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Burton Blatt Institute at Syracuse University
Did Civil War Veterans Have PTSD?

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>> Good afternoon, and welcome to the Burton Blatt Institute, Do Civil War Veterans Have PTSD with some lessons for today's veterans.

Our presenters today are Dr. Larry Logue. Larry is a BBI senior fellow.

We also have Dr. Peter Blanck, university professor and BBI chamber.

Dr. Logue comes to BBI from Mississippi college where he was professor of history and political science. He received a doctorate in American civilization from the University of Pennsylvania. Since winning the Emily Francis and Best Chapman Book Award, Dr. Logue has turned his interests to the experiences of soldiers and veterans of the Civil War. He is the author of *to Appomattox and beyond*, and *Civil War soldier in war and in peace*, and coeditor of a historical reader and the *Civil War veteran*, a historical reader. Both of these are by the New York university press.

For the past decade, Dr. Logue and Dr. Blanck have conducted research on union Army veterans experience with disabilities and with the Federal Government's benefits, building on articles, investigating veterans' longevity, and African-Americans' treatment in the pension system.

They coauthored *Race, Ethnicity, and Disability*, veterans benefits in post-Civil War America, part of a Cambridge disability law and policy series.

In BBI, Dr. Logue collaborates with Dr. Blanck -- this investigation will accumulate in Civil War veterans, psychological illness and suicide lessons. Lessons from the past. This is a new monogram in Cambridge disability law and policy series.

Dr. Peter Blanck is the university professor at Syracuse university, which is the highest faculty rank granted to eight prior individuals in the history of the university. He is also chamber of the Burton Blatt Institute at Syracuse University. He holds appointments at the Syracuse University college of laws and college of arts and sciences, sports and dynamics, the school of education, and the school of national citizenship and public affairs. Prior to his appointment at Syracuse, Dr. Blanck was professor of law and director of law health and policy at the disability center at the university of Iowa. He is also honorary professor at Ireland of Galloway -- and a Ph.D. in social psychology from Harvard University. Dr. Blanck has written articles and books on the Americans with Disabilities Act and related laws and received grants to study disability law and policy.

Dr. Blanck and Robin Malloy are editors of the Cambridge University Press series, disability law and policy.

Dr. Blanck is also chairman of the global universal design commission, also known as the GUDC, and the president of Raising The Floor. He is former president of the committee -- a former senior fellow of Anne Berg Washington program, and a former fellow at Woodrow Wilson School. He practiced law at the Washington, DC law firm -- and served as a law clerk to the late honorable McOwen on the United States District Court of appeals on the DC circuit.

At this point I'm going to turn this session over to Dr. Logue. Dr. Logue, good to have you here.

>> Thanks. Thanks for having me. And hello everybody on this anniversary of the passage of the ADA.

PTSD seems to be everywhere these days, doesn't it? Of course it's most associated with veterans of recent wars. But it seems to be appearing in people with no contact with any war. It's been noticed in victims of campus shootings. It's been applied to people with -- affected by climate change. 36% have PTSD. It's been found in prison guards, as you can see here. They are subject to constant flashbacks, nightmares, terror, insomnia and PTSD.

It's been found, supposedly, in victims of the witchcraft outbreak in Salem in 1692, and here's a military twist. It was found in this senator, who admitted that he plagiarized a paper at the national war college, and blamed PTSD for it.

A recent study estimated that nearly 7% of adults would have PTSD sometime in their lives, regardless of military background, and at least 3% suffer from it at any given time. PTSD is one of those concepts whose abbreviation is probably much better known than what it actually stands for. PTSD has also caught the attention of historians, and in doing so it's been the subject of a sharp debate. On the one hand, we have historians, such as Sarah Handley-cousins here, who referred to Daniel Folsom and the hardships of the war, and she suggests that Folsom suffered from illness that would likely be called PTSD.

And also we have Eric Dean, whose highly influential book concluded that problems indicating PTSD were frequently severe in magnitude and existed and do not appear to be isolated. On the other hand, we have historians such as Wayne Hsieh, who, as you can see here, said that historians haven't engaged the theoretical literature on trauma, and those who overemphasize trauma amongst Civil War veterans risk

applying our ideas on human consciousness to historical actors who don't necessarily share our assumptions.

And historians such as Gary Gallagher and Kathryn Meier, who claim that the analytical risk of overemphasizing the dark side of the war is that readers who don't know much about the war might infer that atypical experiences, such as traumas of war, are normative ones. At issue here is whether it's legitimate to engage in what some critics call retrospective diagnosis. One historian has warned that psychological and physiological research now beyond the expertise of most historians might very well complicate how scholars judge and assess Civil War trauma.

But this kind of warning by overeager historians overlooks claims by overeager nonhistorians. Especially this one.

War fair is more deadly, debilitating, and invisible, we can surmise that the greater the --

Rather than worrying about invading somebody else's turf, historians might be able to justify their projects as evaluations of insinuations like this in the past, insinuations like the less deadly the weaponry, the fewer the invisible wounds would have been.

I am posing three questions. First, did the psychological effects of our time occur after the Civil War too. If so, were they only a few anomalies, or were they enough to warrant a diagnostic label. If that's so, should that label be PTSD?

Previous scholarship has already begun to answer the first question, but we can round it out. Eric Dean demonstrated that many inmates at a Louisiana insane asylum suffered from symptoms we associate with PTSD.

Evidence like Joseph Shipley's brother. Joseph Shipley was an African-American veteran, and you can see from what Edward was saying, he returned

home with affectation of mind. He would walk up and down the street, shooting with a stick, running and shouting, imagining that he was in the Army and shouting, "Grant says blow him up!"

Elijah Ellis, another veteran, was, according to his wife, a sound healthy man when he enlisted, but when he returned he was shattered in body and mind and it got worse. He cursed at her, according to her, and did all in his power to make her miserable and battered her to such an extent -- abused her to such an extent that her health is poor and her constitution was shattered.

Other veterans I don't have slides on are just as compelling. A report on Archibald Hudson, who was a survivor of the Andersonville prison, concluded that Hudson cannot control his mind or his anger and at times wishes to commit suicide --

Having experienced in his words, shock and terror during enemy shelling near Petersville, Virginia. He was irritable on hearing noise.

Going from anecdotes to an actual disorder is a little bit more challenging. It's not clear what percentage of 21st century veterans suffer from PTSD. Estimates vary from 2% to 30%, and it's even less clear how come psychological disorders were among war veterans. We can, however, make some estimates. An important source of these estimates is a series of five samples compiled over directors at the university of Chicago under the direction of Robert Fogel. This is the early indicators project that compiled military pension and census records for more than 70,000 Union Army veterans and is highly useful. I'll refer to these samples as the EI samples, in reference to the early indicators veterans project. About 30% of the war survivors in these samples filed for a federal pension before 1880. Slightly over 1% of the applicants who filed were diagnosed with a mental illness. That is, insanity, mania, melancholia, and the like as they were called in those days, and the mandatory medical exam that they

were given. This figure appears pretty negligible compared to the current rates for PTSD, especially since the Civil War rates account for all illnesses rather than just those caused by --

While the Civil War rate comes from physicians whose attention was focused on the physical disabilities that were the main qualification for a pension. So, incidence of mental illness after the Civil War can't be directly compared to PTSD prevalence now, but we can make other comparisons. If we can't compare across centuries, what we can do is use post-Civil War civilians as a benchmark. If we find a difference between other civilians in the Civil War era -- table one here shows --

And conducted a separate survey of physicians to identify those otherwise missed. Veterans in the table are from the EI sample of men who enlisted in the five largest cities. That's the one where the coders were the most diligent. The comparison population is from the 10% sample of the 1880 census, using all white men, 30-60. That would of course include veterans. We'll talk about African-Americans later.

After adjusting for age distributions, veterans were only modestly more likely to be recorded as insane, but two factors would likely increase the margin even more.

Second, there were enough veterans that were judged insane in pension exam patients but not listed that way in the US census. To raise the insanity rate to what you see here in table two, when we include the census, the pension exams, the difference becomes considerable.

There are also probably nonveterans whose mental illness went unreported in the census, but they hardly faced the traumas of men such as Burton and Fellman, having been wounded at second bull run and hospitalized for disease, Fellman came home and was twice admitted to an insane asylum, but his conditions were unreported in the 1880 census.

If the incidence of insanity suggests to a trauma's breadth, suicide indicates its depth. Suicide is seen as the worst possible outcome of PTSD, as it was for Randal Stevenson here.

And a surge in suicide is taken as a national emergency, as in this article here, where veterans suicide rate is increasing much faster than the civilian rate, constituting a national emergency.

Looking to the past, however, if we try to make a comparison there, we have got another measurement issue. The further back in time we go, the more mistakes we suspect we'll find in identifying suspicious deaths as suicides. And that may be broadly true, but there is an exception. Officials in Massachusetts wanted to take the lead in producing accurate vital statistics, and they became the first state in America to mandate uniformed reporting in the mid 19th century.

In the 1870s, when coroners were suspected of still misreporting deaths, Massachusetts abolished the office of the coroner and replaced it with the first state's medical examiners. It might not up be up to the standards of the 21st century, but it should be the best information that we can get.

Here's a table that shows suicide rates for Massachusetts veterans and civilians in federal and state census years, from 1870 to 1900. Veterans were substantially more likely than civilians to die by suicide, and their rates in the depression-ridden mid 1890s approached an extraordinary one per 1,000 veterans. How did these rates compare with today's national emergency?

Table four shows the best available information we have on veterans and civilian contemporary rates for suicide, compiled by the Centers for Disease Control. In the following years and in the aggregate, rates were higher than these 21st century ones. The late 19th century rate saw a worst crisis of post-war trauma.

Was there a public alarm over this psychological toll? The short answer is no. Newspapers did routinely cover suicides. It occasionally mentioned the suicide had been a veteran, and they sometimes reported, with a hint of irony, when a veteran received a pension for insanity, but they went no farther. Officials at insane asylums, which is the 19th century term for the institutions, likely made few comments on the disorders, except to minimize them.

Here it says it should not be inferred that the war has been a prolific moral cause of insanity, either among the men of the land or naval forces. In not more than 2 percent of the cases received from the army and Navy has the exciting cause appeared to have been either the excitement of attending or participating in the Civil War.

Two decades later, Isaac Stearns, a former -- including mental strain, produced unfavorability to -- sleeplessness, and loss of power to concentrate on thoughts or energies. Stearns proposed, as you can see, a name for this, a name for this disorder, chronic postbellum neurokinesis. The name fell on deaf ears.

Federal and state governments responded with unprecedented compassion to these kinds of disabilities, granting generous pensions and creating soldier sums for the neediest veterans.

Mental illness, on the other hand, was considered mostly an elective weakness, especially among men. In a given year, half of men were supposedly driven there by intemperance or masturbation. An asylum official in New York State elaborated on the distinction. Two volunteers, as he put it, were strong in the face of battle and the other privation of war, producing what he called a freedom from insanity. It showed what patriots can do in suffering, yet be strong. The lofty patriotism which elevated them to

sustain those on whom the great losses fell were real patriots, real men, and were free from insanity.

So the 19th century calculus of responsibility deflected attention away from the Civil War's psychological consequences.

Most of what I have talked about so far applied to both races, but African-Americans had traumas of their own. Black soldiers in the army risked being captured and sold into slavery by the confederate army, yet the usual metrics actually show a lower incidence of psychological disorders among black veterans.

This table five is the counter part to table one, also from the 1880 census, this time using veterans from the US colored troops part of the sample, versus all black men 30-60, and the black rates for insanity for considerably less for both civilians and veterans than among the white population, and especially those among veterans. There are no black suicides for veterans in Massachusetts, so we can't make that comparison, but the overall probabilities --

Here's why. There was a substantial regional difference in reported insanity among African-American men. The rate in the north was almost twice the rate of insanity for the former confederate states. That's at first puzzling, given contemporary authorities pronouncements to the contrary. Northern commentators suggested that --

Possible answer to this conundrum comes from applicant statements on pension examinations. A number of white applicants joined former soldier Frank Buckston, who admitted that he had become insane as a result of four or three years ago, lasting about one year, as a result of a gunshot wound to the head.

Other whites said that too. But black applicants, even when they cited psychological problems, never used the label insanity.

So it's possible that as significant as the stigma of mental illness was for 19th century white men, it was worse for African-American men in the south, which would help account for the differences in the findings.

Suicide rates are more difficult to figure out. Historians suggested that suicide was relatively common among slaves. Other scholars studying the late 19th century suggested an African-American suicide avoidance that was rooted in common based culture. It was further suggested that -- but a tentative comparison suggests otherwise. Suicides of black veterans in the EI samples occurred at a rate of ten per hundred thousand in the early 1890s, compared to only six per hundred thousand among all black men in the 1890 US census.

So we can see glimpses of black veterans psychological burden in evidence like Joseph Shipley's flashbacks and other evidence, but it's magnitude remain shrouded behind fragmentary evidence. So now it's time to tackle my third question.

Should we conclude that we found is PTSD?

The road to an answer lies between two sign posts. One, the historical specificity of the historical PTSD concept, versus, on the other hand, the idea of the universal soldier, which is the belief that all soldiers belong to a brotherhood and sisterhood of warriors.

Claiming PTSD was supposed to break with the past, to undue the longstanding calculus of culpability. PTSD's original advocates wanted recognition that Vietnam veterans psychological disorders generated externally, not from some world insufficiency. This objectifies the warning against complying modern concepts to the past.

(Music drowning out speech.)

But historians are a restless lot, and they are inclined to be skeptical about warnings. Something doesn't quite sit right about a complete break from the past, especially when it's accompanied by assertions that 21st century warfare is worse than any other.

Eric Dean poked holes in this assertion by finding traces of PTSD symptoms, but we need to poke further.

By the late 20th century, military medicine could prevent or treat those disabilities of a physical nature, leaving psychological disorders alone in the glare of official disapproval. This medical development was at least as important as changes in warfare, and devising PTSD was a logical response, but a clean break from the past didn't actually happen. Unlike most conditions presented at the American psychiatric association's diagnostic and statistical manual, PTSD was originally tied to specific stresses: Combat, natural disasters, torture and the like. This had the effect of ruling out world deficiency as a cause, but that logic was hardly new. After the Civil War, for example, federal policy defined insanity that occurred in the line of duty as pensionable, as you can see here. In this case, that since the insanity did result from injury to the spine, even though it led to suicide, it was an outcome of the injuries received in the line of duty and was a pensionable disability. But at the same time federal policy disallowed veterans who were, as this veteran was, "weak minded and predisposed to insanity." It might be objected that there is little correspondence between the physical disabilities that accompany mental illness in the Civil War era and the traumatic memories of our own time, but the psychiatrist who wrote the original definition of PTSD -- there's no evidence that PTSD's originators consulted any earlier area for their criteria, but the evidence that we do have is compelling. By adopting the logic of cause and effect to validate the contemporary disorder --

Terminology matters. Critics are right to point out that 19th century Americans had no frame of reference for understanding how profound traumas could prey on otherwise healthy minds. Suffering caused by PTSD symptoms and those like them were as real in the past as they are now. But the context is different. PTSD's most important feature may be the vocabulary it provides for professionals and ordinary people to understand a debilitating condition.

Some civil war veterans experienced the same torment, but in the absence of the vocabulary, it's inappropriate to call it PTSD. But we shouldn't let this discourage us from pursuing an equally important finding. Both the PTSD diagnosis and civil war pension policy rested on cause and effect. This would be little more than an interesting coincidence were it not for the indicators of magnitude that I have introduced before.

The causes differed, disease then versus traumatic memories now, and contemporary definition differed, silence then versus headlines now, but the estimates I have shown point to a 19th century mental health crisis that equaled or exceeded anything that's happening in our own time.

This raises a final question. If not PTSD, what should we call this crisis? The semantics of any label are less significant than the need to remember the sign posts I mentioned earlier. Anger, terror, and anguish are instantly recognizable. They bring the past and present together. Veterans then and now have experienced this more than civilians do, tempting us to adopt the image of the universal warrior.

Many of the Civil War's diseases, wounds, and injuries are now preventable or treatable, and we would find that time's path from trauma to mental illness to be alien to our experience. We might turn to a maxim proposed by a 21st century novelist to explain why. He said the past is a foreign country. They do things differently there. Perhaps his plan to give Isaac Stearns, the physician whose picture we saw before,

some of his due. Neurokinesis has lost its meaning as a shock to the nervous, but the rest of the concept is used.

The name is general enough to include others than the 20th century breakthroughs in medicine, but it's significant enough to --

That's what we learned about the past. I'll turn it over now and let you listen to Peter Blanck on his commentary on what this means for the present.

>> Thank you, Larry.

Fantastic presentation, and so much interesting discussion to think about, particularly also given the lack of systematic research in this area.

I'll go up, if it's okay, Larry, and to 10,000 feet or so, to answer the question why BBI and the Civil War.

Today is the anniversary of the Americans with Disabilities Act, which is still revolutionary in our world. It may be getting less attention today, but it still has changed the lives of millions of people, hundreds of millions of people around the world. The Burton Blatt Institute, really at its bottom focuses on the human endeavor. It focuses on how people are the same are different in that endeavor, in terms of their characteristics, motivations, emotions, and sometimes when those characteristics are different, they are labeled as a disability. Or an impairment. And what BBI tries to do is to understand the acceptance in society, the civil rights of individuals, and basically the human rights of people who are saying similar and different in society.

Historically, of course, whether it's race, gender, ethnicity, sexual orientation, difference in society can be greeted with stigma, be greeted with contempt, and other forms of outcasting from society. BBI has been a leader in trying to understand from an interdisciplinary perspective, that is, today you heard a historical perspective, but also we look at psychological, economics, medical, and importantly participatory action

approaches, that is involving people with disabilities as our colleagues and partners in the study of these illustrations of these areas as well, and of course we look at that over the life course.

Now, what you heard today was a large -- was part of a large body of study, which looked at the historical evolution of conceptions in the public and in law and policy about disability.

Larry and I began our work years ago, and our starting point was after the Civil War because, in fact, that's when the largest disability type administrative system in the world was first began, probably larger than the one in Germany at the time under Bismarck's government, and that was of course the Civil War pension system. It involved hundreds of thousands of individuals with visible and less visible disabilities, of different color, gender, ethnicity, race, sexual orientation potentially. Of course not a lot of those characteristics were thought of, as we presently think of them today. I say gender also because in a whole separate area the widows and the dependents of these civil war veterans also received for the first time payments as a result of their spouses' wounds and deaths in the war.

Now, the area of nonvisible mental disabilities is also a primary -- has been and is also a primary focus of the Burton Blatt Institute, because historically and today it has been subject to such stigmatization in society, and that is particularly associated with mental disability, mental illness, schizophrenia, bipolar disorder, traumatic stress and stress syndromes, as we are talking about here.

And we find it interesting historically, as we do today, that the -- even at the time of the Civil War for their pensions, resulted in very similar stigmatization then as it does today, resulting in lower pensions.

As Larry pointed out, we have tens of thousands of veterans who are returning from the wars in the Middle East, and in our lifetime now there certainly has been much research and discussion about this so-called national epidemic of suicide facing veterans with disabilities, veterans with mental health conditions, and we are of course not in a position to dispute the validity of that epidemic or not. There are many, many people who have been funded large sums of money in the Veterans Administration and elsewhere to study the causes and the outcomes related to mental health conditions and suicide and so forth, but what's striking to me and Larry, of course, is the fact that, number one, we still are grappling today in that that really is not a consensual understanding of the causes of suicide, of who is, based on a certain type of characteristic, will be more or less likely to commit suicide.

As a matter of fact, Larry may want it comment on this, my understanding is almost the opposite; that it's just as hard to predict a suicide as whether or not the person has some history of mental health problems or not in many cases. And there have been some seminal studies of that.

What we tried to do in the Civil War study, and for me it was a pairing made in heaven, to be paired with a first-class leading historian, with somebody who is particularly interested in civil rights and conceptions of human rights today, is to try to understand not only the prevalence, as Larry has talked about and the nature of suicide and perhaps how people perceive that and wrote about that at the time, but also the extent to which those same sort of discussion and descriptions is apparent today, and what does that tell us about how we perceive of disability, mental health conditions, stress-related disorders and so forth. And all of which is a very complicated question.

So I would just conclude, Larry, because we do want to take some questions, by suggesting that this particular study, to me, is illustrative of the larger type of analysis

that is needed to unpack both historical and present analyses about the nature of disability yesterday, today, and tomorrow. Larry, correct me if I'm wrong, I'm not aware of an empirical study of Civil War veterans suicide of the kind that you presented today which shows in some detail the magnitude of the suicide issues, the suicide problem at that time. Of course, there have been many articles and books written about the narratives, reading the pension records and so forth, but I think one of the major advances of this particular study is to begin the historical empirical analysis of conceptions of disability, and the impact that certain life experiences, in this case, the wars experienced, had on the post-war lives of these individuals, which dramatically shaped the whole generation of Americans, an extraordinarily large cohort of Americans well into the 19th century.

So, Larry, I hope that puts a little larger spin on why we are approaching this and how we are approaching this. I give you a chance, Larry, I see we only have 15 minutes left, to perhaps make some closing comments or comment on some of the things that I have said, and then we can open it up for some questions.

>> To follow up on one of the things that you said, ours really is the first empirical study, and why that's important is that a fair number of historians have, as I have sampled in our presentation, have given some compelling examples of the individual cost and individual narrative of mental illness. But we have to keep in mind that mental illness and its problems are as much epidemiological as they are a matter of medical diagnosis, and so that's what we have tried to do here, is to add the larger picture of how common these problems are. It really makes a difference. And that's why people are struggling so much with the prevalence of PTSD. How much of a problem is it?

And as you can see from what I said before, we really don't know, but it's important to find out just how much of a problem it is and just as important to find out

how much of a problem mental illness and suicide in particular were in the post-Civil War era. It makes a difference. And so to emphasize what Peter said, there are lessons that we have for the present, one of which is that we shouldn't in our emphasis on PTSD, which is a real problem with a real baggage, we shouldn't forget mental illness that's caused by injury and disease. That was the overwhelming root of post-Civil War mental illness, and we should remember that veterans now still, even if they don't grab the headlines or make interesting TV shows, there are still veterans who are suffering considerable anguish and psychological torment from physical causes as well as the others. So I think this study is a step forward and will probably raise as many questions as it answers, but that's the whole purpose. So if Peter has no more to add, then we can deal with some questions and comments, if you folks are all ready.

>> Great. Celestia, do you want to take comments?

>> Sure. If anybody has any questions or comments, please type them in the chat area, and we will address them with our speakers. Thank you.

>> Larry, if we don't hear any questions, would you like to talk about, perhaps, I know we haven't talked too much about it, where do you and I -- or where do you, unless you continue to collaborate with me, what's next from this? Has this sparked anything new in you that you hadn't thought about before that interests you, with regard, of course, the study of the Civil War or history in general?

>> There's an awful lot yet to be on Civil War veterans, including from those EI samples which I pointed to earlier. They are a wealth of information. And I think that there are related questions, such as the issue of attempted suicides. It would be very interesting to look at in terms of mental illness and after effects of war what happens to veterans attempt suicide but don't complete it. Studies done nowadays tend to suggest there's considerable differences among people that complete and attempt suicide. That

would be interesting. And there are conditions like epilepsy and sunstroke -- epilepsy was a catch-all that was poorly understood at that point. Sunstroke was a physical ailment that also could be used to explore further, and some of the things that I'm interested in as well are Civil War veterans, what happened to Civil War veterans who were blind, for example. I haven't seen much on that. There has been an awful lot on amputees. There's a minor boom in studies of amputees, but not that much in Civil War veterans who are blind.

So the field of history of disability is really rich and really exciting these days, and I think the possibilities for exploring the experiences of Civil War veterans along those same lines are remarkable. So I see -- I see this as a starting point, and those are some directions I think I'd be interested in pursuing as well.

>> Larry, this is why I love working with you, because I had a -- I think what you said is fantastic, but I was going to answer my own question with a totally different area, that maybe we will study, and that is I am particularly interested as a result of this, if we could -- if there are data, in studying veterans with disabilities and mental illness, say, whether it's the Civil War and contemporaneously, although of course contemporaneously is a totally different bag that we would have to take, but the impact of that on the family unit of the returning soldier, and of course if the soldier does commit suicide, through census records or others, the impact of that on the next generation of children in that family, to look at the intergenerational effects of these sorts of issues. And I do believe also it's not completely original what I'm saying, because I think that the EI sample is moving in that direction, with regard to looking at the cross generational influences of stigma as effecting a core family member.

The reason why I'm interested in that, by the way, is because I think there again are strong contemporary applications in that area, and a lot of which has not yet been studied. Certainly I'm not aware of it historically. Are you Larry?

>> Not historically, and in some of my work, my digging on PTSD, I have found articles that explore the issue or at least asked the question whether PTSD is inheritable, and as far as I know nothing has been done on that for historical populations.

>> Well, that's our next book then, Larry, right? Put that on the list.

>> That's on the list, yes, on the to-do list.

>> Are there data available to look at the children of these Civil War veterans in the EI sample or their spouses?

>> There would be, especially if they -- often children and spouses applied for their own pensions. They were eligible for them. And so there would be some multigenerational information.

>> I think it was the case, Larry, wasn't it, if the widow of a spouse of a Civil War veteran remarried, did she not lose those pension benefits for the former husband?

>> She did, she did, and so there was a lot of inquiry into marriage licenses and remarriages and divorces and all of those sorts of things.

>> So there's an economic, for those people like my wife and me, who were married out there, there's clearly an economic disincentive for the wives to get remarried.

>> Yes.

>> At least formally.

>> Yeah, exactly.

>> So, Celestia, should we take any final questions? It's been certainly for me an interesting session. The leading edge of the empirical research, as Larry as talked about, and hopefully it's stimulated -- I'm thinking about not only the conception historically, but grappling with it today, at a time in which there is an administration, President Trump's administration, which I think it is fair to say as of yet has not clearly outlined its approach to a disability agenda with regard to going forward in this area.

Under President Obama, for example, I believe the -- or, no, under the second President Bush, the ADA amendments act was passed in 2008. Of course under President Obama, there were issues related to health care for people with disabilities, and the reaction to that is all playing out as we speak in the United States Senate today, all of which have terrific implications for health care services and the lives of people with serious and persistent mental health issues, and of course veterans as well.

So, Celestia if there are no comments or questions, I was always taught as a lawyer, if hearing nothing else, it's better to be quiet than to prolong the discussion.

>> Exactly. So Dr. Logue and Dr. Blanck, thank you for joining us for today. And for all of you on the call, this has been archived, and we will post it on the BBI site. I encourage you to share it with all of your colleagues who may be interested in this topic. And thank you once again. Bye-bye.

>> Thank you. Thank you.

>> Thanks.

>> Recording stopped.