View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Medicine Anthropology Theory

MAT Medicine Anthropology Theory

THINK PIECES

After war

Zoë H. Wool

Abstract

In the United States – as in other places in the ambit of biomedicine – the efforts exerted on and by injured soldiers' bodies in the aftermath of war are generally understood under the familiar medical rubric of 'rehabilitation'. This reflection troubles that term by moving away from the medical logic of rehabilitation and its telos of injury and healing, and the logics that see injured soldiers as promising bodies. Instead, the think piece explores a wider range of practices of attention to injured soldiers' bodies that emerge ethnographically, and traces embodied forms of being made within unsteady temporalities of life, health, and death after war, forms that call the temporality of rehabilitation into question and highlight care's collateral affects. I reflect on the phenomenon of heterotopic ossification – bone growth at the site of injury that is a sign of healing that is also itself a form of injury – to think through the confounding analytical, ethical, political, and corporeal implications of such a space.

Keywords

soldiers, injury, war, body, biomedicine, rehabilitation

Introduction

In the United States (and certainly not only here), the technophilic desires invested in the making of war extend to a particular kind of attention that is selectively, enthusiastically, even happily, paid to the aftermath of war. I speak here of the attention through which particular forms of injured soldiers' bodies become special objects and subjects of care. Trained by the narrow scope of a rhetoric of patriotic sacrifice and civilian gratitude, this attention disregards so much of the scene, from the banal, nonheroic nature of enlistment,

Medicine Anthropology Theory 3, no. 2: 179–185; http://doi.org/10.17157/mat.3.2.427
© Zoë H. Wool. Published under a Creative Commons Attribution 4.0 International license.

military work, and most wartime injury, to the utter devastation of others' lives and worlds that is an essential part of the service for which soldiers are so routinely thanked. What this happy, enthusiastic, and selective attention attends to is something of a contradiction: it is a promising form of injured flesh. It is promising in that it offers biomedical technology a chance to fulfill its seemingly miraculous potential, and in that it offers military medicine a chance to make good on bodies that would otherwise be what historian Beth Linker (2011) has evocatively called 'war's waste'.

In this contemporary American moment of war, we find ourselves all the time – with uncanny repetition – encountering a psychically wounded soldier figure, stuck in the spiral of melancholic temporality, a traumatized figure haunted by war violence and liable to let that violence, now no longer licit, wreak its revenge through suicide or homicide. Usually the body of this figure is intact. Not surprising, perhaps, since we are often told that there are two types of wounds, 'visible' and 'invisible', as if that distinction could ever capture the always already psychosomatic condition of living through violence and as if we could only ever attend to one type at a time. In the rarer instance when we encounter the figure of the physically wounded soldier – he, or very rarely, she – is more often posed in a gesture of hope, seemingly inhabiting the forward and upward reaching temporality that hope entails, a temporality of rehabilitation and recovery, one not just of survival but transcendence. This hopeful figure is most iconically embodied, quite specifically, by a lower-limb amputee without notable facial injuries, the sanitized and seemingly clean absence of a limb asserting itself as the very condition of technological possibility and promise: a cyborg fantasy come true.

The military's flagship Walter Reed Medical Center in Washington, DC, has long been a key site at which this hopeful figure is fashioned and from whence it is projected to a national public that, these days, generally greets it with technophilic enthusiasm, and perhaps a measure of relief. This figure is itself staged as a kind of political and biotechnical evidence: that an injured soldier's life and limb can be technologically enhanced, 'overcoming' disability with the compelling power of the supercrip; that military technology and disciplinary practice can cultivate resiliency and strength, at the same time as, and even because*,* they destroy bodies and diminish sovereignty; and that broken soldier bodies can be made into sexually and, therefore, socially viable men, able to reproduce normative civilian worlds unmarked by war.

But, of course, ethnographically, the figure gives way to flesh, clean absences become messy presences, and we see evidence of something else: modes and temporalities of living that trouble the telos of the healing body; the literal frictions and pressures and forms of pain that those promising biomedical technologies entail; experiences of boredom, uncertainty, and a faltering of life itself; emergent socialites that are essential to enduring the present but

have nothing to promise for the future; 'in-durable socialities' (Wool, forthcoming) akin to the 'temporary condensed social world' Julie Livingston (2012) has described in her work in Botswana's lone cancer ward.

Here, I offer some ethnographic scenes that might, in a sort of Abu-Lughodian fashion (1993), undo the picture of health and the hopeful promise of biotechnical intervention that these same bodies are recruited to make.

'Rehabilitation'

When I met James he was a single amputee in his early twenties. His wife, Erin, and their almost one-year-old daughter were living with him at Walter Reed. They were moving from their shared room in the on-post Mologne House hotel into the communal Fisher House, a 'home away from home' whose space was much more accommodating for injured soldier outpatients and the family members that lived with them there, for months or years at a stretch.

One fall afternoon James sits in the communal Fisher House den in his lightweight aluminum folding wheelchair. A visiting friend had helped his daughter customize it with black markers, and thick black scribbles, stripes, and triangles wind around its bright magenta frame. His rehabilitation has frustratingly plateaued; his remaining leg had been extensively reconstructed over many surgeries but it still causes him constant pain. Making use of his prosthetic leg means quickly incapacitating his fleshy one, which couldn't bear the weight, and so the whole exercise, all the surplus pain and effort of walking with his prosthesis, seems pointless. He's stopped going to most of his physical therapy appointments.

James tilts his slim and slouchy body back in his chair and balances himself in a wheelie as he tells me about how exactly the doctors reconstructed his leg, explaining that it wouldn't always be so noticeable that they had remade his shin out of what used to be his calf. That span of flesh had yet to settle into its new home and defiantly held its convex shape. As the pain in his reconstructed leg gets worse, the remainder of his other leg has begun to disobediently swell, not being trained into shape and submission by the regular use of a binding 'shrinker' sleeve and the pressure and diminishing pain that comes with the gradual accommodation of the limb to the hard surface of the prosthetic socket, a socket that must also undergo a gradual process of iterative adjustment to accommodate the changing shape of the residual limb.

The occasions when he does venture out on foot with his cane and prosthetic leg leave him exhausted and in pain. He is good at hiding it. In the dark of a movie theater in nearby Silver Spring, I notice him rotating his prosthetic so the shoe at its end sticks up at an impossible angle. I think he is doing it as a prank, a humorous display of injury of the kind Seth Messinger (2010) has described in the same context, both drawing attention to and diffusing other people's potential discomfort with such injuries. When the lights come up and we collect ourselves to leave, I ask him if he was showing off; he says he was in pain and rotating the prosthetic helps. He winces a bit as he repositions it and gingerly stands to walk. Outside, Erin has gone to get the car because it is too far for James, and, though his pain remains, as we cross the street to meet her he displays nothing but bionic mastery, stepping confidently out into the slow-moving traffic that stops to let him pass without so much as a honk. In such moments, he is often taken for precisely that hopeful figure of postwar rehabilitation, the pain of his prosthetic invisible behind its biotechnical promise.

After the New Year, James has another surgery, this time to reset his ankle, which the doctors think might make his leg more functional. They are wrong, and by the spring he has had a second amputation, his second leg now gone below the knee. By the summer, he is learning to walk on two prosthetic legs, but usually goes without them, using his wheelchair instead. He is getting better at moving around without the chair too – finding ways to scoot along the floor – though such queer mobility is not part of the normative picture of rehabilitation. As we sit smoking outside, he tells me he's waiting for another surgery, this time to remove 'HO', or heterotopic ossification: new bone that grows at the site of amputation and can bore painfully into the flesh.

Heterotopic ossification as a sign of particular life

There is something about HO that condenses the trouble with rehabilitation as a way of thinking about what happens to the body after traumatic injury. Rehabilitation is, literally, the practice of making the body 'fit' again, but here, the body rebels. It does not even 'fit' itself. Bone grows in its own unruly way, a growth that insists on pain and does not bend to the logic of function, an aggressive assertion of healing and vitality that prompts violent intervention to be contained. If the luxury of ignoring the body is one marker of the fitness toward which rehabilitation aspires, then through HO, the body refuses to grant such a privilege.

Because heterotopic ossification is uncommon in the civilian amputee population but estimated to occur in more than half of soldier amputees injured in Iraq and Afghanistan, there is also something about it that speaks to the particularity of soldierly injuries at the same time as it gestures toward elements of commensurability between soldier and civilian

biologies and experiences. Its commonness was a marker of the material specificities of these wars: it is most likely to occur when a limb has been injured in a blast, as is the case for more than half of all combat injuries in Iraq and Afghanistan (Zoroya 2013), and also when the amputation site is within the zone of injury, a surgical technique that has gained favor in these wars (Nessen et al. 2008). It was one of the things that injured soldiers could hold in common, incorporating the condition and its acronym 'HO' into the repertoire of shared experience, the material out of which an ordinary was fashioned in a place constantly hailed as anything but. But it is also an amplification of a more general, if generally more rare, phenomenon. The condition is not unique to soldiers, and knowledge about it travels broadly, for example, being published in general medical journals (Alfieri, Forsberg, and Potter 2012; Forsberg 2009; Potter et al. 2007). In this context, the relation of amplification has an ethical significance. It is not a relation of sameness, but of both identity and difference. It urges us past the radical distinction usually made between soldiers and civilians, but does not suggest that all bodies suffer and therefore the suffering of all bodies is the same. Particularities matter.

I am reminded of many soldiers' insistence that there was no point in talking to psychiatrists who hadn't been in combat, that they just couldn't grasp the experiences about which they inquired. Of course, this is true. There is a difference between what injured soldiers know about the world, about the violent possibilities that are imminent in it, and what those who haven't been in combat know about the world. This difference is often at the center of encounters between soldiers and civilians. Out of these different knowledges of the world emerge utterances of gratitude and pathologies of trauma that hinge on a comforting distance between America's safe homeland and the dangers of distant warfronts overseas.

But at Walter Reed, these worlds run uncomfortably together. A feeling of ordinariness seemed to emerge there, as soldiers sat around playing video games, killed time smoking cigarettes outside, and went with their families on trips to the mall. But ordinariness was always marked by excesses: of social value and symbolic meaning, of pain and uncertainty, of military bureaucracy, of publicity. All of this distinguished Walter Reed from unmarked American life by degrees. The presence of family members – given a per diem and expected to act as a supplement to the clinical care team – gave the place an uncanny domestic quality. But while 'family' is the social form supposed to stabilize the life of soldiers for the long term, at Walter Reed, the intimate attachments that made up this form were themselves transformed by the strains of the institution and the practicalities of caregiving, as wives and girlfriends became like nurses, signaling the shift from a sexual intimacy that might sustain future life to a transactional one that attends only to the exigencies of the body. The constant claiming of these particular injuries and bodies as national sacrifices gives a particular moral weight to such familiar dilemmas of caregiving and biological uncertainty.

Conclusion

Writing of the aftermath of world-shattering violence in India, Veena Das (2007, 7) has written that 'life was recovered not through some grand gestures in the realm of the transcendent but through a descent into the ordinary'. In the case of injured soldiers at Walter Reed, ordinariness is indeed a space for life, but the descent into it is thwarted by others' gestures toward the transcendent, toward the realm of heroism and the promise of recovery. These are gestures of hope and futurity, of a better world to come, and in the way they figure that world, they are also gestures of denial and obliteration, disciplinary gestures that seek to contain the injured soldier's body and experience in a telos of healing. Thinking of that slow growth of bone – heterotopic ossification – that is a kind of healing and wounding at the same time, a condition that holds soldiers together in common but that is not unique to them, not something that rises to the level of a claim of biological citizenship, I would like to join others – Angela Garcia (2010), for example, in her watchfulness with melancholic subjects, or Lisa Stevenson (2014) in her thereness in the face of mournful life and tragic possibility – in finding an ethical mode that allows us to turn away from hope, from rehabilitation, and instead attend to the mess of the present and to the particular amplifications of life after war for injured soldiers.

Here we may encounter, or make space to articulate, other modes of care, which might be improvisational, which might not hinge themselves so closely to the biopolitical nomination of their subject, which might not (or might) make for good futures, and which, at the very least, do not transform experience into evidence. These are modes of care that might be unaccountable, but that, I think, might be the point.

About the author

Zoë H. Wool is Assistant Professor of Anthropology at Rice University, where she teaches about bodies, care, disability, intimacy, and the uneven valuing of fleshy life in the contemporary United States. Her previous research focused on war-injured US soldiers at the country's flagship military hospital. Her new project explores the limits of kinship, the dark sides of care, and noninstitutional, informal, domestic 'caregiving' in two worlds between which there is almost no traffic: injured veterans and disability communities, particularly queer ones. Her first book, *After War: The Weight of Life at Walter Reed*, was published by Duke University Press in 2015.

References

Abu-Lughod, Lila. 1997. *Writing Women's Worlds*. Berkeley: University of California Press.

Alfieri, K. A., J. A. Forsberg, and B. K. Potter. 2012. 'Blast Injuries and Heterotopic Ossification'. *Bone and Joint Research* 1, no. 8: 174–79. http://dx.doi.org/10.1302/2046-3758.18.2000102.

Das, Veena. 2007. *Life and Words*. Berkeley: University of California Press.

Forsberg, Jonathan Agner. 2009. 'Heterotopic Ossification in High-Energy Wartime Extremity Injuries: Prevalence and Risk Factors'. *Journal of Bone and Joint Surgery (American)* 91, no. 5: 1084. http://dx.doi.org/10.2106/jbjs.h.00792.

Garcia, Angela. 2010. *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*. 1st ed. Berkeley: University of California Press.

Linker, Beth. 2011. *War's Waste: Rehabilitation in World War I America*. Chicago: University of Chicago Press. http://dx.doi.org/10.7208/chicago/9780226482552.001.0001.

Livingston, Julie. 2012. *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham, NC: Duke University Press. http://dx.doi.org/10.1215/9780822395768.

Messinger, Seth D. 2010. 'Getting Past the Accident: Explosive Devices, Limb Loss, and Refashioning a Life in a Military Medical Center'. *Medical Anthropology Quarterly* 24, no. 3: 281–303. http://dx.doi.org/10.1111/j.1548-1387.2010.01105.x.

Nessen, Shawn Christian, Dave Edmond Lounsbury, and Stephen P. Hetz. 2008. *War Surgery in Afghanistan and Iraq : A Series of Cases, 2003–2007*. Textbooks of Military Medicine. Falls Church, VA: Borden Institute, Walter Reed Army Medical Center Office of the Surgeon General United States Army.

Potter, Benjamin K., Travis C. Burns, Anton P. Lacap, Robert R. Granville, and Donald A. Gajewski. 2007. 'Heterotopic Ossification Following Traumatic and Combat-Related Amputations: Prevalence, Risk Factors, and Preliminary Results of Excision'. *Journal of Bone and Joint Surgery (American)* 89, no. 3: 476–86. http://dx.doi.org/10.2106/jbjs.f.00412.

Stevenson, Lisa. 2014. *Life beside Itself: Imagining Care in the Canadian Arctic*. Berkeley: University of California Press.

Wool, Zoë. Forthcoming. 'In-durable Sociality: Precarious Life in Common and the Temporal Boundaries of the Social'. *Social Text* 35, no. 1.