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THE CASUALTY

by DAN BAUM

An American soldier comes home from Iraq.

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When people talk about the Army being good for a certain kind of young man, it's boys like Michael Cain they have in mind. Tall and lean, with a sweet smile and doll's eyes, Michael spent his high-school years searching fitfully for the disciplined achiever within him. His home, a converted schoolhouse that his parents rented amid the dairy pastures and cornfields outside Berlin, Wisconsin, was a loving if unruly place, noisy with two little sisters and cluttered with the winter coats, boots, and other items it takes to keep a family going in the rural Midwest. Michael's mother, Charlene, a sturdy woman with a broad, pretty face, earned most of the family income as a clerk in a Winnebago County mental-health clinic, forty-five minutes away. His father, Kenneth, a heavysset former machinist disabled by back pain, kept llamas in the back yard as a hobby. Michael loafed through school in his early teens, playing sousaphone in the marching band and clowning around in class. He liked to watch professional wrestling on TV. In his junior year, though, he found himself thinking that Berlin, population fifty-three hundred, looked small. Envisioning a career in computers, he bore down on his schoolwork and got decent grades, but then he seemed to lose interest in the prospect of going to college.

Graduation, in 1999, marooned him. Having no clear idea what to do, Michael took a job stocking shelves at Wal-Mart. Within months, the thrill of adulthood had faded to a dreary routine of unpacking boxes under fluorescent lights and, after hours, gazing into the PlayStation 2 upstairs in his bedroom. In May of 2000, Michael drove forty minutes to an Army recruiting station in the Oshkosh City Center shopping mall and got the paperwork to sign up for a four-year hitch. Charlene first heard of her son's plans when he came home that night and asked for his birth certificate.

Charlene thought the military would be too tough for her easygoing son. "You hate having people tell you what to do," she told him. Though Michael was nineteen and parental consent wasn't required, the recruiter drove out to the Cains' house to sit at the kitchen table among the canned goods and wrestling magazines and show her on his laptop the range of Army opportunities. "Are you sure you want to do this?" Charlene kept asking Michael as the recruiter, in crisp dress greens, sat stiffly between them. The laptop glowed with images of men flying helicopters and driving tanks. Less than a week later, Michael Cain was at the induction center in Milwaukee with a gym bag in his hand.

To Charlene's amazement, Michael thrived under military discipline. The unity of purpose, the clarity of authority, and the hard physical work all gave him hope of becoming the man he wanted to be—serious, competent, respected. His biggest gripe in calls home was that other soldiers were insufficiently respectful to the drill sergeant—a complaint that left his mother speechless. His score on the Army entrance exam wasn't high enough to get him into electronics, but it qualified him to be an "eighty-eight mike"—a truck driver. For Private Cain, barreling along in a thirty-eight-thousand-pound transport at highway speeds was more fun than arranging displays of toaster ovens. He twice wrote to his recruiter, describing how he was getting his "ass kicked" so hard he'd lost twenty-eight pounds, but

also to thank him for helping him “fulfill a life long dream, being AN AMERICAN SOLDIER!!!” After basic, he was sent to Vicenza, Italy, and spent two years driving trucks and taking parachute training in order to get his jump wings. The Army worked its traditional alchemy. Michael rose smoothly to the rank of specialist and was sent to Fort Hood, Texas. He met an attractive woman named Leslie Lantz, who worked at a Denny’s restaurant in the nearby town of Killeen, and they began seeing each other. On April 1st of last year, Cain departed for Kuwait, and left in her care his most precious possession—a new Dodge Ram pickup.

Two decorations hold particular fascination for soldiers who are shipping out. The Combat Infantryman Badge, or C.I.B., is awarded for spending at least sixty days under fire. The Purple Heart goes to soldiers wounded by enemy action. Together, they mean that a soldier has experienced the essence of warfare. What soldiers want when they envision the Purple Heart is to get shot, patched up, and returned to their platoons in one piece. When Cain left for Iraq, he knew he’d get his C.I.B. But he also boasted to his mother that he’d win a Purple Heart.

Assigned to the 299th Engineer Battalion in Tikrit, Cain took command of a Heavy Expanded Mobility Tactical Truck—or “hemmit”—a monstrous land schooner that rides on eight four-foot-tall tires and hauls everything from gasoline to tampons. The battalion was comfortably billeted in an unfinished palace that had belonged to one of Saddam Hussein’s brothers-in-law, with rows of Army cots spread out under soaring arches. Twice a day, Cain and Specialist Keisha Duff, a twenty-seven-year-old eighty-eight mike from Humboldt, Tennessee, drove rations and water to soldiers camped two miles south on the four-lane road the Army calls Highway One. Cain impressed his company commander, Captain James Blain, as a particularly enthusiastic soldier, always ready to grab an M249 machine gun and volunteer for dangerous missions. Cain, the Captain wrote me, “was ready to rock and roll,” and was in the process of being promoted to sergeant. The unit never had quite enough water. But for that—and for having to wear a sixteen-pound flak vest, web gear laden with ammunition, and a four-pound Kevlar helmet in the hundred-plus heat—Cain considered Tikrit easy duty, with plenty of time to watch movies and play video games. He liked hanging around the battalion aid station, a tent with a couple of gurneys, swapping CDs and DVDs with Private First Class George Blohm and Private First Class Jeremy Brown, a pair of “ninety-one whiskeys”—medics.

August 10th was a Sunday. At 9:40 A.M., Duff took the wheel of the hemmit and Cain the shotgun seat. A Humvee mounted with an M249 led the hemmit out of the palace compound, and another fell in behind. The vehicles lumbered up the short gravel road to Highway One. A hemmit’s cab extends several feet ahead of the front tires, and Cain recalls it swinging out over the blacktop of the highway as the truck made its turn. It is his last memory of Iraq.

Medics Brown and Blohm were sitting in the aid station when their master sergeant ran in to report a possible casualty out on the highway. Medics no longer wear big red crosses on their helmets; during the Second World War, they suffered high losses because they were easy to pick off. Nowadays they look and dress like other soldiers, down to the weaponry, and address each other as “soldier-medical,” with the emphasis on “soldier.” Their primary mission is that of any warrior, which, as the Soldier’s Creed puts it, is to “engage and destroy the enemies of the United States of America in close combat.” Often the first thing a medic will do for a wounded soldier is shoot back, in order to protect him. Brown grabbed a rifle and a thirty-pound aid bag, Blohm took a stretcher, and together they raced toward a greasy cloud of smoke rising up from the highway.

They could see at once that the hemmit had hit a mine; the enormous right front wheel was gone and the cab was crumpled. Blood, shiny oil, and bright-green engine coolant made a mess on the tarmac. Soldiers had ringed the scene and were pointing their rifles into the desert; mine strikes are frequently overtures to ambush. Keisha Duff had been thrown clear of the driver’s seat and was being rolled onto a

stretcher. Jagged chunks of the cab were embedded in her arm, and she had a bad burn under her flak jacket. Screams echoed from the hemmit's twisted cab; Blohm glanced inside. "Oh, shit," he remembers thinking. "It's my friend." In addition to having to duck and return fire while administering aid, combat medics, unlike their civilian counterparts, often find themselves wrist-deep in the hot ruined flesh of their best friends.

Cain's right leg was a mangled slab of splintered bone and stringy red muscles; Blohm knew it couldn't be saved. Both knees were visibly dislocated. The left thigh was twisted at a bad angle, indicating a broken femur, and the leg appeared both seared and flayed. Cain was shrieking in agony and panic. Brown, the senior medic on the scene, climbed up into the cab with him.

The clock was running fast on what medics call "the golden hour"—the first sixty minutes after injury, when timely treatment can determine whether a soldier lives or dies. As recently as the Persian Gulf War, in 1991, the most highly trained medics were held behind the front lines at battalion aid stations. Front-line combat medics had neither the training nor the equipment, for example, to insert an airway tube into a patient's throat. And, while they carried I.V. bags of plasma, they knew little of medication beyond morphine. Modern desert warfare involves such swift travel, though, that soldiers in a forty-m.p.h. Bradley fighting vehicle can quickly move beyond the reach of an aid station. And, in the kind of "asymmetric warfare" the Army finds itself conducting in Iraq, there are no "lines" anymore. In the nineteen-eighties, the Army Medical Command decided that every soldier would carry his or her own wound dressing; today, it is a big cotton pad that can absorb about half a litre of blood. Each thirteen-soldier squad has at least one "combat lifesaver," a soldier with additional first-aid training who carries tourniquets, extra dressings, and maybe a few I.V. bags. Field soldier-medics like Brown and Blohm get the same level of training that used to be reserved for rear-echelon sergeant-medics—sixteen weeks of advanced first aid, drug mathematics, and training in invasive procedures like airway and nasal-gastric tubes and urinary catheters. One medic is usually assigned to every twenty-five-to-thirty-man combat platoon.

Brown resisted the impulse to move straight to the glaring red wounds, and instead snapped into protocols. Doing his best to ignore Cain's shrieking, he did an ABC check on his friend—airway, breathing, and circulation. Then he, Blohm, and two other medics lifted Cain out of the shattered cab and laid him on a litter. Cain wasn't in danger of bleeding to death; the bubbly, malodorous burns caused by the blast had cauterized his arteries. Though the pain was obviously horrible, Brown gave Cain no morphine, because he knew that he would be heading for immediate surgery and wanted him lucid enough to sign surgical-consent papers.

Soldiers speak to each other in a stream of acronyms and abbreviations that are incomprehensible to civilians but essential when shouting complex information over the din of battle. After the ABC check, Brown and Blohm ran through DCAP-BTLS—an inventory of deformities, contusions, abrasions, punctures/penetrations, burns, tenderness, lacerations, and swelling. Then they palpated Cain's body in a limb-by-limb TIC, or a search for tenderness, instability, and crepitation (bone grinding on bone). They did a CCT, checking for color, condition, and temperature of Cain's skin; and a PMS—pulse, motor, and sensory—check. They found no circulation in the right leg and a weak and inconsistent—"thready"—pulse in the left.

Cain was writhing and crying, and as Blohm and Brown worked they tried to calm him with stock assurances—"You'll be fine," "Everything's O.K."—and jokes about attractive women soldiers in the battalion. When they finished checking vital signs, they turned to Cain's obvious injuries, wrapping what Blohm called the "mush" of the right leg in bandages, splinting both legs. Supporting their friend's head, they rolled him on his side and discovered that his left buttock was half torn off, the flesh laced with rough bits of the truck cab.

An M113 personnel carrier-cum-ambulance—a steel box on tracks—rumbled up. The medics loaded

Cain aboard, and started an I.V. of lactated Ringer's, an electrolyte solution. An Army chaplain slipped in beside Cain. With Blohm holding the I.V. bag and Brown driving, they sped for a landing zone where a Black Hawk helicopter was waiting to take Cain to the 28th Combat Support Hospital—the modern-day equivalent of a MASH unit—in Baghdad. Thirty-four minutes had elapsed since the mine blast. Blohm was twenty-three years old. Brown, the senior medic, was twenty-four. Cain was twenty-two.

When an American soldier dies in Iraq, newspapers publish the name. When a soldier is wounded, the incident, if reported at all, is usually an aside. Names are rarely given. The wounding of Michael Cain wasn't newsworthy; a search of wire-service and *Times* stories for August 11th and 12th turns up little mention of the attack; the Associated Press reported that “four American soldiers were wounded in guerrilla attacks, including two at the Baghdad University complex and two others in Saddam's hometown of Tikrit. One U.S. soldier died of heat stroke and another was found dead in his living quarters on Sunday, the military said.” The day after Cain and Duff were injured, the *Times* reported that Americans were suffering Iraq-war “news burnout.”

The Defense Department publishes an online tally of American servicemen killed and wounded in Iraq, updating it every few days. As of February 25th, four hundred and forty-nine had been killed and two thousand four hundred and twenty wounded by hostile fire. The ratio of wounded soldiers to killed is higher in this war (a little more than five to one) than in the Second World War and Vietnam, probably because of body armor and advances in battlefield medicine. (In the Second World War, the ratio was a little more than two to one; by the time of Korea, it had risen to three to one, where it remained until last spring.)

By most American soldiers' accounts, the Iraqis are lousy shots. In any case, they know that the Americans are wearing body armor. Rather than trying to pierce shielded torsos with bullets, the Iraqis increasingly rely on blowing off the Americans' unprotected arms and legs with explosives: car bombs, mines, rocket-propelled grenades, and “improvised explosive devices,” which are often old artillery shells that have been buried and then detonated from a distance by some kind of cheap commercial electronic device—a garage-door opener, say, or the joystick of a ten-dollar radio-controlled toy car. As of January 9th, sixty-six service people—almost all of them Army soldiers—had suffered amputation of a hand, a foot, an arm, or a leg. Of those, ten had lost more than one limb.

Cain was injured by an Italian plastic anti-vehicle mine about the size of a tin of butter cookies. (His friends found pieces of the mine afterward.) It would have been easy for someone to feign a flat tire and bury the device quickly in the soft sand at the point where Highway One and the packed-gravel road to the palace compound meet. Apparently, the hemmit did just what the saboteur was hoping. It cut the corner a hair too sharp and depressed the mine's detonator.

Kenneth Cain was at home when the call came from Fort Hood, two days after the blast. Kenneth is stout, with a big white beard that makes him look a little like Santa Claus. He called Charlene at work. The first thing she heard when she picked up the phone was her husband weeping. Then he told her that Michael had been seriously wounded.

Cain was lying in a coma at Landstuhl Regional Medical Center, in western Germany, where all Iraq-war casualties are taken. Doctors had amputated his right leg below the knee. The condition of the left leg was uncertain. Cain also had a smashed jaw, a broken thumb, a broken arm, and a wound on the back of his head. He'd lost a lot of blood. During the Second World War, families were lucky to get a telegram days or weeks after a son or a husband was hurt. In this war, the Army kept the Cains informed hour by hour; a major at Fort Hood called them five times in two days. Charlene was even able to speak by telephone with the doctor who was treating her son; she learned that they were about to

try turning off life support, leaving it in place in case Cain didn't respond. When she called a second time, a nurse told her they'd switched it off and he'd started breathing on his own. The Fort Hood major was working on getting the Cains plane tickets to Germany when they learned that their son was being flown to Walter Reed Army Medical Center, in Washington, D.C.

Cain remembers none of this; other soldiers say that the trip from Landstuhl to Walter Reed is grim. Litters are loaded into the fuselage of an Air Force transport, which is made of aluminum and tends to be chilly. The roar of the engines barely masks the moaning and crying of the wounded. When a soldier dies en route, his body is simply covered with a sheet.

Walter Reed is a vast campus of red brick buildings in north-central Washington; its centerpiece is the main hospital, a gigantic edifice, which opened in 1977. It's a surprisingly cheerful building, with wide, airy halls and a determinedly upbeat staff. On August 17th, Cain opened his eyes. Finding himself in a hospital bed, he believed that he must be dreaming. A nurse asked him if he wanted anything. "McDonald's," he told her. Then his eyes travelled over the machines and tubes, and he said, "My mom and dad." As it happened, they'd just arrived.

Kenneth and Charlene had been flown to Washington at the Army's expense. They were shown to a room on Ward 57—the orthopedic ward, where amputees go—and found Michael with his head arched back in a high cervical collar. A tube full of "disgusting green fluid," as Charlene recalls it, ran from his nose. His thumb was in a cast, and a three-inch round scab covered the back of his head; a catheter snaked from under the covers, and an I.V. was attached to his arm. Charlene had to tell her son that his leg was gone. He glanced at the end of the bed, where only one foot tented the blanket, then stared at the ceiling for a long time. When they pulled back the covers, Kenneth and Charlene found that Michael's right leg ended in a bandaged stump. His left leg looked as though a dog had been chewing on it: long, crosshatched crimson scars ran up its sides and back. An instrument that Charlene called a "cheese grater" had been run over the skin graft, leaving a pattern of holes that allow the skin to expand and to cover the wounded area. A metal contraption that looked like a miniature offshore oil platform rose out of his left hip, and a big square of skin had been peeled from his upper thigh to provide a graft for the stump. Cain sent Kenneth and Charlene down to the gift shop for a disposable camera and had them take photographs of his gruesome injuries. He pasted them into a flowered "Special Memories" album that he has titled "My Accident in Iraq."

Outwardly, Michael was still Sergeant Cain, telling his parents he wanted only to go back to the 299th in Iraq. (Keisha Duff did in fact return to active duty in Iraq.) He felt responsible for his men. "War's war," he told his mother. "This one was a good thing; it gave people their freedom." But when Charlene told him that his cousin was thinking of joining the Army, he asked for the phone so he could talk him out of it. "He's crazy," Michael said. "I wouldn't let him go. He could end up like me."

A bomb injures in many ways. The shock wave can loosen organs and leave a victim to bleed to death internally, or rake him with shrapnel. Long after the initial wounds are treated, the effects of the bomb continue to plague the victim. In Cain's case, the blast pulverized dirt, truck metal, engine fluids, and his own clothing, and drove microscopic debris deep into his muscles, macerating the tissue. Each tiny fleck had to be dug out, the pulped flesh cut away, and the wounds cleaned and re-cleaned—a process that took twelve surgeries, over three months. (Had there been any people between him and the mine, their flesh might have been atomized and driven into his, which can cause particularly dangerous infections.)

Starting the day after he regained consciousness, Cain was in the care of Lieutenant Justin LaFerrier, an Army physical therapist whose bulging muscles, under a tight white coat, make him a walking advertisement for the active life. LaFerrier is in charge of many of the Iraq-war amputees at Walter

Reed. While Cain was still undergoing surgeries to clean his wounds, LaFerrier had him wheeled most days to the physical-therapy room on the third floor. It's the size of a gymnasium, filled with bars, racks, and machines that look like torture instruments from the Middle Ages. An amputee, particularly one who has lost a leg, has to reestablish his body's balance, and LaFerrier put Cain through hours of exercises to build up the muscles he'd need to operate crutches and a prosthesis. "Your core is your stable basis of support," LaFerrier, a Rhode Island native, explained to me. "When you take a step, you don't think about it. When an amputee does that, he has to first stabilize the residual limb in the socket. You have to train those muscles to do that." We watched a sweaty, gasping soldier who had lost both legs and one arm inch along the parallel bars in shiny, high-tech prosthetics. "I like to push them to the limit," LaFerrier said. "They're young. They're strong. I want to cause muscle soreness, but not the 'Ooh, I shouldn't have done that' pain. I take them as far as they can tolerate." The amputees call LaFerrier their "physical terrorist."

Although Charlene took all her sick days and vacation days and her co-workers donated a hundred hours of theirs, she and Kenneth eventually had to return to Wisconsin. After they left, Cain's warrior spirit drained away. One day, he refused to go to physical therapy, and when he was wheeled there against his will he was sullen and uncooperative. Frequent phone calls from his men in Tikrit—another amenity unknown to casualties of earlier wars—would cheer him up for a few minutes, but then he'd start to miss them, and sink lower in spirits. Captain Blain sent his father and wife, both of whom live in the Washington area, to visit. Celebrities passed through, too—Cain met the actor Gary Sinise, who played a Vietnam War amputee in "Forrest Gump," and the country singer Shania Twain. One day, President Bush sat on the edge of his bed and asked him if he wanted anything. Cain told the President that his men needed water. When Cain spoke to them by phone two days later, they told him that they suddenly had more water than they could possibly use.

Still, Cain couldn't shake the feeling that he'd be stuck in a chair and useless the rest of his life. He was withdrawn, and continued to refuse physical therapy. The hospital finally asked Charlene to come back, figuring she could make him work for LaFerrier the way she'd once made him practice the sousaphone. She somehow found a way to take time off. Mothers are often asked to assist in the recovery process at Walter Reed, LaFerrier told me.

I met Cain in December at Mologne House, a hotel on the Walter Reed campus for visiting families and for soldiers undergoing outpatient treatment, including physical therapy. The Federal style of the two-story lobby, with a gigantic chandelier and a grand staircase, belies the building's age; Mologne House opened in 1997. It is adamantly a hotel, not a medical facility. Its rooms are indistinguishable from, say, rooms at a Hilton, except that the bathroom cabinets frequently resemble pharmacy shelves, with doxycycline, Ambien, and Percocet nestling among Old Spice and Mega-Men dietary supplements. The Mologne House staff are upbeat and pleasant amid a high percentage of guests who are adjusting to blindness, facial scars, and missing limbs. They differ from the staff of an ordinary hotel only in their mandatory daily inspections of every room, a practice instituted in July as a suicide-prevention measure.

Cain was sitting on the edge of his unmade bed wearing shorts and a Packers jersey and cap, his naked stump jutting out. Saddam Hussein had been captured the night before and President Bush happened to be speaking on television, but Cain was absorbed by a hockey simulation on his PlayStation 2. He looked terrible—sallow and sunken-eyed, with a two-day stubble. He'd dyed his hair a garish chrome yellow. He kept shifting uncomfortably on his hollowed buttock. Every surface in the room was covered with CDs, model airplanes, hockey magazines, Packers memorabilia, boxes of Frosted Mini-Wheats, and bags of Funyuns. Dirty laundry and candy wrappers were strewn on the floor. Cain's prosthesis, a white-and-magenta running shoe with a complicated steel-and-plastic ankle joint, rose like a tower from the rubble, a pattern of American flags decorating the calf-size plastic socket that fits his stump.

He told me that he had no regrets, and that he would do it again if he could. Would he let his son join the Army? “Fuck no,” he said. “I’d tell him, ‘I’ll beat the shit out of you if you try it.’”

Cain’s girlfriend, Leslie Lantz, a muscular, dark-eyed beauty, who had arrived from Texas the week before, was flipping through “Portraits of War,” a book of Iraq-war drawings published by Detroit Free Press. Charlene was making a halfhearted attempt to straighten the room. She had been there for three weeks, sleeping in the bed next to the one Cain shared with Leslie. “I knew Mom would come,” Cain said sheepishly. “I quit doing everything, so they had to call her.” I asked how it felt to have his mom in the bed next to his and Leslie’s. He didn’t answer directly. “It’s nice having Mom here,” he said. “But she cries a lot.” He swivelled his gaze back to his hockey game.

“I’m on antidepressants,” Charlene said. “After this happened with Michael, I couldn’t deal.”

At Walter Reed, an informal network of gruff Vietnam and Gulf War veterans minister to the blind and the bandaged with great tenderness. Jim Mayer, for example, fought with the 25th Infantry Division in Vietnam. Today, at fifty-eight, he runs an executive-training program in the Department of Veterans Affairs, but to the soldiers lying in Ward 57 he’s the Milkshake Man. He arrives three days a week after work with a box of McDonald’s milkshakes, which he offers from bed to bed. I had been at the hospital three days before I realized that his legs are carbon, graphite, and plastic below the knee; he had stepped on a mine near the Cambodian border. One afternoon, he cried “Watch this!” and went skipping down the hall. The amputees couldn’t take their eyes off him.

“We want to make sure no veteran is ever again treated the way we were when we came home,” Mayer told me. The vets help organize trips to the Smithsonian and the White House and arrange free tickets for the young men to see the Wizards play basketball and the Capitals play hockey. Wounded soldiers who can make the trip are also invited every Friday night to Fran O’Brien’s, a fancy steak house in downtown Washington, where they can load up on thirty-dollar steaks and all the beer they can drink, free of charge. Hal Koster, one of the restaurant’s two owners, served three tours as a gunship crew chief in Vietnam. “It’s an honor,” he told me one Friday before Christmas as he watched more than two dozen young men consume a few thousand dollars’ worth of beef, crab cakes, and tiramisu. “Nobody did this for us.”

The amputees I met were all eager to talk about their wounds, and welcomed the chance to tell the story. War stories, like Holocaust stories, are all both alike and different, and all improbable; each turns on moments of horror, serendipity, and unimaginable bravery. Sitting next to me at Fran O’Brien’s was Steve Reighard, of Bloomington, Indiana, who was hacking one-handed with a combination knife-fork at a steak the size of a dictionary. “They ambushed us,” he said. “I’m standing there trying to realize what happened and my arm is laying there. I picked it up and fell in the dirt.” Across the table, Robert Acosta, of Santa Ana, California, manipulated a steak knife with his stainless-steel hook. “They threw a hand grenade in my truck,” he said. “I picked it up and, damn, dropped it down between my legs. When I grabbed it again, it blew up in my hand.” At Walter Reed, Phil Bauer, a strapping cavalry scout from upstate New York, had described being on a Chinook helicopter that was shot down on November 2nd, killing fifteen soldiers on their way to a short leave. When he came to, he said, he was pinned atop the open-eyed corpse of a woman soldier to whom he’d just given a piece of gum. His leg was jammed beneath the burning roof of the Chinook, and he had to lie there, without morphine, for two hours while a “jaws of life” apparatus was flown in from Tikrit. “It was like cooking a steak with the cover down,” he said. He lost his right leg below the knee. At the dinner, a soldier named Ed Platt, from Harrisburg, Pennsylvania, told me that the signature moment of his calamity was when the medics used the ribbons of his leg—shattered by a rocket-propelled grenade—as its own tourniquet. “They just folded it up,” he said. “I looked down and I’m looking at the sole of my boot.” He shuddered. “O.K., cool, whatever, dude,” he muttered to himself as he finished his story. Doctors amputated just below Platt’s right hip.

Platt sat across from Michael Cain, who was playing keep-away with another soldier’s cap. “He’s a

‘baloney,’ ” Platt said of Cain. The word was a play on “below knee” but perfectly evoked the unnatural pink cylinder that Cain’s lower leg had become. Though the Purple Heart club is a band of brothers, there is a hierarchy of wounds. A whole leg trumps a half. A right hand trumps a left. And everybody was down on one soldier who was physically unmarked but said he had been mentally wounded by the war.

It was possible to forget how young some of the soldiers were as they told their stories of wounds and weapons, of campaigns and tactics, and of the time one of them, under orders to do nothing, watched a crowd of Iraqi men drop a woman who was said to be an adulteress from a high bridge (“We were, like, ‘Fuck!’”). But then they started talking about their favorite movies. All of them liked “Elf,” while their hands-down favorite was “Finding Nemo.”

The conversation turned, as it often does among Iraq-war amputees, to the mysterious workings of the Med Board. Officially called the Physical Evaluation Board, it determines whether a wounded soldier may continue in his or her Army job, is fit for some other Army job, or should be medically retired. It also quantifies a soldier’s disability, which determines what percentage of a soldier’s base pay will be awarded in benefits. Soldiers talk about the Med Board the way people in the Old Testament talk about God—as an inscrutable, mercurial, sometimes vengeful force. None of them understand how the board works, and all fear they will get “Burger-Kinged out,” meaning medically retired with a meagre benefit. A missing arm has to be worth thirty per cent, right? they asked each other. And a missing leg forty?

Whatever their retirement prospects, all the amputees said they had no regrets. Robert Acosta spoke of the need to fight terrorism and the choice a soldier makes to face death. “Shit happens,” he said. Steve Reighard said, “I believed in what we were doing.” If we hadn’t gone to war, he said, “eventually we’d see chemical arms and those kind of munitions on our streets.” The other soldiers nodded. At one point, Reighard leaned over and said quietly, “You know, we kind of have to think that.” He gestured at his missing arm. “Otherwise, this is in vain.”

Michael Cain was pale and his voice raspy as he hobbled toward the door on his cane and prosthesis, which, being new, was painful to wear. But he kept up the hard, edgy banter that amputees use among themselves. “Hey, Acosta, give me a hand!” he yelled to the one who’d fumbled the grenade. “Platt, shake a leg.” I walked two blocks for my car and pulled into the restaurant’s semicircular driveway. Cain got in front and, with the door still open, pulled off his prosthesis for relief. A line of well-dressed diners, standing on the curb waiting for valets to bring their cars, stared at him, aghast. When Cain noticed, he waved his prosthesis and yelled in a falsetto singsong, “Look! My leg comes off! Look!” The onlookers turned away. Cain was still laughing cruelly as we drove off.

Shortly after the holidays, I flew to Milwaukee and drove two hours northwest to Berlin. (The name is pronounced with the accent on the first syllable.) Downtown Berlin has a lot of quaint brick buildings, but, with the Wal-Mart on its outskirts and the chains in nearby Oshkosh, there are not many people on the streets.

Michael was home, though not yet out of the Army; he was waiting for the Med Board to rule on his case. Following a final medical evaluation, it generally takes two to four months to get a decision. I found him in his parents’ living room, watching the pro-wrestling show “Monday Night Raw” at top volume on a television screen the size of a bedsheet. Michael reached up to shake my hand without taking his eyes from the screen. His prosthesis sat amid a pile of wrestling magazines and empty bottles of Mountain Dew Code Red, and he rubbed his elevated stump as though it ached. Leslie was still around; she sat across the room, flipping through a magazine. One of Michael’s younger sisters, Stephanie, sat at a computer in the corner of the living room, searching online for nursing-aide jobs, and his father was in the kitchen, cooking himself a late supper of fried ham and eggs on toast spread with

peanut butter. He is a fatalist, and, when asked how he felt about Michael's decision to enlist or what he thinks of the Army's policies on disability payments, he falls back constantly on the phrase "There's nothing you can do." Besides taking care of his llamas, he often feeds his neighbors' animals as well. He is the family cook, and always has dinner on the table when Charlene gets home from work.

Charlene, who arises around four-thirty in the morning to go to her job, is the family rock. She absorbs blow after blow without appearing to crack. Michael's injury is her project. She's in charge. On the phone to a friend, she uses phrases like "I brought him home on December 16th," "I want to catch that before it becomes a full-blown infection," and "I need to get him to Milwaukee because he has a torn medial meniscus and PCL." At the kitchen table, she is often immersed in the maze of forms required for every treatment, trying to insure that care will be adequate and costs will be covered—complexities that sometimes take her hours a day to manage.

Until last year, Charlene and Kenneth had raised their granddaughter Felicia, who is now six, because Michael's older sister, Yolanda, was unable to care for her. When Charlene was at Walter Reed with Michael, she got a call that Yolanda, who was seven months pregnant with her second child, was going into labor, and that the baby had hydrocephaly. The baby was born on September 29th, and has brain damage of indeterminate severity. "His brain is not developed totally," Charlene said. "We won't know for a while how damaged he is. So I'm dealing with all this stuff. Then I get a call to go back to Michael's room, because he needs me. Then my phone rings, and it's my youngest saying, 'Yolanda's back in the hospital with a kidney infection.' "

When I asked Charlene how she felt about the war, she said, "I don't like the fact that these young kids are joining up. I realize somebody has to do it. I still have my doubts about Saddam. I can't say I supported the war. Thinking about it now, maybe, I'm just kind of neutral about it. I'm angry Michael got hurt. I don't know who at. I'm just angry."

At Walter Reed, Michael's spirits had been buoyed by routine, Army discipline, and the loving ministrations of the Vietnam vets, as well as of his mother. In Berlin, he was no longer Sergeant Cain, or a war hero in the nation's entertainment- and star-filled capital, but a one-legged guy in a Barcalounger with little to fill his days beyond PlayStation 2 and thrice-weekly physical-therapy appointments. Gone was the gung-ho warrior counting on a twenty-year career. Michael was even thinner and paler than he'd been a month earlier, and he was so withdrawn he spoke only in monosyllables. Charlene said that he hadn't been sleeping well. Michael wasn't working, though he told me he was thinking of taking an assistant manager's job at the local McDonald's. In the fall, he said, he was going to the University of Wisconsin at Madison "to study computers, computer programming, something like that." I asked if he'd applied and he said no. "But they've got to take me."

After the wrestling match, Leslie drove us to a dingy roadhouse called the Country Inn; the two of them hardly spoke, and seemed more like an old married couple than like sweethearts. Michael spent most of the evening at a video slot machine, his thin frame lost in a voluminous green-and-gold Packers coat, downing one Coors Light after another, dribbling away his money. Our destination the next day was the Fox River Mall, an hour away, in Appleton. Michael is still drawing nineteen hundred dollars a month in base pay; he spent a hundred and fifty on a pile of Green Bay Packers memorabilia—jersey, helmet, stickers, and flags for the car—to add to his already extensive collection. Leslie did the driving again, and again they hardly spoke. Every few minutes, he'd raise her fingertips to his lips and kiss them, and she'd smile.

On January 21st, Michael returned to Berlin High School to speak to an assembly. He limped to the podium wearing a Washington Capitals jersey, which the star right wing Jaromir Jagr had given him in the team's locker room during Michael's celebrity-wounded phase. After admitting he'd come unprepared, Michael bashfully delivered some uplifting bumper-sticker slogans about keeping a positive outlook on life (a phrase he used three times). He made no appeal to patriotism, though he told the

students he had no regrets.

During questions, someone asked if they could see Michael's "new leg." He rolled up his pant leg to show the prosthesis; the auditorium fell silent. Then he pulled it off, and a few kids squealed "Eew!" The room exploded in applause. When he was asked about compensation, Michael seemed to get carried away by the attention he was receiving, saying that he would get "thousands of dollars" and "a hundred-percent disability," that the Army had promised him a hundred thousand dollars for college. "And if I have children their college will be paid for," he said. "Their birthing process will be paid for. . . . I pretty much have everything paid for."

The truth is that Michael will need several more surgeries; the ankle of the left leg is fractured and may need to be reset; he suffers from hammertoe, a downward contraction of the toes; and many nerves are damaged. The Army and the Veterans Administration will pay for the surgical procedures, but disability compensation is still a mystery to him and to most other soldiers. It is based on a complex formula that includes an estimate of lost-earnings potential. Now that most jobs don't involve much physical movement, the amputees are afraid they'll receive little.

At the end of February, Michael was back at Walter Reed because his prosthesis was still painful. He has "heterotopic ossification," or calcium deposits that caused the bone to protrude. He was being fitted for a new liner and socket. I found him and Leslie, now his fiancée, in their room at Mologne House, and though I expected him to be depressed by being in the hospital, his spirits seemed enormously lifted. He looked more filled out, with better color in his face, and he was back to making endless jokes. We took a taxi to a nearby Mexican restaurant. Michael went outside for a cigarette, and stood at the window pantomiming being a homeless old drunk. Leslie put her face in her hands. Then he came inside, draped a paper napkin over his arm, and, in a Pepé Le Pew accent, pretended to be a fancy waiter until Leslie pulled him into his seat.

Because he seemed so much happier being back in the military milieu, I asked him why he didn't consider trying to stay in the Army and get a job suitable for a one-legged soldier. A career working with computers, after all, doesn't require two whole legs. He waved away the suggestion, saying only, "Nah. I don't want it." A little later, he said that sitting at a computer all day "isn't really being a soldier." I asked if he had applied to Madison yet. "No, we're putting that on hold because we have the baby coming," he said. Leslie grew very still, staring at her plate. Michael put his arm around her proudly, and she glanced up quickly through her falling brown hair. The baby is due in August. ♦