What happens when one’s body becomes the war zone, the setting for patriotic pride, and the argument for technological advances that alter scientific and economic landscapes? It often means returning with a different sense of self and relationship to one’s body for U.S. soldiers back from Iraq. Re-entry varies from the conceptual to the physical, and amputee veterans are returning from the Iraq war faced with transitioning back to civilian life without straightforward support to navigate the military health care system or job opportunities.

The Homecoming

Jody Casey, formerly a 19 Delta Cavalry Scout sniper now organizing with Iraq Vets Against the War (IVAW), set the tone of our conversation, “I wasn’t ready for re-entry. I wasn’t briefed about anything regarding re-entry. So, on top of dealing with the anger and isolation of being back, I also had to be my own advocate.” Casey advocated for work, securing mental and physical health care in a society that does not understand the realities of war. Counseling programs “were pushing all these pills my way without even hearing what I was going through, then they set me up with a counselor who has never known combat.” He faced similar frustrations when looking for employment. “The job on the top of the list was to be a teller at Wal-Mart. No offense to anyone who works there it’s just that I felt unseen, insulted, and under-valued . . . . They trained us only to re-enlist or work for Black Water Security or KBR.” [Kellogg, Brown and Root is a former subsidiary of Halliburton] Both are mercenary war-profiter subcontractor companies currently patrolling, fighting, and “providing security” at a much higher pay rate than U.S. soldiers.
receives in Iraq, Casey stressed the enormous need for worker re-
training programs and a modified GI bill that includes part-time and 
vocational students. “I only got trained to kill and be a soldier.”

Casey matter-of-factly shared some ideas about how a worker re-
training program could create an artificial vocational training program something akin to “helmets to hardhats,” utilizing an apprentice-
ship model, but provided by the Army. “Such a program could help 
you retrain from war on many levels because right now they are
unleashing unstable people back into society.”

The Body

Sources from Walter Reed Army Medical Center in Washington, D.C., estimate that since the onset of the Iraq invasion and occupation
upwards of 400 U.S. soldiers have come back needing amputations
and prosthetics (30 percent have multiple amputations). According to
casualties of the U.S. Army, over 36,000 U.S. sol-
ciers’ injuries include second- and third-degree burns, bone breaks,
shrapnel wounds, brain injuries, paralysis, and
eye damage. In addition, 9,744 U.S. soldiers
wounded in action returned to duty between
August 2004 and March 2006.

“The rocket went through my leg like a knife through butter. It was a terrible
sound. It was just blood and
mystery everywhere.”

Tristan Wyatt, 21, reported in a
November 9, 2003, LA
Times article entitled
“Hospital Front.” A
surgician at the VA, Wyatt has worked both in Iraq and those of the two other
surgicians with him four months
earlier in Fallujah, a type of injury
frequented in the war. Walter Reed. Doctors
Dennis Clarke and Jim Kaiser both reported (upper extremity) am
putations from the elbow down, (lower extremity) above the knee
through the hip, including below the shinbones, bullets, and IEDs.

(Improved Explosive Devices). Kaiser concluded that “explosion
injuries are vicious; they affect multiple body parts; for example, if
one gets hit on the inside part of the shin leg, am, and others
times their face gets exploded and pooped-up.”

“We were always working with a base of 100 patients at any point
in time,” began DennisClarke, a visiting Ortho-Prosthetist who
specializes with lower extremity amputees. “On any given day, Walter Reed’s
orthopedic wing has about 50 patients and
other 180 outpatients,” says Jim Kaiser, who spent one week as a
guest prosthetist at Walter Reed’s Occupational Therapy Depart-
ment in October 2004. Working consistently, with hardly a break for lunch,
Kaiser notes that “I had about 180 outpatients,” says Jim Kaiser, who spent one week as a
hospital ortho-prosthetist John Angelicko of Scheck and Sires.

In the field of orthotics and prosthetics (O and P), an
orthotist specializes in planning, making, and fitting or-
thopedic braces, and a prosthetist makes artificial
legs, arms, and upper extremity prosthetic devices, or singularly, a prosthete-
ship. Hip disarticulation is an amputation
through the hip joint removing the entire
lower extremity. What was once a rare
surgery has become more commonplace
in the field since the Iraq war. Myoelec-
trics utilizes the electrical properties of
muscle tissue from which impulses may
be detected, and they are now used for
wound dressings and compensators for the wearer’s natu-
ral gait and any irregular terrain, slopes,
or steps. The myoelectric service on
vets coming from Iraq is the C-Leg,
a myoelectric leg developed by the
companies Osur and Otto Bock.

“I was surprised the veterans were receiv-
ing [myoelectric technology]. We had to
struggle with the VA (Veterans Administration)
to authorize knee technology. It took a year to get
authorization. I Fund then years later Walter Reed was given
that way to anyone.”

Jim Kaiser shared insights on
how the army has improved treatment of amputee vets. “Then,
a vet could get one knee prosthesis, a carbon fiber flex mecha-
nism and a spare prosthesis. Their goal was to make sure a vet
has a prosthesis to wear and one spare.” While the standards
apply today, the technology and care are so vastly different that
it seems that they are now treated differently than their predecessors from Vietnam. Greater research and de-
velopment of upper extremity technology has triggered a $4
million grant from the Federal Veteran’s Administration to
the Rehabilitation Institute of Chicago. According to Kaiser, “It
was the most money spent on prosthetics since Vietnam.”

Dennis Clarke explained that the Department of Defense has created a “dream team” of experts brought in on a contractual
basis since 2003. The Department of Defense expressed its
concern over the number of these injuries make it essential to bring in outside special-
ists. “Now there are three people permanently on staff at Walter
Reed in the Prosthetics Department as well as the additional
veteran citizens folks brought in.”

When wounded on the battlefield, soldiers are flown to the Land-
stuhl airbase in Germany. Marines are sent to Bethesda while the
Army is flown to Walter Reed. All prosthetic surgeons per-
formed stateide. Innovations in sanitation, swelling control, and
the use of digital cameras and scanners complement the plaster
tubulars taken for every patient needing a prosthesis.

They send the records to Iowa for the Socket Interface, creating
a personalized socket or suction system and joining it to the
prosthetic leg or foot via a CADD-CAM – computer designed, computer manufactured technology –
in approximately 48 hours with minor adjustments and align-
ments in person, but largely done on the computer. The success
rate is high.

According to Clarke, the rehabilitative process is comprehensive.
“Daily therapy of walking on parallel bars, transferring from one
position to the next, and ultimately using crutches, to using one
crutch, to using a cane. This process can take from 5 weeks to 2
months. Some patients were there eight weeks total, some were
there 18 months.”

The future may hold a very different series of events, technologi-
cally speaking, for U.S. vets needing prosthetic devices. Accord-
ing to Lawton’s George Street Journal article, “$7.2 million from the
Department of Veterans Affairs was earmarked in 2005 for a
team of researchers working to restore natural movement to am-
putes – particularly Iraqi veterans. Within five years, scientists
based at Brown [University] and the Massachusetts Institute of
Technology hope to have created ‘bio-hybrid’ limbs that will use
regenerative tissue, lengthened bone, titanium prosthetics and im-
plantable sensors that allow an amputee to use nerves and brain
signals to move an arm or leg. Work through the Providence VA
Medical Center falls into six research programs.”

“The prosthetic industry is moving forward because of war,” Den-
nis Clarke observed. “War is the single driver of technology in our
profession. The net effect of these young and vibrant amputees is that they
are pressing forward and doing well; that makes us look good.
Technology does not lead change. Need leads change, and war is
good for business because it necessitates need. One could argue that as
earnest an anti-war statement could be made regard-
ing the same issues.” When people talk about war being good for
business and good for technology, it’s important to recognize who
ultimately benefits and who pays with their lives. Recruiters are
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The Figures

According to Corey Flintoff on the NPR program Day to Day, the
cost of the invasion of Iraq could top $2 trillion – much greater than
any Bush administration estimate – when estimates include long-
term costs such as replacing worn out or destroyed military
equipment, debt incurred to finance the war, and providing life-
time care for disabled veterans.

The most commonly needed device by Iraqi vets is the myelec-
tric arm that ranges in price from $25,000 to $35,000 (accord-
ing to Dr. Kaiser). The C-Leg microprocessor knee costs $50,000
with additional costs of components. Expensive technologies,
yet these figures fail to consider other healthcare costs such as
surgeries, medications, doctor’s appointments, and physical therapy.

Insurance programs sponsored by the Veterans Administration
includes the Service-members Group Life Insurance (SGLI), with
the supplements of the Traumatic Service-members Group Life
Insurance (TSGLI), Veterans Group Life Insurance (VGLI),
Veterans Group Life Insurance for Solder-Disabled Veterans (S-DVI).

Each consists of its own rules and regulations, claims processes, fiscal
calendar, and terms of eligibility. The TSGLI took effect on December 1, 2005, as
a new program for service members who suffer from severe trauma: total or partial blindness, total or partial deaf-
ness, hand or foot amputation, thumb and index finger ampu-
tation, quadriplegia, paraplegia, hemiplegia, third degree or worse
burns, traumatic brain injury, and coma. Yet, the myriad regulas-
disappear different schedules to have them filled with the SGLI
prior to December 1 in order to apply for TSGLI.

The Department of Veterans Affairs (VA) benefits booklet is
a confusing description of programs, muddling the options avail-
able to vets. Examples of the poor wording include terms like “severely disabled” or “otherwise in good health,” requiring resubmission for coverage. This represents a bureaucratic nightmare consid-
erg a soldier may need multiple insurances to meet their medical and life expenses. Yet, who judges good health and on
what basis? Such are the obstacles encountering returning veter-
ans who frequently are incapacitated, possibly not conscious, and
focused elsewhere upon arrival from conflict. The booklet makes no mention that vets can get a liaison or advisor to help mediate
their medical needs. Taking initiative is vital to accessing any ofthese benefits.

The rate of injury is steady with no end in sight. Private indi-
ciduals are pooling resources for research projects and individual

A computer graphic of the prosthetic leg of a soldier used by Iraqi vets.
A number of organizations and campaigns offer support to veterans, military personnel, and their families.

Here are just a few:

**Bring Them Home Now**
www.bringthemhomenow.org
A group that provides support to military objectors and their families.

**Citizen Soldier**
www.citizen-soldier.org
A network of nonprofit, nongovernmental organizations who provide information to service members about military discharge, grievance and complaint procedures, and other civil rights issues.

**Conscientious Objector**
www.couragetoresist.org
A coalition of American veterans who support the troops but oppose war with Iraq or any other nation that does not pose a clear and present danger to the U.S.

**Conscientious Objector registry.**
www.couragetoresist.org
A group that provides support to military objectors and their families.

**Peace-Out**
www.peace-out.com
An online newsletter by working-class people making a lot of money on the back of the poor and now people like me have to pay for it with their whole selves."

**Traveling Soldier**
www.travelingsoldier.org
A group that provides support to military objectors and their families.

**Vietnam Veterans of America**
www.vva.org
Membership in VVAW is open to all people who want to build a veterans’ movement that fights for peace and justice. Most of the members are veterans of the Vietnam era, but they welcome veterans of all wars, as well as family members and friends.

**United for Peace & Justice**
www.unitedforpeace.org
United for Peace and Justice is a coalition of more than 1300 local and national groups throughout the United States who have joined together to oppose our government’s policy of permanent warfare and empire-building.

**Peace-Out**
www.peace-out.com
Info and explanation of how to pursue status as a Conscientious Objector

**Traveling Soldier**
www.travelingsoldier.org
An online newsletter by working-class people inside the armed services.

**Veterans Against the Iraq War**
www.vaw.org
A coalition of American veterans who support the troops but oppose war with Iraq or any other nation that does not pose a clear and present danger to the U.S.

**Veterans for Peace**
www.veteransforpeace.org
Veterans for Peace is a national organization founded in 1965.

**Vietnam Veterans Against the War**
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**Gold Star Families for Peace**
www.goldstarom.com
Gold Star Families for Peace is an organization of families who are against the war and whose loved ones died as a result of the war in Iraq.

**Military Families Speak Out**
www.mfso.org
Organization for military families against the war.

**Citizen Solider**
www.citizen-soldier.org
Books, videos, and more, prepared to challenge U.S. militarism in the new millennium.

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**On June 22, Lt. Ehren Watada made History by becoming the first commissioned officer to publicly refuse deployment to Iraq. Lt. Watada had announced his intention on June 7, saying at a press conference that the war and occupation are illegal and immoral, and a criminal. By acting on his conscience in the face of dishonor and creating.**

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**Izzy “Socket” Klatzker lives in the hills of TN, tends goats and chickens, enjoys loving, organizing, learning, writing, critiquing, imagining and creating.**

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**Never in my life did I ever imagine I would have to disobey my president. But then again, never did I imagine my president would lie to go to war, condone torture, spy on Americans, or destroy the career of a CIA agent for political gain. I would rather resign in protest, but the army doesn’t agree.**

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**U.S. Army Lt. Ehren Watada**

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**For an update on Lt. Watada’s case, visit www.thankingut.org**