War and Health: The Medical Consequences of the Wars in Iraq and Afghanistan

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In Sinan Antoon’s recent novel The Book of Collateral Damage, Nameer, a young Iraqi scholar, meets Wadood, an eccentric bookseller, in the aftermath of the 2003 invasion of Iraq. Wadood is trying to catalogue everything destroyed by war, from objects to humans, and when they meet, Wadood is working on the first chapter: “the history of the first minute” of collateral damage. By the end of the novel, the first minute – let alone the rest of the catalogue – remains unfinished; the war’s damage left largely undocumented.

The human death toll has long been the crucial measure of war. Less well documented are the catastrophic effects that war has on human health and wellbeing. While those who daily experience the illness and injury of war are intimately aware of its enduring and syndemic pain, the catalogue of war’s effects on health, like Wadood’s book of collateral damage, remains largely unwritten. A decade or so ago, while anthropology was grappling with its complicity with the US military’s ‘human terrain’ systems, medical anthropologists were coming to terms with their relative apathy toward contemporary US-led wars in the Middle East. In the intervening years, medical anthropology has transformed and Catherine Lutz and Andrea Mazzarino’s wide-ranging edited collection represents the rich fruits of a sub-disciplinary reckoning and much more: War and Health is some of the most thought-provoking scholarship on the relationship between war and health that exists in any discipline today.

The central argument is painfully timely: Unless we understand that the costs of war are far more dispersed in space and time than our political and intellectual horizons have so far permitted us to see, then we will fail to understand the full injuring power of war and the diverse forms of care that are required in response. These are intellectual and political issues of profound significance and the book should be commended for its explicit commitment to an anti-war politics. War entails inevitable catastrophic consequences to human health and ecosystems and interrogating the relationship between war and health is an important first step in alleviating those consequences and preventing new ones.

War and Health examines the cascading collateral health consequences of three spaces of war: Afghanistan, Iraq, and the US. Across eleven primarily empirical chapters – plus a substantial introduction – the book documents the various deleterious effects of these wars on, inter alia: mental and physical health, disease and public health profiles (including thoughtful contributions on cancer and polio), access to healthcare, childbirth and maternal health, and communities of care. Several of the chapters also highlight the precarious, political, and often highly gendered conditions of care that war produces.

The US-led war on terror is not confined to three spaces alone, of course, but the choice to focus on Afghanistan, Iraq and the US is commendable for at least two reasons. First, it shows that health consequences are felt on all sides of war, and among both civilian and
soldier/veteran populations; attention is cast toward the mutual harm that war does to human health. Second, it troubles the distinction between ‘home’ and ‘abroad’ and the fiction that US wars are waged at a (safe) distance from US soil and bodies. Conventional thinking on issues such as Post-Traumatic Stress Disorder (PTSD) and military suicide frame the problem as war being ‘brought home’ (i.e. to the US), and no-doubt it is, but war is also taken into the homes of others in other places.

The chapters tackle a variety of health-related issues from different analytical perspectives, and three concepts in particular are worth highlighting. First, Anila Daulatzai discusses the concept of ‘serial war’ in relation to heroin as a complex therapeutic of enduring war (Chapter 3). For Daulatzai, serial war is a condition of prolonged and several wars that coalesce into a pervasive backdrop against which daily life takes place – something like a permanent and yet diffuse state of war. Serial war applies to many of the ongoing wars in the Middle East and it is important because it draws analytical attention away from individual pathologies (e.g. addiction) to systemic health-related issues that are experienced by wider communities who live with war.

Second, Ghassan Soleiman Abu-Sittah elucidates what he calls the ‘political capital of war wounds’. For Abu-Sittah, wounds tell a political as well as bodily story and the ‘value’ of a wound shifts with changes in the political landscape (Chapter 6). In demonstrating how politics determines who gets what kind of treatment and, crucially, where, his analysis demands increased attention to the fraught political determinants of access to healthcare under conditions of war.

Third, Zoe Wool discusses what she calls ‘afterwar work for life’ in the context of the modes of care that are required to help US veterans live something more than a mere biological life (Chapter 10). Such care is traditionally normatively constructed around the (ideally) heterosexual conjugal couple and the (private) family home, but Wool argues for more collective, improvisational, and queer forms of care. Moreover, the idea of afterwar work for life alerts us to the extended temporalities of care, which exceed wartime to last a lifetime. It also reveals the painstaking forms of research required to grasp how people and communities negotiate the indeterminate temporalities and dispersed geographies of war-care.

*War and Health* raises important questions about the relationship between those two expansive nouns, and inevitably it leaves some questions unanswered. Most chapters are oriented toward the *destructive* medical consequences of war, but I was left with a sense that this is only part of the picture. War is generative of all kinds of health-related knowledge, outcomes, and technologies – not all of them destructive. Obvious examples come from developments in war surgery and conflict medicine, which spill-over into civilian and public health settings, such as triage (introduced by the French military in the First World War) or penicillin (mass produced for the first time during the Second World War). Other examples from contemporary battlefields include developments in prosthetics, bionic, neuro-scientific and other human-enhancement technologies. None of this is to suggest that the medical consequences of war are any less horrific; but work in and beyond medical anthropology is already busy attending to the productive as well as destructive relationships between war and health.
This brings me to a second set of questions around the historical and geographical specificity of the book. While some of the chapters trace the historical and geographical contexts from which particular issues emerge, some of the broader geopolitical, historical, and comparative contexts are missing. How new and how specific are the particular constellations of war and health in Iraq, Afghanistan and the US? How have war injuries and war illnesses changed across time and space? Rather than critiques, these are possible lines of future inquiry for medical anthropology and beyond.

My final question concerns the non-human dimensions of war and health. Humans depend upon vast networks of living and non-living entities, environments, and infrastructures in order to survive and thrive. But there is little sustained engagement with the infrastructural, environmental, and ecological dimensions of war. These matter to human health, of course, but they also matter for the health of other life forms, most of which are still unacknowledged in contemporary analyses of war. What might it mean, then, to interrogate the relationship between war and health if we understand health to encompass the more-than human? Such a question could be fertile territory for future work in and beyond medical anthropology.

Part of what makes Wadood’s book of collateral damage intriguing is that it endeavours to catalogue everything destroyed by war – and that surely is a project that will never be complete. As War and Health so pressingly shows, working toward such a project is nevertheless a very worthwhile endeavour.

References