LIVING AND DYING IN THE CONTEMPORARY WORLD

A Compendium

Veena Das and Clara Han, editors

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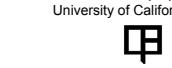

For Harry Marks

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Zoë H. Wool

THE REPRODUCTIVE CAPACITY OF THE U.S. SOLDIER BODY

The value of American soldierly life is exceptional and ambivalent, forged at the melting point between the sacred, the sovereign, and the imminently killable (MacLeish 2013, 12). While soldiers' lives are often considered in terms of death and material destruction, their bodies have also long been bound to the reproduction of life in normatively gendered and nationally valued forms (Canaday 2009; Linker 2011; see also Mosse 1998, 1990). Across this uneven field of valuation, the bodies of injured soldiers have emerged as uniquely compensable among forms of American life (Linker 2011).[1]

Though the stereotype of the war-crazed U.S. veteran endures against a background of Vietnam-era scandals of neglect and mistreatment, today the grievously war-injured soldier body is treated as both virtuous and valuable (cf. Lambek 2008)—a living and iconically male body marked by his closest encounter with that "ultimate sacrifice" of war: death. And yet, in the presence of such exceptionally worthy fleshy forms, the elliptical proposition of "better off dead . . ." springs eternal; contemporary American soldierly life does not escape those normative arrangements of flesh that qualify a body for worthy life under liberal regimes of bio- and necropolitics. Under such regimes, worthy life is vested in a full, rights-bearing personhood that entails, among other things, particular alignments of flesh, gender, sexuality, and dependencies and attachments legible as chosen by, and capacitating of, rational, agentive, self-sufficient, and individuated human beings.[2] These alignments are understood to qualify a body for a life worth living,

even in the case of war-injured American soldiers whose bodies are, arguably now more than ever, imbued with the highest national value.

Drawing on ethnographic fieldwork with such injured soldiers in 2007–8 at Walter Reed Army Medical Center, the flagship of American military medicine, my effort here is to trace how gender, sexuality, and life worth living get nested within each other and routed through soldiers' actual flesh. I do this by thinking about and around genital injury, situating the remaking of life and limb at Walter Reed within a perennial concern that soldiers with genital injuries might indeed be better off dead.[3] Within a liberal logic that collapses gender, sexuality, and the worth of life into specified forms of individuated human bodies, the living body of the grievously injured American soldier thus presents a particular problem: a figure of exceptionally worthy heteronational citizenship and iconic masculinity captured in an emasculated and "invalidated" form (Hughes 2000).

I understand this concern with soldiers' lives and genital injuries as one that resonates with many other forms of flesh and forms of life.[4] The ethnographic effort at hand thus also moves us away from soldier's bodies in themselves—as if they contained problems of gender, sexuality, and life itself within the limits of their own flesh—and toward a broader fleshy puzzling of gender, sexuality, and life through and across multiple bodies and their forms of attachment, arrangements of flesh, modes of touch, and the regimes of intimacy that coordinate them.

THE REMAKING OF LIFE AT WALTER REED

Since it opened its doors in 1909, Walter Reed has been bound to the frictions of soldier carnality, even as they shift across eras of American war making. Mere miles from the White House, it is both a public staging ground for careful and historic displays of injured soldier bodies and a zone of life within which injured soldiers' precarious lives are stabilized and remade.[5] During times of war, it becomes a space in which national anxieties about value and virtue are publicly dramatized and intimately born in the bodies of injured soldiers, and where the exposed lives of soldiers must be shored up and supplemented by medical technologies, national symbolic and material investments, and corporeal attachments.

First designated for the treatment of combat-injured soldiers during World War I, it quickly became the place where the moral and political promise of postwar rehabilitation would be publicly fulfilled: where, as historian Beth Linker (2011) has shown, injured soldiers could be remade into socially reproductive men, thereby repurposing what would otherwise have been war's insufferable waste. Normative forms of productive masculinity have thus been key to American rehabilitation since its very beginnings.[6] In the shadow of the corrupt Civil War pension system, an early emphasis of rehabilitation was cultivating financial independence, re-forming injured bodies into wage-earning men (Linker 2011). By the aftermath of World War II, turning these wage-earning men into proper husbands and fathers by working on the sexual and reproductive capacities

of their bodies was already becoming more pronounced (Serlin 2006, esp. 171; Gurtler 2013).

With these interventions into the heteronationally reproductive capacities of injured soldier bodies, American postcombat rehabilitation has increasingly edged soldiers away from the queerly multiple homosocial attachments of military life and toward a hoped-for heteronormative domesticity.[7] In the post-9/11 era, achieving this domestic and sexual arrangement is emerging as the apotheosis of successful rehabilitation. The emphasis on both marriage and fatherhood as the barometer for an injured soldier's very ability to live on is ubiquitous, both in talk about injured soldiers' future lives and in the practices through which their bodies are prepared for future life.

And for the first time in American history, the body of virtually every injured soldier at Walter Reed is surrounded primarily not by his fellows but by a family member—whenever possible, a wife or girlfriend. This family member is capacitated as what is called a Non-Medical Attendant or NMA, receiving a per diem (sixty dollars during my fieldwork) and living with a soldier in his cramped on-post hotel-type room throughout the protracted medical and therapeutic stabilization of the body, a period that can easily stretch into years.

Though military injury and survival rates are far from transparent, it is fair to say that soldiers today survive injuries that would have killed them in previous wars (Goldberg 2010), and throughout the wars in Iraq and Afghanistan, the largest portion of injuries sustained by U.S. soldiers have been from the class of weapons known as improvised explosive devices (IEDs). The vectors of force of an IED are sheered and shaped by the physical specificities of military tactics and battle space, by the kinds of armor the military constantly redesigns to keep soldiers from dying, and by the responsiveness of battlefield medicine, which finds new ways to intervene in the midst of these forces and to keep soldiers alive. Though soldiers can get blown up by an IED and still walk away relatively unscathed, the injuries of survival form a specific array of multiple confounding conditions, including wounds caused by burns, shrapnel, or other infection-susceptible foreign matter, broken or shattered bones, traumatically amputated limbs, organ damage or rupture, concussively flayed skin, and broken eardrums, along with the new "signature injury" of traumatic brain injury (TBI)[8]—a combination clinically known as polytrauma.

Jake, for example, was a national guardsman in his midtwenties who spent years at Walter Reed, sometimes sharing a room with his wife, sometimes with his mother. He had been injured while inside an armored vehicle that drove over an IED outside one of Iraq's holiest cities in 2006. In addition to the injuries he sustained in the blast itself, including the shattering of his right foot, there were others he suffered while trying to clamber out of the vehicle, full armor on, while rounds of ammunition cooked off inside. At Walter Reed he went through scores of surgeries to reconstruct his foot, eventually enabling him to move from using a wheelchair to a cane. But without enough flesh to pad his heel, and with a surgically fused ankle joint, even after months of physical therapy he was unable to walk for more than fifteen or twenty minutes without excruciating

pain. He diligently tried various therapeutic techniques offered, but after a round of aquatic therapy brought no improvement he began lobbying for an amputation. About a year and half into his stay at Walter Reed, he finally got it. He would spend another year and half there, three years and twenty surgeries in total, and along the way he got married, was dad to one child of a different father, fathered one child of his own, struggled with depression, and witnessed the degeneration of his marriage, which culminated in an agonized separation after his wife hit him during an argument a few months after his amputation.

Though, like Jake, injured soldiers were likely to be in and out of the hospital for scores of surgeries throughout their time at Walter Reed, there was generally a period of weeks of intensive inpatient care, when their bodies were too open or too fragile for soldiers to venture too far from the hospital bed, and then many months stretching into years of outpatient medical and therapeutic intervention through which the body was stabilized in its new form. As outpatients, soldiers lived for months or years with their NMAs, and sometimes their own young kids, mostly in one of the two hundred rooms of the on-post Mologne House Hotel, others in the nineteen rooms of the nonprofit communal family-style Fisher House.

Although soldiers and NMAs spent much of the first half of each day in physical therapy or at other appointments in the hospital, daily life at Walter Reed unfolded with remarkable boredom largely beyond such obviously institutional spaces. Soldiers killed time smoking on patios, watching movies or playing video games, breaking up the intractable days with trips to the mall or nights at the bar or special events intended to honor "Wounded Warriors." It was across all these spaces that soldiers spent years engaged in an effort of remaking life not at all captured by the term *rehabilitation*.

Throughout all of this, Non-Medical Attendants were "attending," for example, to wound care, toileting, medications, making and keeping hospital appointments, and staying on top of endless amounts of paperwork. But NMAs were also fiancées or wives, or parents, cousins, or best friends, obligated by kinship and love to the bodies of their most significant others (Wool and Messinger 2012). They enervated Walter Reed's institutional space with the nervous conditions of domestic dramas, and life there was made as an uncanny simulacrum of the normative domesticity soldiers were supposed to be rehabilitating toward. Though American postwar rehabilitation was always about remaking men, it never looked quite like this, with flesh being rendered sufficient for life by ideally securing it within that "thinnest embrace of the conjugal couple" (Povinelli 2006, 46)—a relation that amounts to much more than a pair of socially valued gender roles called by the names *husband* and *wife*.

Elizabeth Povinelli elaborates the conjugal couple as an intimate political relation of liberalism in which two gendered bodies become sexually oriented toward each other; through the force of "true love" that brings their bodies into impassioned and regulated contact and proximity, each may be made as a properly enfleshed liberal individual (Povinelli 2006, 175–236). The conjugal couple, rather than the group (Povinelli 2006,

181)—a competing social form of military life beyond the rehabilitative context of Walter Reed—is a carnal arrangement. Within this arrangement, flesh that might otherwise be too attached or not attached enough can be made as a properly individuated, self-sufficient, gendered, and whole person in the contemporary United States (among other spaces governed through late liberal democracy). Here, the intimate dependencies constituting a conjugal couple "count as freedom" rather than "undue social constraint" (Povinelli 2006, 3), capacitating a properly liberal individual.

This proper configuration of self-making dependencies acquires special consequence in relation to the "dilemma of disabled masculinity" (Shuttleworth, Wedgwood, and Wilson 2012). This dilemma is presented by normatively gendered bodies that take a form of debility or difference that undermines liberal enactments of independence, heteronational masculinity, and the fleshy sexual practices that constitute normative political relations of intimacy (McRuer 2006a; Shakespeare, Gillespie-Sells, and Davies 1997; cf. Berlant 2000). It is a problem of the intimate dependencies of personhood rerouted through bodies and beyond the limit of normative arrangements of masculinized flesh (e.g., Shuttleworth 2004; Shakespeare 1999; Tepper 1999) and supposedly universal embodiments of citizenship (Davis 2002b). In myriad ways, conjugal couplehood was built into and imminent in life at Walter Reed as a heteronationally reproductive solution to the threatening dilemma of disabled masculinity.

For most soldiers, conjugal couplehood already held a special place within the "vicissitudes of love" (MacLeish 2013, 134) that characterize U.S. army life. And it came to bear on soldiers' bodies with newly focused force at Walter Reed in the normative orientations of daily life, explicitly rehabilitative and otherwise, and through soldiers' own emphasis on the possibility of stabilizing and capacitating their emergent selves through the normative-future-making orientations of heteronormative sexual contact and domesticity.

A new rehabilitation facility included a family room with a kitchen, table, and chairs where soldiers and families could practice cooking and eating together as part of occupational therapy. Special dinners and sports trips could accommodate soldiers and any guest but anticipated soldiers and their wives or girlfriends. Evidence of heteronormative sexual contact was pointed to as a sign that life blown apart could be properly enfleshed. Soldiers, including Jake, not only had, and joked about having, heteronormative, penetrative sex with their wives but also asked their wives to become pregnant in this way. That so many got pregnant was reflected in the nickname "Walter Breed" occasionally trotted out by soldiers with a certain amount of self-satisfaction. Conversely, the absence of sex was pointed to as a sign that attachments had become strained and self-founding intimate relations estranged, transforming girlfriends or wives into "nurses" or "roommates," and threatening the aspirational forms of life to come. And the form and function of soldier's genitals were woven into many other concerns, surfacing almost incidentally.

Carl, a recently married double amputee, sat on the counter in the Fisher House kitchen, his two prosthetic legs dangling below. He said he had developed a nagging

infection in one stump and that just as he was thinking "What the fuck can go wrong now?" he started urinating blood. This was attributed to an interaction among some of the many medications he was on. He said they kept him on Viagra and switched his antidepressants from Prozac to Zoloft, but he was still urinating blood.

Peter, a nineteen-year-old reservist, stepped on an IED shortly after arriving for his first tour in Iraq. He said he'd been lucky to be wearing his skirt that day. The skirt is a removable piece of Kevlar armor that attaches to the vest or SAPI (small arms protective insert) plates protecting the torso, hanging down in front to protect the genitals and proximal arteries. It was cumbersome, and given the extra eighty to one hundred pounds that armor and gear added to a soldier's frame, shedding weight was certainly welcome. But as I listened to Peter and another soldier discuss why soldiers didn't want to—and sometimes didn't—wear the skirt, neither weight nor agility was a sufficient explanation. These deliberations hinged on the gruesome irony that soldiers considered the skirt emasculating.

Jake, like many soldiers at Walter Reed, had an injury story with which to responded to the question "What happened?" that was often asked by the endless stream of grateful strangers who passed through. As a genre, such stories were pithy, gruesome, brief, and laced with gallows humor. They included details about what pieces of hot metal penetrated a soldier's flesh in what spot, and how many procedures of which kinds a soldier had since been subjected to, counting surgeries, or pints of blood products received, or the seconds or minutes of technical death the soldier survived. Like all of them, Jake's story omitted much, like the fact that he had been on fire as he scrambled out of his blown-up vehicle, but he always made sure to joke that "a piece shrapnel came millimeters away from making me a eunuch."

Discernable across such practices and logics is a fleshy linchpin of love and life: a correspondence of soldierhood, manhood, personhood, and genitals that exerts its pressures within the late liberal "empire of love" (Povinelli 2006). Time and again, as eras of war making unfold through varying structures of feeling and contours of normative intimacy, this correspondence is rendered as if it were a straightforward equivalence; as if the form and function of a soldier's genitals were, in themselves, the contours of his manhood and the worth of his living on.

THE U.S. SOLDIER'S PUBLIC SEXUAL ANATOMY

During the protracted closing years of the American war in Vietnam, vociferously antiwar senator and soon-to-be Democratic presidential candidate George McGovern stood on the floor of Congress and declared: "In one sense this chamber literally reeks of blood. Every senator here is partly responsible for that human wreckage at Walter Reed and all across this land—young boys without legs, without arms, or genitals, or faces, or hopes."

The speech was excerpted the following day on the front page of the *New York Times* and circulated widely and rapidly. It was celebrated by the political left as an impassioned

call to end an unjust war, and it still maintains citational relevance, forming a minor part of the American left's antiwar canon.[9]

Though not generally discussed, the way McGovern specified and ordered these bodies matters: they are boys without legs, arms, genitals, faces, hopes. Missing arms and legs signal the human costs of war, and in the historical context of American practices of rehabilitation it is precisely injuries that form the redemptive foundation on which rehabilitated or even "bionic" life can be built through prosthetic technologies. Hopelessness, futurelessness, the worthless status of "human wreckage" thus appear as a concatenation of those aspirational injuries with the gendered absence of fleshy fetishes in which manhood and reproductive futurity (genitals) and basic human recognition (faces) are supposed to reside.

Some three decades later, as injured soldiers once again filled Walter Reed in the aftermath of U.S.-led military interventions in Iraq and Afghanistan, limb amputations remained the most iconic procedures (the "signature injuries" of these wars—PTSD and TBI—do not mark the body in obvious ways), and, as has been the case throughout modern American war, the preponderance of them are of the lower limbs (Stansbury et al. 2008). And the body of the soldier so marked is bound, perhaps more than ever, to a normative sexual anatomy of masculinity and its intimate orientations.[10] Perhaps it is not surprising, then, that in late 2011 reports began to appear in the U.S. media positing soldiers' genital injuries as a problem of life or death.

Veteran war reporter David Wood devoted one part of the ten-part Pulitzer Prize–winning article series *Beyond the Battlefield* to genital injuries (Wood 2011, 2012). The stories he tells about them are stories of heteronormative sexual penetration and reproduction. Testosterone therapy, erectile-dysfunction drugs, and surgery are posited first and foremost as paths to a semblance of heteronormative sexual contact, rather than, say, to bodily integrity or solitary sexual function or pleasure. The piece naturalizes a healed soldier body as one that can sustain, and be sustained by, heteronormative intimacies and attachments, making genital injury matter in relation to a normative and concomitantly disability-phobic and trans-phobic fleshy essence of manhood. (The section of the series about genital-reconstruction surgery is introduced by the quotation: "I ain't going to no sex-change doctor.")

This problem of gender and flesh is simultaneously figured as a problem of life itself. The piece opens with a gruesome description of how these genital injuries occur, which ends: "Some guys said they'd rather be dead." And when asked in a National Public Radio interview by host Terri Gross, "at the risk of asking the obvious," why he describes these kinds of genital injuries as "the most disturbing," Wood pointed to that fleshy limit of life worth living: "I am reflecting what soldiers say. . . . On patrol in Afghanistan that's the thing that they worry about the most, is losing their manhood. The army sent a team of doctors to Afghanistan . . . to talk to soldiers about these kinds of weapons, IEDs, and the kinds of injuries, and one of the things they reported back is that soldiers and marines are signing do-not-resuscitate pacts in the thought that if they lose their genitals, they don't want to live" (Wood and Gross 2011).

The "team of doctors" Wood refers to is the army's Dismounted Complex Blast Injury Task Force sent to investigate blast injuries sustained on foot patrols, which were increasingly common in Afghanistan.[11] The task force report refers to do-not-resuscitate pacts only in its introduction, in which it explains the need for the report. It also specifies that its evidence for these pacts is only anecdotal (Dismounted Complex Blast Injury Task Force 2011, 1). At a press briefing, the task force clarified that it had no other evidence of anyone actually entering into such death pacts, nor did it imagine that medics or corpsmen ever would (Dao 2011). All the same, the task force chair, Brig. Gen. Joseph Caravalho Jr., said he found the rumors not only "concerning," but entirely "plausible" (Dao 2011).[12]

Rather than gasp at the "obvious" meaning of male soldiers' genital injuries, I want to trace how the worth of life gets woven into the sexual anatomy of a soldier in such a way that liberal modes of recognition can read such symbolically and politically vested bodies as "human wreckage," as lives that might be logically treated as better off dead. Thinking of Jake, for example, we might ask how soldiers' bodies are configured such that grateful strangers can reasonably request from them stories about what exactly has happened to their flesh and why, in this context, it is taken as reasonable for Jake to reply with a joke about the physical margin that separated his currently intact genitals from the possibility of castration.

I suggest that the correspondence between soldiers' genitals, masculinity, and life itself is not a straightforward equivalence and that the remaking of life under way at Walter Reed is both sensitive to, and not the same as, that common sense. Tracing it ethnographically entails an extension of gender, sexuality, and life worth living through and across the contours of multiple forms of flesh as they are configured in and for conjugal couplehood. Consequently, my ethnographic attention to "manhood" is not an attention to the condition of a social body in itself, but to intimate attachments and regimes of touch through which properly gendered life and self-sufficient personhood are made and on which they are seen to depend in the case of American soldiers.

HETERONATIONAL ATTACHMENTS AND THE SECURING OF LIFE

In the rehabilitative context of Walter Reed, the social skins of injured soldiers are being carefully calibrated to sustain life: thick enough to ward off infection and not require others' constant care, but not so thick, as it sometimes threatens to be in military life, as to preclude the configuration of dependencies that constitute appropriately intimate attachments: a properly rehabilitated soldier body should be able to live alone, so that he can find love and won't have to. Though solitary injured soldiers involved in feats of athleticism can index heroic self-sufficiency (Linker 2010; Serlin 2006, 173–75)—a military subgenre of the "supercrip"—in the absence of such ostentatious vitality and amid increasing concern about unprecedented rates of soldier suicide (seen as a problem of risk and withdrawal), the solitary body of the injured soldier suggests a comorbidity

of social and biological death against which conjugal couplehood is figured as a bulwark.[13]

As the injured soldier's body may become haunted by death when figured alone, bereft of intimate attachments, so the future life of an injured soldier is figured very precisely through heteronationally reproductive domestic ones.[14] Such heteronationally reproductive forms of domesticity are not only discursive artifacts. Injured soldiers willfully sought to arrange themselves in this way, to stabilize and forge their lives to come through the "thinnest embrace of the conjugal couple" (Povinelli 2006, 46), even as doing so presented considerable hazards.

Peter had joined the army at seventeen—mostly, he said, because he didn't want to keep living as his parents' son—having a curfew, walking the dogs, keeping an eye on his little sister when he'd rather be out with a girl or blowing stuff up in the backyard. When he told me about army life, he figured it as the perfect release from that by describing camaraderie and drunken nights out with his unit in his brief time before deployment, stories that revolved around sex. When I asked him about "the whole patriotism thing," he said infantry life was really about "the lifestyle, the buddies, the pussy, the adventure." But it was his parents who stayed with him after he arrived at Walter Reed.

In his first weeks out of the hospital, when he shared his Fisher House room with both parents, Peter was overwhelmed by bitter anger. He would sit in the living room, a furious scowl on his face, staring through everyone, responding to nothing. Jake told me he recognized the feeling. "We've all been through it," he said. And for Peter "it" was focused on his parents more than anything else.

One night, as Jake and I sat talking on the living-room couch, we heard Peter, his temper long gone, shouting at his parents as he mounted the stairs with an unfamiliar prosthetic leg, vertigo from a blown-out eardrum and incus, and fresh stitches from surgery to set his fractured arm. His parents stood anxiously below. "Don't treat me like a child!" he yelled. His mother gently pleaded, "But you have a suture, you need to be careful." He hollered out the apparent absurdity that in Iraq he had dragged himself and his equipment—a total of three hundred pounds—out of harm's way with only one good arm, and now they think he can't walk up the stairs.

Peter's vitriolic admonition that he not be treated like a child indexed much more than a temporal line between adulthood and infancy.[15] Being treated like a child, even by his parents, meant obviating the masculinizing forms of self-sufficiency and self-sovereignty he had sought and found in the army, a self-sovereignty paradoxically proved in the very same condition of his body that makes it subject to his parents' presence as they try to keep his flesh safe and clean and intact. Offered out of parental love and well-founded concern, Peter's parents' interventions into his physical precarity subject him to unchosen dependencies that cannot sustain the life he feels his body requires.

The form of life Peter is feeling for entails, among other things, a deeply and normatively and specifically heterosexualized body, again opposed to life made with his parents. He spends hours on the phone locked in the bathroom, trying to earn back the trust of

two betrayed girlfriends from back home. He finally reconciles with one, Sharon—a model and high-school senior. In the summer, she agrees to move in to Walter Reed and takes over from Peter's parents as his NMA.

Peter and Sharon fought almost incessantly. She was controlling and jealous to the point of paranoia. Other wives and girlfriends at the Fisher House found her gossipy, even crazy. She burdened Peter's life with melodrama. Even simple social plans involved elaborate negotiations. And Peter worked hard to keep the relationship going, sometimes by appeasing her and sometimes by egging her on. Out of this, a degree of violence developed. One afternoon, Peter admitted to breaking his prosthetic when he threw it at a wall during a fight. When I suggested this was abusive, he responded, "That's not abuse. Abuse is when you push the thing I'm leaning on out from under me," which Sharon had done at least once.

Doing all he did to keep Sharon appeased enough to stay was about more than not wanting to be around his parents. But it was not so simple as opting for some unfettered independence and freedom of manhood made possible by having a girlfriend, rather than parents, as his most intimate kin. After all, the strictures Sharon placed on Peter, and with which he reckoned to keep her present, were both tighter and more precarious than any rules from his concerned parents. So he could not be radically independent and self-determining with Sharon; but radical independence and self-determination were not really the point. There are always dependencies; it is the character of their distribution that makes the difference.

In his earliest days at Walter Reed, the caring touch of his parents threatened to make Peter's flesh into the body of a child—"helpless" and desexualized. He was reluctant to be done for by them, preferring to do for himself—to climb the stairs alone, to try to keep his own body clean and his stitches dry, even though in doing so he risked damaging his flesh. Adulthood thus emerged as a vital entailment of Peter's future, masculinized life routed through the sexual capacities of his body. But this manhood is not just about the contours or integrity of his flesh; it is a property of the intimate attachments through which his flesh is conditioned, couplehood over childhood, regardless of whether they make his flesh more or less whole. They are for the better if they make his social skin appropriately thin, even if they make the condition of his life more precarious.

In fleshy contact with Sharon, shove and caress alike, Peter's body becomes more like the kind that can sustain the life he feels is worth so much. When his flesh is exposed or vulnerable to hers, conjugal couplehood is more readily inhabitable. And though their relationship did not last the length of his time at Walter Reed, it lasted as long as it did in no small part because of how it limned that life. After Sharon, Peter found a steadier girlfriend, and when it was time for him to leave, they moved in together in an apartment in Washington, D.C.

The intensities of life at Walter Reed—the close quarters and publicity, the precarity so profound it cut right to and through the body itself—strained life-making attachments, and re-formed vital intimacies. Arrangements more ideal than Peter and Sharon's, attachments

avowed as true love and formed already into marriages with precedents of domesticity, did not reliably produce dependencies that counted as freely chosen and productive of self-sufficient life. But they still linked life and couplehood through a regime of intimacy that worked through flesh, proximity, and sexualized touch.

James and his wife, Erin, first met just months before his deployment, and they both swore it had been love at first sight. By the time James left for Iraq, they were married and Erin was pregnant. She gave birth to a daughter while he was in combat. A few months later, James got blown up by an IED.

I met them and their little girl on the day they moved from the Mologne House Hotel into the Fisher House, about nine months after their arrival. The form of James's body was still unstable. He had had one leg successfully amputated above the knee, and, although the flesh of his remaining leg had healed from the surgeries to repair its broken bones, the new arrangement of bone and nerve at his ankle joint made it impossible for him to walk, hampering his physical therapy, which made his stump swell and become unruly and painful. Eventually, he would have more surgery on his ankle, more rehab, and then have the lower portion of that painful leg amputated as well. Through these shifting contours, his enfleshed life was forged through the heteronormative domestic arrangement of his body and Erin's body.

This is not to say that mere proximity was sufficient to make this attachment matter. Erin's presence, and their daughter's, were part of the normative future James was doing his best to make in the present—a life that mattered in relation to this attachment, and vice versa. James relished the role of fiduciary patriarch, partly enabled by insurance payments for his lost limbs. He bought a new car for Erin and a house in the suburbs that they planned to move into once they left Walter Reed. When Erin's mother got laid off, James's first response was to call her live-in boyfriend and help make a financial plan. And it mattered, in the present and for that future, that he and Erin were living like a couple; that she would do laundry while he entertained their daughter, zipping around at high speeds in his wheelchair with her in his lap. What anchored the significance of this arrangement and made it productive of heteronormative futurity rather than, say, evidence of sterile generosity was the heterosexual intimacy of James's attachment to Erin.

As for the salient distinction between wives that were like wives and wives that were like roommates, at the heart of the matter was sex. And across the changing contours of James's body, evidence of James and Erin's properly intimate contact was not difficult to find. There was kissing and playful grab-ass, and they both talked openly about their ongoing sex life when the subject was broached. One night, as their daughter stood in her crib restless before bed, she grabbed hold of a bottle of self-warming lube that sat on the dresser alongside piles of makeup and video games. Erin snatched it from her hand with some embarrassment, but went on to recount how it was something she and James had wanted to try, though she hadn't liked it.

Later that night, out with other soldiers and girlfriends at the bar nearby, Erin brought it up, and the conversation turned to sex. When James said something about masturbating

at the Fisher House, Erin got mad. "When were you masturbating?" she demanded, and his unperturbed reply was "I don't know, the other day." Erin took offense both at the fact that he was touching his own body in this solitary way, without her touch and without her knowledge, and at the implication that he might not be satisfied with the sex they were having. To this, James responded not with recourse to his own flesh and desire, not to his "manly" sex drive, but to their mutual heteronormative conjugal pleasure: he said the more he masturbated, the better their sex would be for them both, reasoning that he would be able to sustain intercourse without ejaculation for Erin's presumed pleasure and better know his own desires.

In such a moment, his potentially excessively self-sufficient touch becomes part of the proper, securing heterosexualization of his unstable flesh as it is made to fortify his intimate attachment to Erin. But this carnal anchor was not always fixed so fast, and in its absence, the condition and conditioning of the body was seen to have so transformed the nature of touch that freely and mutually chosen dependencies once called love now seemed like proof of unfree obligation, no longer the stuff of properly configured liberal persons.

Erin told me that there was a time, just after James became an outpatient, when he wouldn't get out of bed for days on end, not eating, not getting up to go to the bathroom, and hardly talking at all. Erin took over the basic maintenance of his body as best she could—changing his catheter, keeping his wounds clean—but her touch of his exposed body was changing from an enactment of true love to an obligatory kind of care that was opposed to conjugal couplehood. She said that when she couldn't take it anymore, when she had reached the limit of her capacity for this obligation to maintain nothing but James's life, she went to the bathroom, got a cup of water and a toothbrush, and brought them to him. She demanded that he brush his teeth; otherwise, she would stop kissing him. She offered this as an ultimatum, a final choice between a kind of caring contact that might still be tinged with unfree obligation but that at least held the promise of conjugal couplehood, and, on the other hand, a kind of abandonment compelled by obligated and desexualized flesh that therefore had nothing to promise for the future. By Erin's account, imperiling their sexual contact was a turning point in James's rehabilitation. It was from this last resort to their intimate attachment, anchored once more in properly conjugal touch, that James reemerged as a viable person.

This foundational attachment also brought risks, risks that were not the same as those wagered by Peter and Sharon, whose lives and flesh were not bound by love with the same intensity, not previously and properly made through the domestic arrangements of conjugal couplehood.

On separate occasions, without the other present, James and Erin each told me about their reunion at Walter Reed. It was in James's hospital room, the first time they had seen each other after his injury. In both versions of the story, James is described as in pain and heavily medicated. And in both versions of the story the first thing he wanted to do when he saw Erin was have sex, begging her to close the door and get into the hospital bed with him. It was a common enough story at Walter Reed.

In his telling, James was proud of his desire; there was a continuity of personhood in it, a kind of self—an enfleshed self bound to Erin—that seemed to have weathered combat well, despite his being blown up by an IED. Not only was his heteronormative sexual desire intact in his body, but Erin was there, at his bedside, close enough to touch. While James's desire may have been about lust, it was also about being constituted as a sufficient individual, desirous and desiring, through the attachments of the conjugal couple; it was about living on as a husband and a father, and all the material and fleshy dimensions of past and future livelihood that that represented.

But in her telling, Erin described confusion, concern, and disgust. When he asked her to get into his hospital bed, she saw the condition of his flesh, the clinical ways it was attached, and was concerned for its precarity; it did not seem to her able to survive sex or sustain intimate attachments. And she was disgusted by the thought of such contact with this unfamiliar arrangement of flesh, which to her did not seem entirely recognizable as the person to whom her life was bound. Though at the time she kept those feelings to herself, she resisted sexual contact, giving instead strained and otherwise obligated kinds of caring touch.

Then one night, as we sit around the TV with a group of other injured soldiers and their wives, the conversation turns to the urgency of these soldiers' medical needs. Erin begins describing James as the inpatient he had been when she arrived at Walter Reed—that time about which their memories and feelings seem to be so separate. As she speaks, James is sitting on the plush wall-to-wall carpet of the living-room floor. He has taken off both of his prostheses and one of his snugly fit liners, which sits on the coffee table. Though not uncommon, this is a posture of both comfort and exposure, a physical arrangement of James's limbs that acquiesces to injury and to certain queer mobilities (like scooting across the floor) rather than aspiring to normative ones (be they passing with prosthetic limbs or zipping with athletic agility in a lightweight titanium wheelchair). And so it especially painful when, referring to the large, padded, high-backed wheelchair with a headrest that is sometimes used for soldiers in the earliest days after their arrival at Walter Reed, when they have the least bodily strength or control and require the most physical support, Erin says James had been "just sitting there in his retard chair." From his position on the floor, James says, "Thanks a lot," his tone sarcastic but tinged with anger. "Sorry, but seriously . . .," Erin replies, and gives a ghoulish description of James in his hospital room, overmedicated and drooling. James just turns, silent and hurt and sad and put in his place, and stares down the hall.

Thinking of James's description of himself in that hospital room, of his hopeful heteronormative sexual desire, and of the way that conjugal couplehood seemed to be the only form of intimate attachment through which properly rehabilitated life could be secured at Walter Reed, this moment seemed to expose with particular clarity the vulnerability of life that soldiers and wives forge and navigate in remaking it, those "ties or bonds that compose us" (Butler 2004, 20, 22), and so may be our undoing; the fleshy and intimate attachments that may put lives at loose ends. This is how the intimate attachments of conjugal couplehood matter as they ward off solitude, calibrate the skin, and gesture toward a viable future.

CONCLUSION

When soldiers are injured in war, their injuries may both amplify and impugn their special reproductivity, searing a question mark into the iconicity of their heteronationally reproductive bodies and rendering them in newly questionable forms. In this body, all sorts of transparent and buttressing tensions secreted within the universalism of late liberal life become rather suddenly visible. In this, the figure of the injured solder keeps strange company with the worthy and unworthy poor, the juridically incapacitated adult, the companionable animal, and those many proliferating particularities of rights to life and death—from abortion to euthanasia to the death penalty to "wrongful birth."

In the contemporary United States, injured soldiers occasion this "mirage of universality" (Berlant 2002, 144) to writhe and flicker with a particular intensity. They body forth exceptional citizenship and institutionally produced and supported forms of abjection that coincide with a patriotic embrace. Theirs is a habilitation of supermasculinity built on disability and erected in the service of nothing more than a heteronational domestic good life. Neither an ideally flat liberal person nor a necropolitically flattened body edged toward bare life, the figure of the injured soldier is aspirationally normative and unwillingly queer, and these features are folded into the contours of actual injured soldiers' lives through regimes of intimate touch.

Manhood, in its fleshiest sense, becomes the apotheosis of rehabilitation at Walter Reed because it seems to produce liberal persons, persons who must, as a condition of their "self-sufficient" personhood in this historical and political moment, at least have bodies that are properly sexed even if they are not properly limbed and who can be made whole through intimate attachments. Masculinity thus appears in the equation not as a quality of the body but as a quality of the specific and sexualizing orientations, modes of touch, and distributions of dependency that span intimately attached forms of human flesh and render them sufficient for valued, politically legible, heteronormative life. The young male soldier's limbs, genitals, and supplements—from prosthetic limbs to Viagra—constitute the sufficiency of his personhood in relation to significant others and to gendered material arrangements of domesticity and dependence.

Life then *can* sometimes be made to be about genitals, but never in their mere presence or absence or fleshy condition, and never merely because of their symbolic significance. The worth of a soldier's life becomes hinged to the form and function of genitals always and only insofar as they are made the fleshy anchor for the attachments that are supposed to both secure the body and delimit the contours of the good life after war.

NOTES

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Boulder, as well as members of the departments of anthropology at the University of Toronto and Rice University, for their thoughts on other iterations of the arguments I make here.

1. The history of this emergence is not as natural as one might assume given the seemingly timeless sacrilization of soldiers in the United States today. On the stormy political history of compensation for U.S. veterans, see Frydl 2009 and Skocpol 1995.

2. An elaboration of this form of personhood is far beyond my present scope (see, inter alia, Balibar 2012; Berlant 1997; Brown 1995; Davis 2002a; Povinelli 2011), but I note that I include here personhood that takes shape within the political and social ethics of "care" (Kittay 1999) and "capabilities" (Nussbaum 2007; Sen 1992)—two recent approaches to the liberal problem with and of debility.

3. This perennial concern echoes Foucault's succinct observation that the modern deployment of sexuality has created an arrangement of life in which "sex is worth dying for" (Foucault [1979] 1990, 156).

4. The most immediately relevant examples are those arising from disability, and abjectedly queer and transgendered forms life (e.g., Haritaworn, Kuntsman, and Posocco 2013; McRuer 2006a; Puar 2007).

5. Though recently moved from its original location in Washington, D.C., to nearby Bethesda, Maryland, it remains a short drive from the capital, and its name and wartime significance endure.

6. During World War I, these were also racially multiplied (Lawrie 2013).

7. With the claims to same-sex entitlements of normative intimacy that have followed the repeal of Don't Ask Don't Tell, it seems we can now add homonormativity (Duggan 2002) and homonationalism (Puar 2007) to heteronationalism here. (See Jennifer Hlad, "Same-Sex Spouse Not Allowed to Join Group at Ft. Bragg," *Stars and Stripes,* December 12, 2012; Rachel L. Swarns, "Military Rules Leave Gay Spouses Out in Cold," *New York Times,* January 19, 2013, A1.)

8. Interestingly, TBI had been displacing posttraumatic stress disorder (PTSD) on this score. For more on PTSD in the context of Iraq and Afghanistan veterans, see Finley 2011.

9. The remark was made on September 1, 1970, following the (expected) defeat of the McGovern–Hatfield Amendment, which would have set a deadline for the withdrawal of U.S. troops from Vietnam, effectively ending the war. The quotation above was included in the page 1 *New York Times* story about the amendment the next day (Robert Smith, "Senate Defeats 'End War' Move by Vote of 55–39," *New York Times,* September 2, 1970). On the occasion of McGovern's death on October 21, 2012, it was also cited in a number of obituaries and remembrances—from Fox News (Pergram 2012) to Al Jazeera (Rosenberg 2012). That its profoundly ableist meaning has not been acknowledged by the political left that celebrates it speaks to the varied necropolitical organization of *disabled* bodies and *injured soldier* bodies, even though the flesh of these different bodies can be isomorphic and even though the shared dimensions of their experiences were, in the very moment of McGovern's speech, being made the ground of a political alliance instrumental in the eventual passing of the Americans with Disabilities Act (ADA) (see Shapiro 1994).

10. This emphasis on normative genitals and reproductive sex (among still typically straight, male injured soldiers) is more pronounced than during the Vietnam War, which coincided with the public proliferation of diverse sexual practices and emphases on bodily pleasure and alternative social forms. That's not to suggest that alternative sexual practices were part of Vietnam-era rehabilitation; indeed, there was then a greater lack of institutional attention to injured soldiers'

social and sexual lives altogether. But due in part to the absence of such institutional attention, some nonnormative social, political, and sexual formations arose in that era that are less possible today. These included the alliance of Vietnam vets and disability activists—something virtually absent from contemporary veteran politics—and a cultural emphasis on modes of sexual pleasure among injured vets that, while not less tied to compulsory heterosexuality, were often less squarely configured within heteronormative logics of domesticity and reproductive futurism. (See, for example, Hal Ashby's 1978 film *Coming Home*.)

11. This is distinguished from the Iraq War, when soldiers would more often be blown up while inside vehicles. The report defines a dismounted complex blast injury (DCBI) as "an explosion-induced battle injury (BI) sustained by a warfighter [sic] on foot patrol that produces a specific pattern of wounds. In particular, it involves traumatic amputation of at least one leg, a minimum of severe injury to another extremity, and pelvic, abdominal, or urogenital wounding." (Dismounted Complex Blast Injury Task Force 2011, i). The report focuses on multiple-limb amputation and genital injury.

12. An AP report, in reporting the words of a navy surgeon, significantly complicates the idea of such a pact: "'It is a conversation . . . that every Marine has with his corpsman, the buddy who is first to treat him if he is wounded by an insurgent's bomb. The Marine says, "If I lose my manhood, then I don't want to live through it." . . . They ask us not to save them if their "junk" gets blown off,' said [Lt. Richard] Whitehead. . . . 'Usually, we laugh. We joke with them about it. At the same time, you know that you're going to treat them anyway'" (Torchia 2011).

13. A notable example is images of solitary soldiers used to powerful effect by *Washington Post* photographer Michelle duCille as part of the paper's Pulitzer Prize–winning exposé about the plight of injured soldiers at Walter Reed. The Pulitzer citation includes ten stories and accompanying images, as well as two additional slide shows of duCille's photographs. The most notorious was of Specialist Jeremy Duncan in his mold-infested room, illustrating the overall problem of neglect and its cycle of abandonment and withdrawal. There is also an image of Specialist Josh Calloway sitting alone on the bed of his darkened room, head in hands, conveying his struggle with psychiatric problems and the psychiatric care he had been sent to Walter Reed to receive (www.pulitzer.org/archives/7824).

14. One of the most-discussed images of an injured soldier was the 2006 wedding portrait of twenty-four-year-old marine Ty Ziegel, whose body and face had been severely burned by a car bomb in Iraq in 2004, and his twenty-one-year-old fiancée, Renée. The photo was taken by Nina Berman for the *People* magazine story "Coming Home: A Love Story" (Kramer and Jerome 2006). It went on to win the World Press Photo award for portraiture and was exhibited in the 2010 biennial at the Whitey Museum. While public interpretations of the photo's pro- or antiwar implications ranged widely, both interpretations consistently drew on the heteronormative futurity that structured the narrative of the image itself. The couple divorced in 2008, and Ty Ziegel died on December 26, 2012, after collapsing on the ice outside a bar near Peoria, Illinois (Truesdell 2013). Less spectacular images of injured soldiers and their wives, fiancées, or committed girlfriends also circulate widely (e.g. *Solider Walks Down Aisle Buoyed by Love, Science* [Broadway 2004]; *Healing, with New Limbs, Fragile Dreams* [Macur 2006]; and Platon's portrait of Sgt. Tim Johannsen and his wife, Jacquelyne Kay, for the *New Yorker*'s online "Service" profile (*New Yorker,* September 29, 2008; www.newyorker.com /online/2008/09/29/slideshow_080929_platon#ixzz2FoAehYIS).

15. On infantilization and disability more generally, see Kumari Campbell 2008, 152–54; and Thomas 2007, 88.

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