In 2003, while on a combat mission, Major David Rozelle encountered a land mine that left him physically disabled. After numerous treatments with his prosthetic leg, Rozelle was declared “fit” and deployed on two more tours in Iraq. The mass media immediately celebrated Rozelle as the soldier who exemplified the bravery and the fortitude of the United States Army. Rozelle came to represent a new identity in modern-day military discourse, that of the “cyborg soldier” (Erevelles, 2011). According to Masters (2005), the “cyborg soldier” facilitates an entanglement between machine and man that has never been seen before (p. 113). Disabled or non-disabled, the cyborg soldier is an individual who can be outfitted with the latest gadgets so they can enter battle and is akin to a superhuman. Cyborg soldiers, such as Rozelle, ultimately trouble the belief that disability is incompatible with hegemonic constructions of masculinity. Despite the common occurrence of injury in warfare, the military has traditionally been a hypermasculine, heteronormative space that has excluded the supposedly “non-viable,” effeminate bodies of the disabled (Erevelles, 2011, p. 123). Recent advancements in the pharmaceutical and

The “Cyborg Soldier:” A Real-Life Version of Captain America? An Analysis of Disability and Masculinity in a Military Context
by Yadesha Satheaswaran
technology industries have offered soldiers an opportunity to “over-
come” their disability and resume their “normal” lives. The creation
of such medical intervention has undoubtedly provided social and
health benefits to some disabled soldiers. Yet, the creation of the cyborg
soldier has also allowed for a level of dehumanization that renders
certain lives expendable. The disposability of the cyborg soldier raises
questions as to why disabled men would pursue ostensibly drastic
measures to remain in the military. As I will investigate in this paper,
the “upgrading” of oneself into the cyborg soldier seems to present
the attractive promise of a return to masculinity. I will thus tease apart
the “economics of care” to show that there are different disabled
bodies deemed worthy or unworthy of rehabilitation. I will assert that
dominant ideas of masculinity encourage disabled men to reify their
manhood by commodifying their impairments and becoming cyborg
soldiers.

Dominant conceptualizations of masculinity rest on performances
of power and autonomy that effectively discount disabled bodies.
R.W. Connell and James Messerschmidt (2005) invoke the notion
of “hegemonic masculinity” to demonstrate how specific character-
istics have, over time, been made synonymous with manhood and
manliness (p. 832). For Connell and Messerschmidt, the reference
to hegemony is not meant to suggest that this form of masculinity is
embodied and lived by all men. Rather, hegemonic masculinity denotes
what has been normalized and therefore expected of every man in
contemporary Western society. Hegemonic masculinity is very much
historically contingent, as exemplified by the culture of politeness and
gentility in the eighteenth century. Today, I would argue that hege-
monic masculinity emphasizes values like rationality, self-control and
independence. An individual who does not naturally possess these
qualities is expected to imitate them if they hope to be perceived as
a “real man.” By contrast, our imagination associates the so-called
“undesirable” traits of emotionality and helplessness with the disabled
body. Disability consequently appears to constitute an irreconcilable deviancy in the sphere of hegemonic masculinity. In his 2006 article, “Compulsory Able-bodiedness and Queer/Disabled Experience,” Robert McRuer analyzes the ways in which disability has informed our norms around heterosexuality. McRuer (2006) finds that the naturalization of heterosexuality comes from casting other identities as marginal (p. 89). Hence, the perfect heterosexual subject is not simply defined in opposition to queerness. The perfect heterosexual subject is also white, masculine, able-bodied and upper-middle class (McRuer, 2006, p. 94). Based on McRuer’s logic, the most successful masculine subject would therefore be someone whose bodily functions have not been compromised by a disability. Being able-bodied leaves a person physically competent enough to participate in normalized activities (McRuer, 2006, p. 91) of manhood and manliness. Hegemonic masculinity, in other words, depends on a compulsory able-bodiedness. The incompatibility between disability and masculinity ultimately poses a serious dilemma in the arena of warfare where the majority of soldiers are men.

Although warfare produces injury and harm, the military has historically failed to accommodate disabled soldiers. The military retains its reputation as a hypermasculine, heteronormative institution. Soldiers, irrespective of their gender, are required to be tenacious, resilient and bold if they intend to successfully survive the difficulties of combat (Erevelles, 2011, p. 123). The hypermasculine attitude of the military can be partly attributed to the greater enlistment of men versus women. The surplus of men has reinforced the masculinist rhetoric of the military. Erevelles (2011) describes how the military exists in the “persistent terror of being emasculated” (p. 123) by effeminate bodies. The “effeminate body,” for whatever reason, is presumed to be incapable of fulfilling its necessary responsibilities to the military. Loyalty is then called into question and the defense of the nation-state is undermined (Erevelles, 2011, p. 123). The deliberate inclusion of
effeminate bodies in the military is thus constructed as a symbol of frailty. The U.S. policy of “Don’t Ask, Don’t Tell,” for example, could be read as an overt attempt to invisibilize an effeminate deviance from hegemonic masculinity and heteronormativity (Erevelles, 2011, p. 123). Compared to the “problem” of queerness in the military, however, disability is an issue of particular salience. War inevitably leads to several kinds of injury. Some soldiers have experienced physical impairment while others have been diagnosed with mental illness. Despite the widespread nature of wounds and injuries, disability continues to be viewed as a threat to the military and its hypermasculinity (Erevelles, 2011, 123-124). Should the disabled soldier maintain his position in the military, he would automatically be seen as the “weakest link” amidst his peers. Disabled soldiers are subsequently placed into rehabilitation services and then on indefinite reserve. Those who have sustained injuries beyond recovery are forced into an early retirement. The United States has received a lot of scrutiny for its inadequate care of disabled soldiers. The narrative of the hero is only upheld for a certain period of time before the disabled soldier and his story are forgotten.

Advancements in the pharmaceutical and technology industries have allowed disabled men to be put back into commission as cyborg soldiers. Soldiers, both disabled and non-disabled, are increasingly equipped with novel gadgets so that they can enter combat stronger and faster than their adversaries. These computers, chemicals and medicines are intended to circumvent the corporeal limitations of the human body and enhance the various capacities of the soldier. Masters (2005) claims that the cyborg soldier is a “more resilient [individual], a hegemonic technological subject animated by masculine [subjectivity], effectively mitigating against the imperfections of the human body while forging a close identification with white, heterosexual [manhood]” (p. 121). To explain the cyborg soldier further, we can turn to an example in popular culture: Captain America.
Steve Rogers tries to join the military, he is initially rejected because of his scrawny build. Through a top-secret military project, Rogers is eventually transformed into Captain America, a superhuman with extraordinary strength, agility, stamina and intelligence. As Captain America, Steve Rogers exemplifies what I mean by the cyborg soldier. His existence suggests that the development in technology and medicine should only be interpreted as a positive contribution to the disabled community. After all, the disabled soldier can now remain in a militarized institution that formally sought to expel him. Rozelle, outfitted in his prosthetic leg, also proves that the disabled man rehabilitated into the cyborg soldier can accomplish same tasks and missions as the able-bodied soldier. The cyborg soldier therefore challenges the “oppressive ideas of the weak, pitiable and broken” (Erevelles, 2011, p. 124) disabled man. Instead, the cyborg soldier offers an empowering and transgressive image of possibility (Erevelles, 2011, p. 124). His body has become the site for innovation. His disability is not considered a failure of humanity, but a chance for humanity. In fact, the devices and drugs once associated with experimentation on the cyborg soldier have trickled down to the domestic markets where they promise to make improvements to the lives of disabled civilians (Erevelles, 2011, p. 124). The cyborg soldier thus emerges as a godly figure that has opened up opportunities, directly and indirectly, for the entire disabled community.

Yet, as Captain America reveals, the cyborg soldier is premised on a concept of disposability that renders human life valuable only insofar as the individual can be a tool of the nation-state and its militarized institutions. The human body is composed of flesh that can be harmed, mutilated and destroyed by the technologies used in warfare. To simply be a human could come to constitute a disabling condition. An actual disability would be perceived to exacerbate the inherent weaknesses of the human body and, consequently, would be deemed worthy of immediate intervention. Since disabled persons stand to
acquire the most from our new technologies and pharmaceuticals, they are likely to become the “test pilots” (Brashear, 2013) in the capitalist enterprise. If Captain America is any reliable indicator, the hope is that, one day, our scientific advancements will eliminate all forms of disability and prevent any potential impairments to the human body (Brashear, 2013). While, in reality, researchers have not discovered Captain America’s molecularized cure to disability, prosthetics and biomedical enhancements are already one step closer to that level of weaponization. The cyborg soldier we encounter today is undoubtedly an attempt to upgrade the human body so that the susceptibilities of the human flesh could be counteracted. The cyborg soldier brings the disabled into the realm of the superhuman as a character that can is admirable rather than undesirable. However, like Captain America, the enmeshment of machine and man does not return the cyborg soldier to standard notions of normalcy. The disabled man is essentially moved from one extreme to another. If he malfunctions, as is wholly possible, the cyborg soldier becomes useless and disposable. Hence, people who want to transition into the cyborg soldier must be ready to face a type of dehumanization never witnessed before. The human soldier may have been similarly disposable but his emotions and moral compass made his sacrifices appear distressing in the public imaginary. By contrast, the cyborg soldier, capable of inflicting and experiencing inconceivable pain, is a number that can be lost in the massive scale of conflict and the mounting desensitization to violence. With their disposability thus sanctioned into acceptance, why do the disabled men want to become cyborg soldiers? Why do they choose to be guinea pigs in our contemporary experimentations for Captain America?

The moment that a man confesses his “brokenness” and seeks rehabilitation, either through technologies or pharmaceuticals, he charts a path that promises the prospect of access to hegemonic masculinity. Disability is often constructed as a personal tragedy that an individ-
ual must cope with on their own time and money (Brashear, 2013). Disabled soldiers are fortunate that their role in the military grants them hero status, at least temporarily. Over time, these soldiers are nonetheless forgotten and their bodies come to be read as a drain on the system, especially if they cannot be “productive” members of society. The only way to earn respect is to appear normal, even superior, to those around them (Brashear, 2013). The innovations in technology and medication provide soldiers with a chance to overcome their disability and shift towards normalcy. The embodiment of the cyborg soldier can then offer performances that exaggerate points of privilege, such as masculinity, so that the men can negate the supposed deficiencies of their disability. This is why many disabled soldiers strive for intensive rehabilitation that will return them to combat. The cyborg soldier helps them to re-claim the masculinity that was lost in their disability, and ultimately permits them to achieve full personhood.

Unfortunately, there is an “economics of care” that determines whether or not a disabled body can be rehabilitated into the cyborg soldier. The “good” disabled body is often constructed as one that visibly shows its impairment, in contrast with the body that does not reveal its impairment, as the case with mental health and illness. Both physical and mental disabilities are common products of warfare. From the perspective of the military, the problem with mental disabilities is that they are indicative of the body responding “inappropriately” to violence. A soldier who is well-trained and well-prepared for the art of combat is not supposed to have visceral emotional responses. He is required to be stoic, unaffected by the death and disease around him. The military has meticulously pathologized what should be considered “normal” reactions to violence. The military’s attitude towards mental health impacts how candidates are selected for cyborg soldier status. Compared to physical impairments, mental illnesses are difficult to identify and treat. As a result, individuals with mental health issues are portrayed as volatile and unpredictable. For
the military, they may feel that there is a greater “return rate” with physical disability than with mental disability. This is reflected with the criticism that the U.S. military has received for its poor mental health programs. The differential care afforded to disabled soldiers is reminiscent of Foucault’s biopolitics. According to Foucault (1976), biopolitics refers to the extension of state power over the bodies of its citizens. Present-day biopolitics is based on technologies that constantly redefine the parameters of human life. Biopolitics therefore feeds into the notion of the “good life” in which one’s life is only worth living of one can be productive and contribute to society. For those who cannot attain the “good life,” the question focuses then on whether they should live at all (Foucault, 1976, p. 248). Soldiers with physical disabilities are thought to have a better likelihood of the “good life” and, consequently, are seen as worth “making live.” Those with mental disabilities cannot be expected to return to the “good life,” and so the military can justify the deselection of those soldiers. In this way, the position of the cyborg soldier is very much restricted to specific disabled and non-disabled individuals. Men, like David Rozelle and Steve Rogers, exhibited potentiality that could be harnessed into the medico-capitalist project of cyborg soldiers. This new breed of man, the cyborg soldier, may demarcate the “good life” for some. Yet, with the hierarchy established in the military and disabled community, the cyborg soldier most definitely introduces unknown repercussions for all.

In conclusion, the cyborg soldier constitutes a means by which the disabled man can overcome his impairments and assert his masculinity. Disabled peoples have long been linked with effeminacy due to the belief that their bodies lack the capacities for normal tasks and duties. Men, who are frequently understood in relation to power, autonomy and self-control, would subsequently feel that a disability is irreconcilable with the masculine identities carved out for them. Technologies and pharmaceuticals that purport to help the disabled man move
toward normalcy undoubtedly appear to be attractive solutions. Despite the dehumanization that is involved, these advancements have proven to work on men, such as Rozelle, so that they can continue to be in the hypermasculine, heteronormative space of the military. Through an entanglement between machine and man, the cyborg soldier is born. Stronger, faster, more intelligent, the cyborg soldier is envisioned to extend a tactical advantage to the military. A perfect iteration of the cyborg soldier is Captain America. In his transition to superhuman, Steve Rogers took the scrawny individual to a realm where he was tough enough to be a productive asset, and non-human enough to be a guinea pig for dangerous operations. The cyborg soldier ultimately blurs dichotomies of the human and the non-human, the normal and the abnormal. The cyborg soldier raises concerns not only about disability and masculinity but also over the acceptability of violence, the commodification of bodies and the value of human life. It is easy, in popular culture, to revere cyborg soldiers like Captain America. However, in the real world, we are forced to interrogate who has access to the status of cyborg soldier and how said cyborg soldier would be mobilized. After all, a single Captain America harbours the power to protect the free world. An army of cyborg soldiers with a similar capacity to inflict death and destruction would be unimaginably terrifying.

References


AUTHOR BIO

Yadesha Satheaswaran is an M.A. candidate in Anthropology at the University of Toronto. Her research focuses on the discourses and practices that surround mental health care in the South Asian-Canadian community with particular attention paid to survivors of interpersonal violence. Outside the academic world, Yadesha serves as a Board Member for the Toronto Rape Crisis Centre. She will start law school in Fall 2016 with the hopes of learning how to manipulate “the system” so that those most marginalized can find justice on their own terms.