War is now the new everyday. It is striking that the term “postwar” refers to the period after 1945 but is seldom used to describe the periods following the U.S. withdrawal from Vietnam in the early 1970s or following the nation’s participation in the Balkans conflicts of the 1990s. We now dwell in an ongoing condition of war at home and abroad, against a nebulous enemy called “terror” whose agents are “terrorists.” War need no longer be announced through an official declaration for the general population to know that we are in a continual state of attachment to war, phrased in a political grammar of xenophobic “security” against a racialized figure of “terror” and through which emotional attachment to the state of war permeates myriad affective ways of being. So being “at war” is a constant
feeling and a continual state of being that is forged through many quotidian activities and made manifest in material and biomedical technologies of attachment. The United States and War are themselves inextricably attached to each other in the twenty-first century, as are war and biomedicine. There is no way to be unattached, no such thing as postwar society.

Attachments to war are phenomenological, ontological, and institutional matters. They manifest in various senses of being and of experiencing life in our thoroughly militarized society. My particular focus is on biomedical practices and technoscientific innovations that are concerned with wounded or sick bodies and that produce complex connections to war. These linkages are contingent, sometimes expressed in registers of salvation through promissory gestures that speculate about the future and, in strange ways, honor war as a necessary condition for human advancement. But the promises of advancement are selective, sorted by unequal relations in an economy of life. Some lives, as we will see, are valued more than others. Some stand to benefit more from the biomedical war profiteering that is unleashed by the variously mobilized sentiments of fear, dread, sadness, and hope. Some are left to die.

Attachments are relational. They can be strong, fragile, unstable, enduring, motivating, demoralizing, profitable, or devastating. The attachments that animate this book are, centrally, that of ordinary people to war, which is itself forged through attachments to biomedicine, understood as both a tangible industry and a promising fantasy. These are tied to political ideologies and affective phenomena that, all together, comprise a biomedicine-war nexus. This nexus emerges from a complex set of cultural values and historical developments wherein pervasive and permanent preparedness for war occasions the conditions under which war and biomedicine are bound together in material, affective, ideological, and ethereal ways. War serves biomedicine by producing a steady stream of wounded veterans who become research subjects. National security is imagined as a disease-control surveillance apparatus for detecting deleterious agents, whether they are persons, pathogens, computer
viruses, danger attitudes, or toxic assets. In turn, biomedicine serves as a
discursive structure and an epistemological tool used by military
strategists to draw up battle plans and invade and occupy enemy territory.

The biomedicine-war nexus produces new subdisciplines and novel
war-generated diagnoses and rehabilitative innovations, drawing figures of
the American hero/martyr (troops) into a field of intimacy with teams of
biomedical specialists represented as miracle workers in media stories
about them. Audiences are positioned to mourn the extreme damages
done by war and to honor the bodies of wounded martyrs through
 beholding the experimental genius of rehabilitation and regeneration from
the new medically codified diagnosis of polytrauma. Military physicians
classify polytrauma as a “signature injury.” As such, in my analysis, the
devastating phenomenon indexes a particular kind of woundscape and
requires special reading practices to interpret the significance that is
attributed to the injury both in biomedical and political terms (Appadurai,
1990). The woundscapes of significantly injured patients – American
troops -- prompt an indebtedness whereby the nation owes twice for the
sacrifices made: once for the wound acquired as the warrior served the
nation and again for the new knowledge that can be derived from medical
treatment of the warrior’s suffering. This is one of several key ways that
technoscientific and biomedical promises provide a means through which
attachments to war persist.

The biomedicine-war nexus manufactures knowledge which
materializes in biomedical devices that are literally attachments, as in the
case of bionic prosthetics, devices to which we attach major emotional,
political, and health significance. Paradoxically, the bodies of severely
wounded veterans of recent wars—those who would not, under previous
conditions, have survived—are figured centrally in narratives of the future
enhancement and the expanded potential of human bodies. Their injuries
afford the inventors of bionic prosthetics opportunities to demonstrate the
promise of technoscientific innovations. Their carefully crafted
performances are presented to audiences who, often unwittingly, became
further attached to war through what bioengineering promises not only for
injured veterans but for everyone. By witnessing what can be done to restore amputees’ otherwise lost abilities, audiences are invited to look forward to a future when bioengineering may enable humanity to go beyond a host of bodily limitations.

Another entanglement between biomedicine and war is evident in the deliberate development of pathogens to be exploited as weapons. In this case, the bodies of soldiers are not ultimately exceptional. Instead, in the face of imminent and emergent pathogens developed for biological warfare and defense, all bodies are conceived as potentially threatened or threatening, and some more threatening than others. Ordinary people become attached to war through a terrified sense of being quietly and covertly attacked at the micro level by new and more virulent mutating germs, viruses, and toxins, whether by intentional acts or accidental exposure. Bodies are in this sense potentially both targets and weapons -- victims and vectors -- in the apocalyptic framing of ominous doom. War is waged on, through, and with microscopic pathogens. Panic is a marketing tool.

Attachments may manifest as benefits. How does war become a benefit and even a necessity to our very lives and bodies? I attempt to reveal how war becomes a boon to the biomedical industry and its shareholders through a political grammar that emphasizes “quality of life,” and the “free” pursuit of “health,” “longevity,” “vitality,” “freedom,” and other cherished axioms of democracy, all of which are invoked in branding slogans that animate twenty-first-century biomedical war profiteering. Of course, war’s biomedical and affective benefits are selectively distributed, available to those who can afford them and not to those who are destroyed in war.

Attachments to war come in the form of a disparate array of promises. Promises at one scale exist in an uneasy relationship to those at another: military recruitment officers are agents of promise when they describe the benefits offered by the G.I. Bill to high school students in low-income and people of color communities. These benefits are based on the condition that recruited people are willing to risk their lives. Promises
offered to potential investors about the value of shares in biomedical companies are conditioned at least in part on the risks of injury faced by military enlistees. Chances and calculated risks are taken all the time, but for some this is a gamble that could well lead to death or severe disability. It is important to remember that losing share value is not equivalent to losing one’s life or health. Anticipating risks and benefits is all part of the deal. In war, some gain fame and fortune, others an existence of unrelenting pain.

Attachments are often evidenced in the positive affects of hope, opportunity, and belonging. War galvanizes a sense of patriotic cohesion in some people. It offers economic advantages for weapons manufacturers and their investors as well as for workers employed in war-supported industries. Young enlistees seeking to learn a skill or to get an education in exchange for military service become attached to war as a condition of these promised benefits. War also gives scientists the impetus and the massive funds to advance knowledge. To cite an historical example, consider the physicists, engineers, and mathematicians who participated in the Manhattan Project to develop the atomic bomb in the latter years of World War Two and into the Cold War. Computational scientists funded to conduct Cold War command-control projects produced the knowledge that gave rise to the Internet. During the years surrounding World War Two, researchers interested in infectious diseases were recruited to the fight against malaria with unprecedented funding. In these large-scale projects, scientists were attached to war through their labor and the public was urged to invest great hope in technoscience as a preeminent source of national strength.

Medical science was tied to war at least a century earlier. Modern combat, dating from the Napoleonic Wars of the early nineteenth century and the U.S. Civil War of 1861-1965, is often credited as the necessary condition under which physicians and scientists made great medical advancements, whether these advancements are understood to have been in blood-banking procedures, surgical techniques, pain management, triage measures, or prosthetic rehabilitation. As problematic
as this narrative is, it helps to account for the practical ways that ordinary people become attached to war as consumers of the products and beneficiaries of research funded by militaries and aimed at fighting wars. (Enloe, 2000; Kaplan, 2006; Kaplan, Loyer, Daniels, 2013). It has been through the research, development, manufacture, and marketing of pharmaceuticals, implements, and treatments devised in the aftermath of combat to treat its damages that we ‘benefit’ from war as consumers of these products when they reach the medical market.

Attachments to war may involve pleasure and hope but they may also manifest in cathexes to pain, trauma, and dynamics of domination. I am guided in this line of thinking by the work of critical theorists who probe the kinds of affective attachments that tie the personal to the political, taking into consideration especially how the experience of loss generates these ties (Berlant, 2011, 2013; Hartman, 2008; Love, 2007; Muñoz, 2009; Sedgwick, 2002; Stewart, 2007). “A relation of cruel optimism,” writes Lauren Berlant, “is a double-bind in which your attachment to an object sustains you in life at the same time as that object is actually a threat to your flourishing” (2013). Attachments to War explores the apparent contradictions that arise when war is fought in the name of humanity and the resulting bodily devastation is re-membered through technoscience and biomedicine to recuperate war as a tragic but promising condition. I draw from Berlant the important insight that much can be gained by understanding “how we learn to be in relation” to war -- i.e. how we are attached to it through what it damages as well as what it promises. Attachments that make up the assemblage entangling biomedicine with war are emotional-political-ideological and human-technological. Such attachments may hold out hope to the amputee while bringing profit to the prosthetic engineer. They may invest suffering with magical transformational power. They may reverberate with the dread of imminent and emergent dangers. They may reveal that attachments are fragile, as when the nearly destroyed war veteran’s patriotic spirit gives way to despair and suicide when the promised rehabilitation fails or never even commences. They may sunder some relationships in the process of
building others; money and investment opportunities come before truly sustained care for the suffering while loved ones of the damaged lose faith.

Importantly and often, attachments of these sorts are experienced with a deep ambivalence whose symptoms fluctuate between patriotic bellicosity, honorific exaltation, emotional paralysis, and shady disavowal. Some people and institutions benefit from their attachments to war and others do not. To be attached to war does not necessarily mean to be in support of war. My point is that these connections are not simply what a subject or group or society wants or expressly desires; they are, as a matter of some consequence, often what a subject, group, or society disavows, disregards, or denies because of unseemly implications. These connections may also manifest in latent symptoms of distress and cognitive dissonance. And they work to isolate certain persons, bodies, and communities who are cast as blameful targets of enmity or as subjects who are unwilling to comply with something called progress. This book looks at how attachments are generated by a complex matrix of the wounding and sickening capacities of war and at how these capacities haunt the social and psychic lives of sufferers and their sympathizers. It also considers how attachments to war authorize forms of professional prestige and generate speculative portfolios that bring profit to investors enabled by the suffering war causes.

In the book’s chapters I observe that acts of wounding provoke the expansion of medical knowledge to produce new techniques and technologies aimed at contending with and often exploiting the damage done by state-generated violence in the context of twenty-first-century warfare (Asad, 2007). Devastating physical trauma caused by improvised explosive devices can be “survived” now, thanks to advanced blood clotting products and rapid emergency evacuation procedures. Mangled and destroyed limbs resulting from high-powered detonations offer the occasion for building bionic devices that rely on artificial intelligence to ambulate the survivor. Deadly and rapidly mutating pathogens developed as weapons provide the impetus for massive research funding to develop
“medical countermeasures,” which are also part of a growing and terrifying arsenal, engineered through recombinant genomic science. A destroy-and-build logic not only drives the efforts to remove an uncooperative regime and decimate targeted territories to ready the way for new business opportunities as occurred in the U.S.-led invasion of Iraq in 2003, but also is evident in how a whole ensemble of new weapons systems maim bodies that are then subject to regeneration and enhancement. I focus on research and development done by physicians and scientists working in the medical biotechnology industry. This is where much of the “cutting-edge” research is being done in response to the severe injuries suffered by U.S. troops returning home from war. The industry is highly speculative and financially risky because it takes many years to bring a treatment to the market and many of the treatments fail in clinical trials. Government contracts awarded to biotechnological and pharmaceutical products helped to infuse this troubled sector of the economy with bountiful funding. This is why biomedical war profiteering is a leitmotif that appears throughout the book.

References


Enloe, C. 2000. “How Do They Militarize a Can of Soup?” from


Bio

Jennifer Terry is a professor of Gender & Sexuality Studies at the University of California at Irvine. She authored An American Obsession: Science, Medicine, and Homosexuality in Modern Society (University of Chicago Press, 1999) and co-edited Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture (Indiana University Press, 1995) and Processed Lives: Gender and Technology in Everyday Life (Routledge, 1997). She has written articles on reproductive politics, the history of sexual science, contemporary scientific approaches to the sex lives of animals, love of objects, signature injuries of war, and the relationship between war-making practices and entertainment.