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PHYSICAL DEFERMENTS

Physical deferments under the Selective Service Act present the most fundamental problem of the war. The problem is to provide manpower to produce the materials necessary for carrying on the war, and manpower to use these materials effectively in the field.

The function of the Medical Division of the Selective Service System may be summed up as follows: 1) to correlate, guide, activate, and improve medical functions in the procurement of man power. 2) To prepare, assemble, and effectively utilize records relating to the medical examination of registrants. 3) To assist in compiling pertinent statistics relative to the health of registrants. (4) To suggest methods for improving the fitness of registrants for examination and selection, and to act in an advisory capacity concerning rehabilitation of those suffering from defects or deficiencies susceptible of cure. 5) To assist and advise in every way possible the local boards in submitting to induction boards the maximum number of acceptable registrants—men representing outstanding American manhood, physically, mentally, and morally.¹

It is estimated that of the 2,000,000 men examined for military service approximately half have been rejected—of these 90% were rejected because of physical unfitness and 10% because they did not have the equivalent of a fourth grade education.² In the Civil War approximately 37% of those drafted were rejected for physical defects, and in the World War 31% of those drafted were rejected for the same reason. Under the present Selective Service approximately 25% of all selectees have been rejected for any type of military service. A recent survey of 19,923 reports of physical examination revealed an

¹³ Sel. Ser. Reg. § 623.52 (a) (1942). As soon as practicable after the local board has classified or changed the classification of a registrant, it shall mail notice thereof to the registrant. *See*, 3 Sel. Ser. Reg. § xvii, ¶ 332 (a) (1940). On the same day that the local board classifies or changes the classification of a registrant, it shall: Mail notice thereof . . . to (1) Registrant . . . The Regulations of 1942 make the implication mentioned in the Greenberg case, note 2 *supra*, untenable. The Court there said that classification is not completed until the registrant has been mailed a "notice" of classification.

¹ Rowntree & Bagg, *Health of Registrants and Rehabilitation of Rejectees* (1942) 220 ANNALS 81.

² Report to President Roosevelt by Brig. Gen. Lewis B. Hershey on Oct. 10, 1941.

average of 1.4 defects per registrant examined. Defective feet accounted for the largest number of disqualifications recorded for any single organ, section or system of the body, comprising 10.7 per cent of the total number of defects tabulated. Dental defects, which were the largest cause of rejection for military service, comprised 60.3 per cent of the diseases and defects. No defects were recorded, however, for 29% of the total number examined.³ Comparison of the statistics for the three draft acts is difficult since the age span of selectees and physical stand-

³ Table I: Estimated Number of Registrants Unqualified for General Military Service Because of Physical and Mental Reasons.

Major Defect or Disease	Unqualified for general military service by the Selective Service (a)			Un- qualified for general military service by the army (b)	Total unqualified for general military service	Percentage of estimated total unqualifie for general military service
	Qualified for limited military service	Disqualified for any military service	Total			
Teeth	100,000	53,000	153,000	35,000	188,000	20.9
Eyes	72,000	28,000	100,000	23,000	123,000	13.7
Cardiovascular system ..	17,000	67,000	84,000	12,000	96,000	10.3
Musculo-skeletal	27,000	25,000	52,000	9,000	61,000	6.8
Veneral	35,000	14,000	49,000	8,000	57,000	6.3
Mental and Nervous ...	8,000	30,000	38,000	19,000	57,000	6.3
Hernia	35,000	11,000	46,000	10,000	56,000	6.2
Ears	7,000	18,000	25,000	16,000	41,000	4.6
Feet	21,000	9,000	30,000	6,000	36,000	4.0
Lungs, (including T.B.) .	6,000	11,000	17,000	9,000	26,000	2.9
Miscellaneous (c)	72,000	54,000	126,000	33,000	159,000	17.7
TOTAL	4,000,000	320,000	720,000	180,000	900,000	100.0

(a) Those estimates are based on classification reports from local boards as to the number qualified for limited military service, the number disqualified for any military service, and the rate of rejections by groups of defects or diseases by availability for military service as revealed in an analysis of 19,923 reports of physical examination. The major defect or disease for each registrant was determined by the principal cause of rejection.

(b) These estimates are based on the classification report from local boards as to the total number found unqualified for general military service at the Army induction station, and the rate of rejection by groups of defects or diseases as revealed in an analysis of 123,000 reports of physical examination at the Army induction station as released by the War Department. The major defect or disease for each registrant was determined by the principal cause of rejection.

(c) Including diseases and defects of the mouth and gums, nose, throat, kidneys and urinary system, abdomen, genitalia, and skin; also hemorrhoids, varicose veins, tumors and infectious and parasitic diseases.

Rountree & Bagg, *Health of Registrants and Rehabilitation of Rejectees* (1942) 22C ANNALS 81.

ards differ in each act.⁴ The armed forces have relaxed the strict physical qualifications originally required, particularly those for the eyes and teeth.⁵ In recent weeks registrants with correctible physical defects have been placed in a suspended I-A classification pending rehabilitation at their own expense or at the government's subsequent to induction. It is estimated that about 200,000 of those originally rejected can be rehabilitated and thus made available for general service in the armed forces.⁶ It is equally important that registrants, who have been re-

Table II: Incidents of Defects Found in 19,923 Registrants Examined by Selective Service Local Boards, by Broad Classification.

Disease or Defects	Number of Defect found	Rate of Defect per 1,000 examined.
Eyes	2,305	115.7
Ears	887	44.5
Teeth	2,795	140.3
Mouth and Gums	1,273	63.9
Nose	1,372	68.9
Throat	1,321	66.3
Lung	327	16.4
Tuberculosis	114	5.7
Cardiovascular System ..	2,000	100.4
Blood and Blood Forming Organs	19	1.0
Hernia	1,287	64.6
Kidneys and Urinary System	279	14.0
Abdominal Viscera	244	12.2
Genitalia	1,175	59.0
Veneral	695	34.9
Skin	2,308	115.8
Hemorrhoids and Rectal Defects	610	30.6
Varicose Veins	531	26.7
Mental and Educational Defects and Illiteracy.	239	12.0
Mental Disorders	362	18.2
Neurological	454	22.8
Musculo-skeletal	2,018	101.3
Feet	2,888	145.0
Endocrine Disturbances ..	319	16.0
Tumors	228	11.3
Infectious, Parasitic and Epidemic Diseases ...	7	0.4
Other Diseases and Defects	974	48.9
TOTAL	27,031	1,356.8

Rountree & Bagg, *Health of Registrants and Rehabilitation of Rejectees* (1942) 220 ANNALS 81.

⁴ Sinai, *Physical Fitness and the Draft* (1941) HARPER'S 546, 547, 548.

⁵ N.Y. Times, Nov. 16, 1941, p. 40, col. 1.

⁶ Sel. Ser. Sys., Memo to all State Directors I-372, Feb. 13, 1942. It is believed that dental conditions of approximately 100,000 registrants can be successfully corrected. As many as 5,000 registrants whose cause of rejection was eye defects may be rendered fit for service. About 10,000 can be salvaged from the group

jected because of physical defects, be rehabilitated in order that they may release workers subject to military service by taking their place in defense industries.⁷

As yet no particular rehabilitation plan has been adopted.⁸

There should be little difficulty in compelling a registrant to accept treatment. If he failed to accept the board's decision,⁹ he could be inducted into the army and compelled to undergo treatment there. Registrants classed as available for limited military service are not being inducted at the present time and since 500,000 of the 2,000,000 examined are in this class we have in this class a huge reservoir of manpower which can be quickly tapped should necessity warrant it. There seems to be little doubt that most of the registrants classed as available for limited military service and a substantial portion of those classed as disqualified for any service in the United States Army would be acceptable in any army in Continental Europe.¹⁰

Selective Service Regulations provide that notice be given registrants as to the date, time and place of the physical examination,¹¹ but physical examination may be delayed for a good or sufficient reason.¹² If a hardship would result from an examination in the district in which the registrant is registered, or where the examining physician is disqualified, the registrant may be referred to another local board for physical examination.¹³

The Director of Selective Service may waive the physical examina-

rejected for cardiovascular defects. About 20,000 of the under and over-weight—about 10,000 suffering from uncomplicated cases of gonorrhoea—about 5,000 of those registrants afflicted with external hemorrhoids—about 10,000 of those registrants suffering from acne furunculosis or presenting scars or tattoo marks may be salvaged for military service. Rowntree & Bagg, *Health of Registrants and Rehabilitation of Rejectees* (1942) 220 ANNALS 86, 87. Proposed rehabilitation plans range from voluntary treatment to a national compulsory program. *Mental Health Agencies Urged to Assist Selective Service Boards in Rehabilitating Rejected and Deferred Cases* (1941) 25 MENTAL HYGIENE 502, 503. Remedying physical defects prior to being called for examination, called prehabilitation, is practiced by many agencies and institutions. Notable among the latter group is the University of Minnesota. Rowntree and Bagg, *Health of Registrants and Rehabilitation of Rejectees* (1942) 220 ANNALS 81, 88.

⁷ *Report of the Round Table on Health Problems in National Defense at the Nineteenth Annual Conference of the Milbank Fund* (1941), 31 AM. J. OF PUBLIC HEALTH 969.

⁸ *Report of the Round Table on Health Problems in National Defense at the Nineteenth Annual Conference of the Milbank Fund* (1941) 31 AM. J. OF PUBLIC HEALTH 969. Maintenance of government rehabilitation camps is expensive. N.Y. Times, Oct. 11, 1941, p. 1, col. 4.

⁹ The decisions of examining boards are final. *De Genera v. Johnson*, 249 Fed. 504 (E.D.N.Y.1918).

¹⁰ Rowntree & Bagg, *Health of Registrants and Rehabilitation of Rejectees* (1942) 220 ANNALS 81, 86.

¹¹ Sel. Ser. Reg. § 623.31 (1942).

¹² *Ibid.*

¹³ Sel. Ser. Reg. § 623.41 (1942).

tion by a local board examiner.¹⁴ If such requirement is waived, the classification proceeds in the same manner as if the registrant had been examined and found physically fit.¹⁵ The Selective Service Act makes no provision for an appeal from a determination that a registrant is physically fit for military service.

The examining process has been changed considerably since the inception of the act. Under the present procedure registrants are placed in class I-A prior to any examination. They are then given a limited physical examination by the local board examiners to eliminate those men obviously not acceptable for general military service.¹⁶ Form 220 lists the defects for which a registrant may be deferred. Part I lists those physical defects, which are not remediable and which manifestly disqualify a registrant for either general or limited military service. The local board examiners may grant physical deferments for those registrants who have defects which are listed in Part I of Form 220. Part II of this same form lists the physical defects which are not remediable and which disqualify the registrant for general military service but do not disqualify for limited military service. Those falling in the latter group, along with those found physically fit, will receive an order to report for induction. Those found to be physically qualified under Army regulations at the induction center will be immediately inducted, although the selectee may be granted a few days leave prior to the beginning of active duty. Thus the induction process has been speeded up by the abandonment of the intermediate physical examination by the armed forces prior to the order to report for induction.¹⁷ Both men rejected at the induction center and by the local examiners under this procedure are subject to re-examination for the purpose of reclassification.¹⁸

If a registrant feigns an illness or inflicts a wound upon himself for the purpose of evading the service,¹⁹ the Director may report the registrant to a United States district attorney for prosecution; or the Director may request a waiver of the defect in order to permit the immediate induction of the registrant.²⁰

OCCUPATIONAL DEFERMENTS

The essence of a comprehensive Selective Service program is the deferment of men whose occupational skill makes them vital to the war

¹⁴ Sel. Ser. Reg. § 623.35 (1942).

¹⁵ Sel. Ser. Reg. § 623.51 (f) (1942).

¹⁶ Sel. Ser. Sys., Memo to All State Directors I-309, Dec. 15, 1941.

¹⁷ Sel. Ser. Reg. Amend. 45 (April 8, 1942) (deleting Part 629 in its entirety).

¹⁸ Sel. Ser. Reg. § 626.1 (1942).

¹⁹ Egg albumin or sugar may be added to the urine. Undiluted canned milk may be made to simulate urethral discharge. The skin may be irritated or a substance injected under the skin to produce abscesses. Shooting off or cutting off fingers or toes is practically always on the right side. Sel. Ser. Reg. § 21 (1940).

²⁰ Sel. Ser. Reg. § 623.34 (1942).