether. The same organization ultimately argued that oralism should be the first choice of instruction for deaf Americans, and "those who fail" should be transferred to sign classes.[32] Considered to be a moderate stance, the convention's position set a precedent that students with superior intelligence learned through the oral method, which further stigmatized sign language and its users. Such reasoning was later adopted by army personnel when planning how to train deaf and hard-of-hearing veterans.

The convention's seemingly moderate position on oralism and sign language reflected efforts by deaf and hard-of-hearing groups to accommodate ableism by distancing themselves from disability identity. The League for the Hard of Hearing, an organization of deaf and hard-of-hearing individuals founded in 1910, classified its members as "normal" citizens, signifying its desire to disassociate itself from disabled people. The organization partnered with otologists and crafted a medicalized discourse that promoted an image of deaf people who spoke English aurally, and signified that deafness was something that could be prevented or overcome through medical intervention. "Passing as 'normal,'" writes historian Jaipreet Virdi, "enabled d/Deaf people to separate themselves from other disabled people … and generally avoid the stigma of disability for themselves."[33] Through medical intervention or speech and language pathology that taught lip-reading, deaf and hard-of-hearing people could (re)claim their places as integrated American citizens.

Given the significance of language politics in and outside of deaf institutions, deaf and hard-of-hearing individuals had as few opportunities in the army as the recruits who could not speak clearly. Deaf youth were nonetheless active in military training well before 1917, due in part to the 1862 Morrill Act that compelled land-grant universities to incorporate military training into their instruction.[34] Deaf student Edward Ragna benefitted from the legislation when he studied at the Connecticut State Agricultural College just before World War I. "I could not hear orders," Ragna wrote, "but I was placed in the second line of the company, and I always watched and did exactly what the man in front of me did." Ragna hoped his military experiences in college would prove to nondisabled Americans that deaf men were proficient enough to be included in the nation's military.[35] Such experiences certainly inspired Captain Robert Rees, who was a hearing instructor at the officer's training school at Fort Snelling, Minnesota, and was "greatly impressed" by the deaf cadets who trained there.[36]

Deaf military cadets did not serve in World War I, leaving Deaf communities to seek other ways to prove their patriotism and citizenship. One way that deaf individuals outwardly displayed their wartime service and sacrifice was by monetarily supporting John Cloud's ambulance service. Cloud had studied at Gallaudet College as a hearing student in the fall of 1916. After applying for membership in the Harvard ambulance corps, he appealed to the Deaf community for support through the *Deaf-Mutes Journal.* The appeal was successful. According to reports, readers of the journal sent in money faster than any Liberty Loan sale. "The deaf," Cloud wrote, "want to be in this war. They are among the most patriotic citizens everywhere in this country."[37]

Turn-of-the-century debates about communication demonstrate that people with hearing and speech disabilities occupied an uncertain place in American society, especially in the years preceding American involvement in World War I. Mainstream society, institutions, and medical professionals stigmatized such groups as second-class citizens to nondisabled Americans because of the extent of their hearing or speech disabilities. World War I showed the extent to which these groups also felt compelled to actively prove their wartime sacrifices and citizenship. However, when American soldiers returned deaf, hard-of-hearing, or with a "speech defect," they found no significant cultural or social connections with the Deaf cultural community or with speech disabled civilians, and instead remained socially isolated from those support networks due in part to their status as disabled war veterans.

The U.S. Army Section of Defects of Hearing and Speech

The destruction of World War I created a variety of new and frightening wounds to the face and head as well as psychological trauma that deafened soldiers or caused some form of speech disability, and that ultimately classified soldiers as speech or hearing "defectives." Hearing loss was perhaps one of the most prevalent wounds due to flying pieces of jagged steel as well as the constant loud artillery that burst eardrums from the pressure changes of the explosions.[38] In other instances deafness or hearing loss resulted from conditions such as otitis, or inflammation of the inner ear. No reliable numbers exist for veterans who experienced hearing loss, and American physician William Sohier Bryant's testimony suggests why. Bryant treated a number of ear cases during the war and explained that the actual casualty numbers related to hearing loss were difficult to quantify because soldiers did not always bring their symptoms to the attention of ear specialists. Bryant also noted that medical officers overlooked ear symptoms due to "graver injuries to other parts" of the body such as legs, the torso, arms, or the jaw.[39] Put simply, hearing loss was overshadowed by other pressing concerns.

There were physical wounds that damaged other parts of the head or neck, and that nonetheless sometimes caused speech disability. Sharp pieces of artillery shells or high velocity bullets combined with the lack of protection around the lower half of soldiers' heads led to severe mouth and throat trauma. Gordon Berry served as assistant chief of the Otolaryngological Service at U.S. Army General Hospital No. 11 in Cape May, New Jersey, where the Section of Defects of Hearing and Speech was located. There he reported on a number of soldiers with throat wounds, yet who still survived the journey back to the United States. "Private L.M." escorted German prisoners in the St. Mihiel sector when shrapnel fractured his right arm and hit him in the neck. The prisoners gave him treatment on the spot as blood poured out of his mouth. L.M. suffered repeated bouts of inflammation in his neck, and required two emergency tracheotomies during

his trans-Atlantic journey. After a year and a half in an army hospital, he was discharged to his North Carolina farm with breathing trouble, a weak heart, and a "husky" voice.[40] "Sergeant A.K." was shot in the neck by a sniper bullet that left a large and "ragged" wound. Nonetheless, he miraculously ran fifty yards to the stretcher-bearers coughing up "several mouthfuls of blood" in the process. A.K. was rushed to a first aid station and given an immediate tracheotomy.[41] L.M. and A.K. were two of almost six hundred cases of neck wounds, together with over four hundred chin wounds in the American Expeditionary Forces alone.[42]

War physicians also noted the existence of "psychoneuroses of hearing and speech," which resulted from shell shock. A soldier, for example, may have survived an explosion that killed nearby comrades and left the patient unconscious. When the soldier regained consciousness he found himself deaf, speechless, or both, and with a "severe disorganization of the nervous system."[43] The U.S. Army Medical Department was vigilant against soldiers diagnosed with "psychoneuroses of hearing and speech" but who medical officers suspected were malingerers. A 1918 military surgical manual recounted the experiences of otolaryngologists, otologists, and throat specialists during the war, and noted that soldiers sometimes resorted to self-inflicted wounds to evade military duty, using either firearms or sharp objects to injure their ears, larynx, or pharynx. Additionally, according to the manual, "Cheese clay and even human feces have been introduced into the … auditory canal for the purpose of simulating chronic [ear inflammation]. Powders, chalk and [the] white of an egg have been used to simulate [ear drainage]." Calling it "simulation" army physicians considered this "the most prominent form of malingering" in the war.[44] The numbers and variety of speech- and hearing-related wounds suggests that Cape May's Section was just the tip of the iceberg, and that World War I left hundreds, possibly thousands of men with some form of hearing or speech disability.

Wallace Becker's war experience demonstrates how the Section fit within the multitude of stateside U.S. Army hospitals. Becker suffered a shrapnel wound to his jaw and tongue that necessitated a wire splint to reconstruct his face. Unable to talk for two months and fed through a tube, Becker's recovery was stunted only by the fact that he needed what was left of his jaw re-broken and bone grafted properly through a succession of seven operations. His final surgery took place at Walter Reed General Hospital in between his speech training courses meant to acclimate him to speaking with a reconstructed jaw.[45] When American soldiers were wounded on the Western Front, as Becker's case demonstrates, they made their way to a number of different hospitals in Europe and the United States. Some hospitals, such as Walter Reed and Fort McHenry, were large general hospitals that treated numerous different wounds or illnesses. Other hospitals were more specialized, such as General Hospital No. 7 in Baltimore, Maryland, for blind soldiers or General Hospital No. 8 in Otisville, New York, for patients with tuberculosis. Speech and hearing disabled soldiers ultimately went to the Section at U.S. Army General Hospital No. 11 in Cape May, which opened for speech-training and lip-reading instruction in July 1918.[46]

At the outset of the Section, the numbers of deaf, hard-of-hearing, and speech disabled soldiers were relatively small. By the summer of 1918, the hospital treated between 50 and 125 patients each day, the majority of whom were deaf or hard of hearing.[47] Some patients had non-traumatic medical conditions such as otitis, or inflammation of the inner ear.[48] Most of the veterans the army deemed in need of lip-reading had battlefield wounds from artillery or small arms fire. The Section closed in July 1919, but the Federal Board for Vocational Education (FBVE) coordinated veterans with speech and hearing services well into the 1920s.[49] FBVE numbers suggest that symptoms of hearing and speech disability

progressed in many veterans beyond their immediate postwar years. By June 1920, for example, the FBVE registered 262 deaf and 95 "speech defective" veterans enrolled in communication training programs. A year later the numbers rose to 506 deaf and 279 "speech defective" men, and the overall numbers more than doubled between 1920 and 1922.[50]

In addition to obfuscating the likelihood of long-term and progressive hearing loss, the Section's small numbers do not reflect the importance that authorities placed on retraining such men. In a memo to U.S. Army hospital commanding officers the surgeon general requested that all deaf, hard-of-hearing, and speech disabled soldiers be sent to the Section at Cape May.[51] The surgeon general did not treat all types of potentially economically limiting injuries or illnesses with the same urgency. While the U.S. Army established limited services at a hospital in Lakewood, New Jersey, for arthritis, diabetes, and heart disease, commanding officers failed to make any concerted effort to survey and send patients there from other hospitals as they had done with Section patients, despite the fact that the numbers of arthritic, diabetic, and cardiovascular patients were proportionately larger than hearing or speech disabled soldiers.[52] This disparity, combined with Americans' emphasis on clear speech during the war, suggests that conversing aurally in a clear way counted alongside economic independence and prosthetic use as a sign of effective postwar citizenship, and that those who could not speak were marked as suspect.

The Surgeon General's Office further emphasized Section soldiers' postwar speech training and its importance with regard to the men's fulfillment of postwar citizenship by specifying that Section graduates should continue practicing their speech long after discharge, and that they should remain under continual observation to determine how well they communicated with others, how well they maintained employment, and how well they "mingled with their fellow men."[53] The U.S. Army, the surgeon general, and the FBVE were invested not only in the medical treatment of such soldiers, but also in the men's longer-term economic and social reintegration into society. And there existed at least a general plan for the state to monitor and shape such reintegration.

The surgeon general worked with conviction to "cure" both speech and hearing disabilities, though there were fewer speech disabled soldiers at the Section than there were deaf or hard-of-hearing soldiers. Sometimes this was because wounds to the head were fatal, and soldiers did not necessarily make it to postwar physical reconstruction. A soldier's speech disability may also have been a result of significant combat trauma or nervous stress, in which case the soldier may have been treated at a neuropsychiatric hospital. Despite the relatively small numbers of speech disabled soldiers, Cape May case notes suggest that speech therapy was transformative for the variety of types of speech disabilities hospital staff encountered. One soldier entered the Section "melancholy and despondent" with facial paralysis of unknown origin. After three months of speech training, he learned to speak, "the paralysis had been relieved … his repulsive expression had disappeared" and he had returned to his former occupation.[54] Other soldiers entered with stutters or aphonia—a loss of voice—from battle hardship, psychological distress, or disease.[55] Speech disabled soldiers, as will be made clear, did not necessarily appear as frequently in published literature about the Section as did deaf or hard-of-hearing soldiers.

Deaf or hard-of-hearing soldiers were the majority of the cases at the Section, and Katherrine Healey argues that their treatment highlights the extent to which the army medicalized their deafness. From the moment such soldiers arrived at Cape May's Section, the military enforced a medicalized rehabilitation approach by first highlighting the extent of the disability and then trying to "cure" it.[56] Audiograms created a

visual rendering of the soldiers' deafness, and made the disability visible for physicians to assess. Section doctors then prescribed courses of treatment that usually included two or three months of lip-reading, which the army used to hide the men's disability. Physicians, Healey argues, regarded deaf veterans who failed to learn lip-reading and who used sign language as "a visual sign of medical failure."[57] And because rehabilitation magazines such as *Carry On* argued that men like deaf veteran Isadore Warshoevsky were better citizens because they successfully learned lip-reading, one's citizenship status at least metaphorically hinged on their ability to conform to such standards.

Initially, the Section considered using sign language training. Shortly after the war, however, representatives of the Surgeon General's Office were already convinced that the Section's original order for lip-reading "gets results" and "was being executed with unexpected satisfaction and that manual methods were not needed."[58] The Section's commanding officer, Charles Richardson, reasoned that those who were "too obtuse" to acquire proficiency in lip-reading could be transferred elsewhere to learn the manual alphabet, therefore further limiting the role sign language could have played in the soldiers' lives and their abilities to interact with deaf civilians. Institutional realities suggest that the U.S. Army had no intention of making such arrangements. In contrast to lip-reading instructors who were required to be highly qualified with on-the-job experience, Richardson argued that if the army needed instructors in the manual method, "a high degree of qualification is not necessary in the teachers."[59] Richardson's decision to sideline sign language in place of lip-reading was evident elsewhere. No deaf or hard-of-hearing soldiers required sign language training during the entirety of the Section's existence, even, according to Richardson, among cases "of the most unpromising character seemingly of the lowest type of mentality."[60] In fact, the army had only one teacher adequately trained in sign language, but the teacher was stationed 200 miles away at Walter Reed General Hospital.[61] U.S. Army authorities in charge of hearing-disabled rehabilitation therefore did not seriously consider sign language as a legitimate outcome for deaf or hard-of-hearing veterans. Instead, deaf veterans' postwar worth as American citizens depended on their ability to visually read and interpret the sounds coming from the lips of their peers.

The inattentive attitude with which federal authorities approached sign language instructors was in stark contrast to the uncompromising federal oversight of veteran lip-reading at civilian institutions. Veteran Alfred Pemberton lost his hearing after he contracted spinal meningitis at Camp Newton Baker in Texas. Following his discharge, the FBVE instructed him to take lip-reading and speech-training at the State School for the Deaf in Columbus, Ohio, where he took classes every day. Pemberton excelled and wanted to learn from other instructors to "get a variety of lips to read." But, Pemberton wrote, "The use of the manual alphabet and signs is strictly tabooed except as a means of communication with the other pupils. Even then we use speech as much as possible."[62] Pemberton, who wrote in the notoriously anti-sign *Volta Review*, seemed to some extent to internalize the ableism that existed throughout American society by embracing oralist stigma about sign language. Additionally, the relative leniency of civilian schools that used the combined method of oralism and manual methods did not necessarily exist with veteran clientele such as Pemberton. Their status as veterans—a politically appealing constituency who had served their country in war—necessitated portraying rehabilitation and lip-reading both as successes to be replicated in veteran-citizens. In the process, however, veterans remained relatively isolated from contact with the Deaf cultural community that in many contexts continued using sign language.

Ultimately, over five hundred hearing impaired veterans trained in lip-reading through the FBVE in institutions throughout the country, in addition to the over one hundred soldiers who trained at Cape May's Section immediately after the war.[63] The state kept records of such men. Irregular attendance or lack of effort resulted in being reported to the FBVE's district office. One of the army's main goals—especially after the Section closed in late-1919—was to reintegrate veterans seamlessly into society, which used aural-reliant communication, even if the veteran himself could not necessarily hear that discourse. Reflecting on the difficulties that some veterans had in everyday communication, an official FBVE report stated, "Most lip-readers find the speech of men difficult to understand, due, largely, to the fact that many men wear mustaches and speak with very little lip movement."[64] As the FBVE report suggests, not all deaf or hard-of-hearing veterans excelled at lip-reading, much to the dismay of officials, and despite the glowing reports in government and nongovernment publications.

Despite veterans' mixed results with lip-reading, oralists regularly cherry-picked evidence, misrepresented veteran success, and argued that such success was a justification for the superiority of the methods they championed. In an article for deaf readers of *The Silent Worker,* Mrs. George Sanders argued that speech reading education at the Section was simply "a foregone conclusion" because the wounded men learned so quickly "it might be 'Speech-reading taught while you wait! Satisfaction guaranteed!'" According to Sanders, the soldiers—90 percent of whom had served overseas—learned lip-reading efficiently in just six weeks, leading to her claim that "the ability to read the lips, it matters not [to] what the degree, will be a blessing to the deafened soldier."[65]

The Volta Review, a publication from Alexander Graham Bell's Volta Bureau that was devoted to advancing the cause of lip-reading in place of sign language, also published stories about deaf veterans who were seemingly better off having learned the former instead of the latter. Deaf veteran Alfred Pemberton himself clung to the publicity he gained as a deaf veteran featured in *The Volta Review* and argued, "To use a bit of army slang, a deaf person without a knowledge of lip-reading is 'out of luck.' There is no use in a deaf person staying 'out of luck' when with a little effort he can acquire lip-reading and so be 'in luck.'"[66] Oralist supporters such as Sanders and Pemberton praised lip-reading and its heroic soldier constituents who were particularly effective symbols of both oralism and patriotism based on their status as war veterans, and therefore reinforced the ties between spoken language and American citizenship.

The experiences described in the immediate aftermath of World War I suggest that most deaf, hard-of-hearing, and speech disabled veterans succeeded with lip-reading or speech training. *The Volta Review, Carry On,* and even to some extent *The Silent Worker* made clear how effectively such men rehabilitated through positive stories about communication methods that "get results." Ultimately the history of the Section demonstrates the extent to which state officials, rehabilitation writers, and disabled soldiers themselves saw disability as a barrier to citizenship rather than simply another component of their identity as American citizens. As will be made clear in the next section, lip-reading and speech-training did not necessarily translate to seamless reintegration into civilian life.

Hearing and Speech Disabled Veterans' Experiences after the War

The Volta Review published an article in 1922 about veteran Thomas Baker. Baker had lost most of his hearing from constant artillery while serving on the Western Front in the St. Mihiel and Meuse-Argonne offensives. After returning home, Baker "would not listen

to the government agent who kept urging him to take lessons in lip-reading." The irony of the author's word choices aside, the United States Veterans' Bureau representative summoned Baker and his wife and, according to *The Volta Review,* "made him see the advantage of 'hearing with his eyes.'"[67] Baker's experience with the Veterans' Bureau representative suggests that some veterans were skeptical about the supposed transformative results of lip-reading that appeared in publications such as *Carry On, The Volta Review,* and *The Silent Worker,* and needed some convincing.

Thomas Baker was not alone in his apprehension about the validity of lip-reading. According to commanding officer Charles Richardson of the Section, two soldiers refused to take lip-reading. One was "so despondent" because he could not hear the human voice, but he eventually "realized how important it was for him to 'hear' with his eyes," and then became a proficient lip-reader. The other refusal came from a "bad actor" who arrived with falsified military records that stated his deafness was due to a skull fracture incurred in the line of duty. The Section later found out that the man had lost his hearing when, while drunk, he attacked a mess sergeant who in self-defense hit the soldier over the head with a piece of wood. The reason he gave for refusing lip-reading was that he felt the government was trying to cheat him out of a pension by "removing his handicap."[68] The two men Richardson cited suggest that the realities of postwar rehabilitation for deaf, hard-of-hearing, and speech disabled veterans was not always the uncomplicated narrative that federal officials made it out to be.

Even if veterans enrolled in the Section's lip-reading classes, their seamless reintegration into society was not guaranteed. One article in *The Volta Review* that was particularly unique in its unglamorous depictions of postwar life was by a deaf veteran who wrote that he saw "many hardships since the war" while continuously fighting for compensation from the Veterans' Bureau. Hard-of-hearing veteran Harold Osgood reflected on the liminal realities of his partial deafness, as he wrote, "I can hear and I can't hear, if you know what I mean. Moreover, when I can't hear I can't hear, and when I can hear I don't know whether I can hear or not." His medical realities often made his conversational abilities more difficult. "In a conversation," he wrote, "I occasionally have to back up for a fresh start, and I wheeze considerably, from mustard gas … but I manage to 'ramble right along' just the same."[69] Osgood, whose deteriorating health was evident when he wrote seven years after World War I ended, clearly found that the lip-reading methods the Section dictated to him made communication difficult, as he was unable to understand everyday conversations.

Deaf writer Alice Terry put to words the frustrations that some deaf and hard-of-hearing veterans experienced with their lip-reading training in her alternative fictional story "Reconstructing Cleider Rodman." Appearing in *The Silent Worker* in May 1921, Terry's tale of frustration and language barriers faced by deaf veteran Cleider Rodman countered the narratives of uncomplicated success that appeared in *Carry On* and *The Volta Review*. The story followed a deaf woman named Irene Swinburne, who came across deaf veteran Cleider Rodman homeless and sitting on the ground outside her favorite grocery store. Irene recognized that Rodman was deaf and decided to bring him home to her husband and children, and "reconstruct" him. Rodman had been trained in lip-reading, but found it too difficult to use. When he sees Irene and her husband Owen using sign language, Rodman said to himself, "and folks told me that their method, the manual method of talking is impossible, obsolete, undesirable." Rodman was unhappy and felt socially isolated due to the army-enforced stigma of sign language that he encountered in his lip-reading training. But as the weeks progressed, while he lived with the Swinburnes,

Rodman learned sign language, met and married a deaf woman, and "lost his sense of void, of oppression. He was free."[70]

It is not entirely clear whether Cleider Rodman's story was based on the experiences of an actual veteran or not, but the ideas expressed in Alice Terry's anti-oralism writing represented an effort to counter the dominant narratives about the supposed inferiority of sign language and sign language users. The Section's rehabilitation that was supposed to make Rodman a better citizen than he was before the war actually further cast him into a life of social isolation and made his postwar days decidedly more difficult. Unlike Isadore Warshoevsky, who seemed to embody the positive messaging surrounding rehabilitation that included social connections by way of lip-reading—that same method led to Rodman's social isolation as he sat alone, poor, and homeless outside of a grocery store. It ultimately fell to Irene to "reconstruct" Rodman from the trauma of social isolation and ableism rather than the wounds of war. Terry unequivocally condemns lip-reading as the cause of Rodman's troubles, and portrays sign language as the key to his freedom. Here, deaf Americans make specific claims to counter the predominant narrative that came from the state and oralists.

The state was careful not to open itself up to such public criticism about veterans who failed in their lip-reading rehabilitation or, for one reason or another, struggled in postwar life. John Breazeale's experiences best exemplify the state shielding itself from potential criticism for soldiers who did not succeed. Deaf from meningitis, Breazeale "shrank from contact with his associates" until he took lip-reading classes and became more sociable. "But of course" the United States Veterans' Bureau article in *The Volta Review* continued, "Lessons in lip-reading alone did not make the change in this man. It was the tremendous grit in John B. Breazeale."[71] The implied obverse of this statement was that men who, unlike this veteran, did *not* learn lip-reading lacked the requisite "grit" and were responsible for their own failure. Rehabilitation messaging argued that individual effort was a significant factor in the success or failure of disabled veterans, and for deaf or hard of hearing veterans in particular, while the state came in for praise for providing the opportunity for success.

While John Breazeale's "grit" was the unequivocal reason for his success, officials did not point to grit when discussing Black veteran Charles Morris. Charles Morris of Alabama trained at the Section when authorities recognized that he was deaf. Being both deaf and Black, Morris—like his deaf and Black civilian counterparts—had fewer socio-economic opportunities than white deaf Americans because institutions within the Deaf community regularly re-created the social divisions of hearing society, including racial segregation.[72] Deaf African Americans were typically more vulnerable to institutionalization due to the intersections of power in racism and ableism that placed nondisasbled white men in disproportionate positions of power and authority over nonwhite disabled people.[73] Additionally, Black veterans faced significant barriers in postwar rehabilitation hospitals and in their interactions with agencies such as the Veterans' Bureau and the FBVE.[74] Deaf Black veterans entered the Section with few institutional supports that enabled them to thrive. Richardson himself argued that Black patients in the Section should be segregated from their white counterparts.[75]

It was in this context that Charles Morris entered the Cape May hospital's Section of Defects of Hearing and Speech and interacted with white rehabilitation authorities. According to the Section's administrative records, Morris learned how to read, write, and lip-read after entering the Cape May hospital "deaf, dumb, hopeless in expression … and almost a human wreckage in the sea of adversity." The report on Morris explained that upon completion of his lip-reading course he went up for discharge transformed

"with an intelligent enthusiasm," though that this enthusiasm was "bred by contact" with the "energy of the [Reconstruction] Aides." The transformation was miraculous, according to staff. "If this had taken place among bright intelligent white boys" the report continued, "it would not have seemed so remarkable, but among low-grade intelligent cornfield negroes it seems almost uncanny."[76]

White officials who trained deaf veterans assumed a dual inferiority of blackness and deafness in men like Charles Morris, imbuing in lip-reading a means of social mobility that could in some cases transcend white assumptions about racial inferiority. More broadly for the Section veterans, officials and many veterans conceptualized lip-reading as the only path from a life of destitute isolation to one of reintegration and happiness, even if the realities of that reasoning did not always pan out the way it was supposed to. However, if white veterans succeeded, according to literature and official reports on men such as John Breazeale and Isadore Warshoevsky, it was because of their individual effort and intelligence. If Black veterans succeeded, as officials suggested with Charles Morris, it was because of the system itself or the enthusiasm of their peers rather than their intelligence or work ethic.

Even after the closure of the Section, white commentators delineated between white and Black veteran successes in lip-reading. *The Silent Worker* included an excerpt from *The Missouri Record* in its May 1923 issue, where the *Record* posthumously recounted the Section's lip-reading results. Interestingly, the article argued, a veteran's progress had nothing to do with their previous education or intellectual ability. To prove this claim, the writer cited that "an illiterate colored man was the prize pupil" of the Section. But, the article continued, "that illiterate colored soldier … probably had so small [of] a vocabulary that he was not troubled with a multiplicity of possible meanings of each motion of the lips. … Lip-reading is, after all, chiefly guesswork" and so "naturally the better his education, the larger his vocabulary, and the harder the [word] choice."[77] The *Record*'s claim that a person's intellectual ability hindered their lip-reading is significant. Section literature clearly made claims to the contrary when writing about white soldiers. When the Section focused on men such as Isadore Warshoevsky, it argued that the men's focus, drive, individual effort, and intelligence were key to their successes. However, when a particularly successful Black soldier was at the center of the story, one's *lack* of intelligence actually became an asset. In this case, the Black soldier succeeded because he was, according to the *Record*'s logic, so uneducated so as not to be confused by sophisticated words or phrases.

Hedging success on individual effort—so long as the person was white—was not unique to veterans, but reflected the broader experiences of deaf and hard-of-hearing Americans. For example, when the League for the Hard of Hearing aligned with otologists—ear specialists—in the first decades of the twentieth century, they adhered to medical intervention and lip-reading to differentiate deaf individuals from other disabled people. By focusing on public awareness and prevention campaigns that emphasized hearing tests and otology examinations, league members stigmatized and medicalized hearing loss. Implicit in the strategy was the idea that because there were medical avenues to pursue, it was the hearing-impaired person's individual responsibility to pursue those avenues and "cure" their disability.[78] Like their civilian counterparts, it was deaf and hard-of-hearing soldiers' individual responsibility to enroll in the state's training services, conform to the hearing world, and become sound citizens.

Despite some of the similarities between civilians' and soldiers' conceptions of individual responsibility for curing their deafness, Section officials and patients recognized deaf veterans' privileged status compared to deaf civilians. One contributor to *The*

Volta Review, for example, (erroneously) claimed that deaf and hard-of-hearing soldiers universally had "normal" hearing before the war, and therefore had the education of hearing persons and "should at no time be classed with those who in popular parlance are known as 'deaf and dumb.'"[79] The implication was that deaf veterans' were deaf or hard-of-hearing *because* of war wounds or illnesses incurred overseas, unlike civilians who were deaf or hard-of-hearing from birth. This was not always the case. Charles Richardson himself noted that most of the Section veterans were deaf through illnesses that went undetected on induction into the army.[80] Isadore Warshoevsky recognized that his deafness was not much different from civilian deafness because it came not through a wound but instead because of illness. He also acknowledged his privileged status as a war veteran. "I might have been deaf even if I hadn't gone to war," he stated. "And then nobody would have cared, so I guess I'm pretty lucky at that."[81] Regardless of whether or not the state took responsibility for the men's successes or failures, it clearly understood that the veterans occupied a privileged position in postwar society apart from deaf civilians.

Unlike deaf soldiers, speech disabled soldiers were relatively absent from published materials meant for public consumption. This is despite the fact that their numbers increased significantly after the war. By June 1922, the United States Veterans' Bureau registered almost 350 cases of "speech defects," a number that increased further to almost one thousand by the following year.[82] One possible reason for their relative absence in the historical record is that the Veterans' Bureau classified many of the cases of stuttering or aphonia as symptoms of "a nervous or mental condition," and such veterans were difficult to treat compared to amputees who required prosthetic arms or legs.[83] The postwar period was characterized by state efforts to categorize, pathologize, and treat such veterans, though not necessarily to publicize their postwar lives.

There are few records about the treatment of speech disabled soldiers in Veterans' Bureau hospitals, but clinical experiences at the U.S. Veterans' Bureau hospital in Waukesha, Wisconsin, give some indication about the prolonged effects of speech disability on American veterans. One veteran began stuttering in childhood after contracting typhoid fever, but the physical toll of military life in France exacerbated his speech disability, especially after he was gassed and buried by a shell explosion. Officials considered him "psychoneurotic," but that "in spite of all this, he never flinched from the line-of-duty," and, therefore, was not a malingerer. He maintained his stutter, which ultimately led to his treatment at the Waukesha clinic.[84]

Another case stuttered from childhood, which had disappeared when he became an adult. During the war he was sent to the front lines and his stutter returned, "which had not been present for over twenty years." When he returned to the United States, he was not granted a pension for the psychological strain that exacerbated his speech disability. He attempted to work but found it impossible to continue "on account of his nervousness." "One day, while at work, he fainted, and on his return to consciousness found that he had completely lost his power of speech." He obtained disability compensation of $90 a month for his nervousness, which was later cut to $18 a month despite the persistence of his disability. His difficulty holding a job led to compounding bills and excessive worry, which further exacerbated his symptoms, leading him to seek help at the Waukesha clinic. There, psychiatrists noted that he was not a malingerer, that his symptoms resulted from "an inadequate personality, with hysteria written in every line of his history," and that his once-generous pension seemed to help alleviate the symptoms of nervousness.[85]

In and out of the clinic, and dealing with inconsistent disability compensation, numerous speech disabled veterans also struggled to maintain employment after World War I. Private C.L.K., for example, worked at a stone quarry where he started losing his voice before the war. He lost his voice completely, though, while laboring in the wind and rain behind the Western Front in Brest, France. C.L.K. could not return to work at the stone quarry because his voice was still significantly weakened by his service, and it was so noisy there that he "had to resort to pencil and paper to communicate his thoughts to anybody." He moved to two separate jobs at a shipbuilding company and a railroad company, where at both places he was laid off because of "slack work." He tried in vain to return to his first job before admitting himself to the Veterans' Bureau clinic in Waukesha.[86]

Another patient treated in Waukesha, who psychiatrist Chester Carlisle called private "W.V.L.," served in an artillery regiment and was diagnosed with psychoneurosis and anxiety that manifested in stuttering. Carlisle recorded that this patient was hit by a shell in the Argonne that killed four of the six men in his detachment. W.V.L. developed neuropsychiatric symptoms with a speech disability and nervous tics. Additionally, he was easily startled by voices, suffered from shakiness, and had recurring nightmares. In this veteran "the blocking of utterance is accompanied by quick, jerky movements of the hands and legs, shaking of the head, and a tic in the left eye."[87] Chester Carlisle concluded that W.V.L. 's disability, though, had little to do with wartime experiences under fire—including the explosive shell that nearly killed him while it blew apart his comrades. Instead, Carlisle argued that the patient's condition grew worse because of "undue sympathy from his mother" during his stay with her after returning home from the war.[88] W.V.L. began speech training in September 1921 that also included relaxation and deep-breathing exercises and forms of positive suggestion, during which his symptoms "gradually disappeared." Carlisle warned that the patient's environment would ultimately determine whether or not his symptoms returned. If he received too much sympathy, he could relapse.[89]

These cases of speech disability furnish important insights about the lived experiences of speech disabled veterans after World War I. First, much like deaf and hard-of-hearing veterans, these veterans also traced their disability to wartime wounds, illness, or strain, *and* to prewar disability or illness that went unnoticed on their induction into the armed services. Second, speech disabled veterans more often than not entered medical treatment centers as psychiatric patients. The clinic in Waukesha, Wisconsin, for example, was a Veterans' Bureau psychiatric clinic. This was not unique to the military. The existence of the New York Clinic on Speech Defects and James Sonnett Greene's rhetoric, as well as other institutes such as the Voice Clinic of the Psychopathic Hospital in Boston, Massachusetts, suggest that medical communities conceptualized speech disability as psychiatric illness. And speech professionals regularly made distinctions between stutterers and "normal" people, which suggested that medical professionals considered stutterers to be mentally deficient because of their speech disability. Stigma of mental illness, along with the difficulty medical professionals had in treating speech disability, may have contributed to speech disabled veterans' relative absence from published sources meant for public consumption.

Finally, whereas deaf veteran Isadore Warshoevsky returned "a better citizen" than before the war based on his ability to conform to aural lip-reading conventions, the situation for speech disabled men was far less certain. Speech was significantly tied to conceptions of American citizenship and moral worth. James Sonnett Greene's clinic in New York had tried to make clear connections among stuttering, moral depravity, and

economic dependency. Military service, a relatively uncontested marker of citizenship for white men, was barred to many Americans with speech disabilities. And the experiences of C.L.K., W.V.L and other speech disabled veterans presented a more complicated reality of postwar life than soldiers such as Isadore Warshoevsky, whose rehabilitation narrative was clear and whose successes seemed certain to authorities. Warshoevsky fit neatly into the lip-reading program that the Section was proud to highlight. C.L.K.'s speech disability was difficult to link to war service, even though such service aggravated and ultimately eliminated his ability to speak at a manageable volume for civilian employment. We cannot know for sure whether he was laid off from his jobs for "slack work" or because management found it too cumbersome to communicate with him. The Section or its successors could not necessarily point to C.L.K.'s failures in securing employment as a programmatic success in the ways that they could with Warshoevsky. Nor did W.V.L represent successful speech rehabilitation due to his continued psychological strains. Ultimately, though, the commonality of both situations lies in American efforts to equate normative, aural speech to ideal standards of American citizenship and health.

Conclusion

By 1924, the United States Veterans' Bureau had registered more than two thousand cases of hearing loss, and around seven hundred veterans had enrolled in lip-reading courses around the country.[90] Therefore, rehabilitating such veterans went beyond the immediacy of the U.S. Army Section of Defects of Hearing and Speech, even if the Section charted a definitive course of treatment for such groups of disabled veterans. And despite official rhetoric and publications that touted the many opportunities open to Section men, such veterans struggled to sustain employment. One deaf veteran who tried to get a driver's license to promote his automotive painting business was routinely denied despite help from the Veterans' Bureau.[91] Deaf, hard-of-hearing, and speech disabled veterans remained somewhat disadvantaged from stable vocational opportunities despite rehabilitation's promises to the contrary. Deaf and hard-of-hearing veterans also remained relatively isolated from contact with American Deaf communities, and from the various leagues for the hard-of-hearing in cities across the United States.[92] Deaf Black veterans had even fewer support systems available to them. Additionally, there existed no sustained effort from Deaf communities to reach out to and aid deaf or hard-of-hearing veterans after the war, and deaf and hard-of-hearing veterans, therefore, remained isolated.

That is not to say that Deaf communities did not continue to make claims to citizenship related to their war service and sacrifice. In the second week of August 1926, the National Association of the Deaf held its fifteenth convention in Washington, D.C., that included tours of the city and a rendition of the Gettysburg Address in sign language on the steps of the Lincoln memorial.[93] Despite the sweltering summer heat, a large group of delegates traveled to Arlington National Cemetery where the association's president Arthur Roberts laid a wreath at the Tomb of the Unknown Soldier, after which a delegate recited the memorialized war poem "In Flanders Fields" in sign language. From there, the delegates walked across the cemetery to the grave of Clyde Sawhill, the hearing son of two deaf parents, and a soldier who died fighting in the Argonne. After Roberts placed flowers at the grave, Sawhill's father signed, "Clyde was a good lad … I only ask you younger ones to … decorate our boy's grave through the generations yet to come, as a respect to all we deaf did directly or indirectly in those dark

and dire days."[94] As with their wartime pronouncements during World War I, the Deaf community held on to claims of citizenship and social inclusion earned through wartime sacrifice. Yet those claims did not necessarily involve sustained contact with deaf veterans.

Like the wartime experiences of the Deaf community, the US Army Section of Defects of Hearing and Speech and the subsequent programs for lip-reading and speech-training that continued into the 1920s through the United States Veterans' Bureau are significant to the history of the United States in World War I. American pressures to conform to normative conceptions of citizenship—anxiously heightened and contested as they were during the war—extended to deaf, hard-of-hearing, and speech disabled people. Americans regularly emphasized clear speech, displayed through Better Speech Week and organizations such as the Four Minute Men, and normative speech likewise influenced how Deaf Americans showed up in support of the war, and how the United States implemented rehabilitation for stuttering or deaf veterans. Such histories are valuable in light of other scholarly conversations about coercive voluntarism and the broader conceptualization of modern American citizenship during the war through, for example, pressures placed on German Americans to renounce the German language.[95]

The histories of deaf, hard-of-hearing, and speech disabled civilians and veterans during World War I are significant for a number of other reasons. The section's efforts are important to understanding how the federal government conceptualized communication within veteran rehabilitation. Learning to speak clearly or read lips was just as important as learning to use a prosthetic leg or arm. The communication prosthetics represented a potentially seamless transition back into society, where wounds might be as invisible or unnoticeable as possible, and where young men entered the workforce as productive citizens. It was Isadore Warshoevsky's success in communication, after all, that led *Carry On* to claim that he was "a better citizen than he was" before the war.[96] But the experiences of men such as C.L.K. demonstrate that transitions to productive life even *with* government aid was difficult, especially if a veteran had a speech disability.

Deaf and hard-of-hearing disabled veterans, therefore, provided relatively uncomplicated rehabilitation success stories for the public compared to their speech disabled counterparts. Redemptive stories such as Warshoevsky's reassured the public that the American government "fixed" or "cured" deaf soldiers through little medical intervention relative to other wounded or ill patients. And when undergoing hearing and speech rehabilitation, the state de-coupled program success from the availability of services and argued that it was up to the individual patient to thrive in lip-reading. If the man did not succeed it was a failure of the man and not the state, society, or the methods used. Ultimately, the Section of Defects of Hearing and Speech and Veterans' Bureau hospitals such as the clinic in Waukesha highlight the ways those with power and authority categorized and classified citizenship along communicative norms within the broader World War I rehabilitation apparatuses, and how Americans who were deaf or had some form of speech disability confronted and negotiated such standards during the war years.

Acknowledgement. I want to thank the World War I scholars at the No End to War Conference at the University of Manchester, United Kingdom, in January 2019, especially John Horne and Ana Carden-Coyne, for their insightful comments and questions on an early draft of this article. I also want to thank the Disability History Association and the University at Albany History Department for generous grants to help defray travel costs to that conference. I thank Rick Fogarty, Kori Graves, Richard Hamm, John Kinder, Alison Syring Bassford, Mike Rembis, and Kim Nielsen for comments and suggestions at different points of this article's existence. And I thank the extraordinary and generous comments and suggestions from the peer reviewers at *The Journal of the Gilded Age and Progressive Era* who improved this article far more than I could have done on my own.

Notes

1 A note on terminology: The Section of Defects of Hearing and Speech existed inside a larger hospital that did not always focus on deafness or speech disability. Therefore, I will refer to this specific organization as the "Section" or the "Section of Defects of Hearing and Speech" throughout this article. The Section and speech professionals in the early twentieth century United States regularly referred to stuttering or other forms of speech disfluency as "speech defects." I use this term only when referencing its contemporary use in the sources. Any time I discuss speech disfluency or speech disability, I have placed "speech defects" in quotation marks to reflect its reference to antiquated terminology rather than my adoption of the term.

2 "Seeing is Hearing: The Army is Educating its First Deaf Soldier by the Newest Methods," *Carry On: A Magazine on the Reconstruction of Disabled Soldiers and Sailors* 1 (Sept. 1918): 15–16; "Seeing is Hearing: The Army is Educating its First Deaf Soldier by the Newest Methods," *Journal of the Missouri State Medical Association* 15 (Nov. 1918): 411–12; "Must Write Wife: Deaf Soldier Quickly Taught," *Daily Panhandle* (Amarillo, TX), Nov. 1, 1918; "Must Write Wife; Deaf Soldier Quickly Taught," *Evansville Indiana Press*, Nov. 11, 1918; "Removing War's Handicaps," *Princeton Union*, Oct. 24, 1918; "Deaf Soldier Writes Wife After Learning in Army Overseas," *Walnut Valley Times* (El Dorado, KS), Oct. 30, 1918.

3 Linda Kerber uses the term "obligation" of citizenship to suggest being bound or constrained to perform a social duty rather than performing it as a voluntary undertaking. Linda K. Kerber, *No Constitutional Rights to Be Ladies: Women and the Obligations of Citizenship* (New York: Hill and Wang, 1998), xxi.

4 Jessica L. Adler, *Burdens of War: Creating the United States Veterans Health System* (Baltimore: Johns Hopkins University Press, 2017); John M. Kinder, *Paying with Their Bodies: American War and the Problem of the Disabled Veteran* (Chicago: University of Chicago Press, 2015); Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011).

5 See, for example, Douglas C. Baynton, *Forbidden Signs: American Culture and the Campaign Against Sign Language* (Chicago: The University of Chicago Press, 1998); Jan Branson and Don Miller, *Damned for their Difference: The Cultural Construction of Deaf People as Disabled: A Sociological History* (Washington, D.C.: Gallaudet University Press, 2002); Robert M. Buchanan, *Illusions of Equality: Deaf Americans in School and Factory, 1850-1950* (Washington, D.C.: Gallaudet University Press, 1999); Susan Burch, *Signs of Resistance: American Deaf Cultural History, 1900 to World War II* (New York: New York University Press, 2002); Susan Burch and Alison Kafer, eds., *Deaf and Disability Studies: Interdisciplinary Perspectives* (Washington, D.C.: Gallaudet University Press, 2010); Susan Burch and Hannah Joyner, *Unspeakable: The Story of Junius Wilson* (Chapel Hill: University of North Carolina Press, 2007); Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (New York: Verso, 1995); R. A.R. Edwards, *Words Made Flesh: Nineteenth-Century Deaf Education and the Growth of Deaf Culture* (New York: New York University Press, 2012); Brian H. Greenwald and Joseph J. Murray, eds., In *Our Own Hands: Essays in Deaf History, 1780-1970* (Washington, D.C.: Gallaudet University Press, 2016); Nora Ellen Groce, *Everyone Here Spoke Sign Language: Hereditary Deafness on Martha's Vineyard* (Cambridge, MA: Harvard University Press, 1985); Jaipreet Virdi, *Hearing Happiness: Deafness Cures in History* (Chicago: University of Chicago Press, 2020).

6 One exception is Katherrine Healey's article, "More Than Meets the Eye: Deafness and In/Visible Disabilities," *Canadian Medical Association Journal* 189 (April 2017): E506–E507. Many scholars define "Deaf" as a community of deaf people sharing the same language, cultural values, history, and social life, and "deaf" as "simply those who do not hear." "Deaf" therefore connotes a community situated cultural and socially around a shared language. These definitions help conceptualize deafness as an identity as well as a biological fact. See: Davis, *Enforcing Normalcy*, 100; Nicholas Mirzoeff, "Paper, Picture, Sign: Conversations between the Deaf, the Hard of Hearing, and Others" in *"Defects": Engendering the Modern Body*, eds. Helen Deutsch and Felicity Nussbaum (Ann Arbor: University of Michigan Press, 2000), 78–79.

7 Christopher Capozzola, *Uncle Sam Wants You: World War I and the Making of the Modern American Citizen* (New York: Oxford University Press, 2008), 8.

8 For a discussion on the Progressive Era links among disability, work, and citizenship, see Sarah F. Rose, *No Right to Be Idle: The Invention of Disability, 1840s-1930s* (Chapel Hill: University of North Carolina Press).

9 For a discussion on the intersections of disability and citizenship, see Nancy J. Hirschmann and Beth Linker, *Civil Disabilities: Citizenship, Membership, and Belonging* (Philadelphia: University of Pennsylvania Press, 2015).

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Cite this article: Evan P. Sullivan (2023) "Sound Citizenship: Hearing and Speech Disabilities in World War I," *The Journal of the Gilded Age and Progressive Era* **22,** 296–318. https://doi.org/10.1017/S1537781423000051