

under the weight of capitalist excess will not be stopped. Sociopaths aside, armed citizens in and of themselves are not the problem; the real problem is armed citizens enveloped in a predatory and hyperrationalized economy. Why is the symptom always attacked, and never the sickness?

Sacrifice in War

Sacrifice has always been understood as a necessary component of war. Typically, the youth of a society are sent into battle as cannon fodder, while the support structure (spectacle) of the war machine bemoans their loss and covers their victimization by granting them the status of patriots or heroes. The connection between the spirit world and sacrifice may be lost, but is replaced here by metaphysical notions of national principles (progress, democracy, free markets, etc.). The lack of any absolute grounding for these “sacred” principles is obfuscated by spectacles of misdirection, illusion, and distraction, from parades and military funerals to monuments and TV specials. At the same time, the rationalized contract—that the sacrifice of x amount of people will yield y amount of profit, prestige, land, and other sacrificial victims—is well known, but unmentionable. Whether this silence is a means of avoiding the dissonance of moral contradiction or a means of avoiding negative sanctions tends to vary.

The most recent wars in Iraq and Afghanistan have taken a turn from tradition. Since these wars primarily consist of battling insurgent nonstate combatants who are poorly equipped to fight their military juggernaut opposition, combat deaths have been greatly reduced, currently standing at 6,519 over the eleven-year period (2001–12) for which we have robust data. Compared with Vietnam (a very similar war), the death toll has dropped considerably. Unfortunately, war requires blood from all sides, no matter how much technology stands in for the flesh. In spite of all the “we support our troops” spectacle, the profuse thanks for their service, the applause as they walk through airports, and the labeling of every soldier a hero, the disconnected American public fails to recognize the true depth of the sacrifice, because it is too abject to witness and consider, and because it too deeply contradicts the social imaginary of what a soldier is and what war is. No one other than the Veterans Administration seems to acknowledge, let alone worry, about the approximately 72,270 suicides among veterans of all wars during this same eleven-year span of time. More American soldiers have died from suicide in this eleven-year span than in Vietnam, Afghanistan, and Iraq combined. The over-economy will never be able to clean the grim reality of veteran suicide of its abjectivity, any more than the coffins

of soldiers killed in action returning to the homeland can be cleansed of their abjectivity. Instead, it will be censored and kept invisible and silent in the realm of the under-economy, because the only real solution would be to stop going to war.

Contact Sports

Not all sacrifices end in death. Some victims need only be maimed to fulfill their sacrificial function. Sports are an excellent example. Some may object that sporting practices exist under a rationalized contract: professionals are well compensated for the damage done to their bodies. Perhaps this class of sacrificial lambs does lie on the altar voluntarily, since prior to their pain they are treated as kings, given a foretaste of paradise, and therefore their fate is not so horrid. But what about all the victims sacrificed to produce this royalty? The quality of sports entertainment demanded by consumers is unquestionably high. Direct participation requires a lifetime of training (although spectacular participation also requires a long indoctrination process), and sometimes even biomodification through mechanical or synthetic means is necessary. Since the question of who will mature to join the athletic elite has no certain answers, large numbers of people must begin the grooming process early on so that the pool of potential talent is large enough to yield the very finest athletes. The leftovers from this process must be wasted. Most escape the grooming process no worse for wear, happy to have participated; some, however, do not fare so well. Among this class of throwaways are the sacrificially maimed. They are of all ages: peewees, middle schoolers, high schoolers, and collegiates parade in a stream of biodestruction. Joints, limbs, bones, ligaments, and more are torn, ripped, and shattered, and brains severely injured. Unlike their professional counterparts, these victims receive no compensation other than the fun they had on the way to the altar.

One clear exception to this lighter form of sacrifice is that of the athletes who play in contact sports such as American football, rugby, ice hockey, and boxing. Repeated head trauma (even when not resulting in a concussion) does lead to detrimental effects on the individual player. This problem has been known on a popular level for a long time, particularly in boxing culture, where the fate of sacrificial victims is lovingly referred to as "punch drunk." Somewhere down the road, usually after around eight to ten years, the aggregate of minor head trauma will catch up with contact sport participants, and when it does, their mental capacity diminishes at an astonishing rate, ending in dementia. This condition is known as chron-

ic traumatic encephalopathy (CTE), which recent studies show does not take much contact to occur and can affect contact sports players at a very young age (participation in sports at a professional level is not required). Moreover, the risk level of developing CTE is extremely high if the trauma occurs repeatedly. Current studies put it at 80 to 98 percent likely. These studies are not conclusive (the sampling is very questionable), but the initial data looks very bad, and even if subsequent studies show the risk to be much lower, the outcome will still be unacceptable. CAE believes it will be more than interesting to see what the remedy will be if contact sports are truly as dangerous as they appear. Our bet is on continued sacrifice (and not just for reasons of profit, but for nonrational reasons as well, such as the perpetuation of cultural heritage).

In this case, maiming can serve a double function. Those who fail to become participant athletes still bring profit to the developers of professional sports in a manner beyond offering themselves as material to the sports manufacturing machine. Since these sacrificial victims (the failed athletes) are not ordinarily killed (although such errors do occasionally happen), they become potential perfect spectators. The sacrificially disabled are deeply interested in their sport of choice, perhaps even nostalgic for it, and because they cannot play they are even more willing to pay to watch it being played. The sports industry not only gets product (athletes) from institutionalized sports, but also has its market developed for it free of charge. The harvesting of so many youths for the purpose of developing a sport that can only be watched is surely a sign of the love and sincere desire for the activity. However, it may be a more profound sign of the American love for an ocular order of passivity.

Statistical Representations of Death (Sacrifice)

Numbers regarding the dead should be a case of simple interpretation: the number solely represents the known aggregate of people who existed in an animated material form on earth at a particular time in the past, and who exist no more. A simple fact, that just *is*—but that is not what happens. Statistical representations require complex forms of interpretation because, like all signs, they relay into other signs, slowly building into narratives and discourses and thus becoming untethered from the referents they supposedly represent. Quantity never stands alone, but bleeds into quality. For example, 6,519 US soldiers have died in the wars in Iraq and Afghanistan. Merely revealing this number puts a host of emotions, desires, politics, and aesthetics into play. Meaning immediately balloons and, depending on the

cultural and political context, it can take any form. The intentionality of consciousness makes it a near imperative that one interpret statistics about death beyond their referents. There must be a *willing* of narrative. What would a military person, a peace activist, a neoconservative, or a Taliban fighter read in this number? What knowledge would it offer beyond a reckoning of nonexistence for a set of people at a given time? Could we even come to a conclusion as to whether this number is big or small?

Finding ways to tilt the narrative by selecting the “right” statistic, or set of statistics, for the context in which it is placed and the audience who reads it is the recombinant/creative act of the statistician. This too is what makes a statistic boring, telling, outrageous, absurd, or inexplicable.

Acceptable Losses Part 1

Motor Vehicles

2010

Deaths: 33,687

Attitudinal Status: Acceptable

Remedy: Status quo

Source: Centers for Disease Control & Prevention

Recreational Water

2002

Deaths: 4,174

Attitudinal Status: Acceptable

Remedy: Status quo

Source: Centers for Disease Control & Prevention

Terrorism

2001

Deaths: 2,995

Attitudinal Status: Unacceptable

Remedy: Wage 2 wars; radically narrow 5 Amendments
in the Bill of Rights

Source: *Washington Post*

Iraq & Afghanistan Wars

As of October 2012

US Casualties: 50,010

Attitudinal Status: Acceptable

Remedy: Continue military presence

Source: US Department of Defense

Lawn Darts

1987

Deaths: 1

Attitudinal Status: Unacceptable

Remedy: Banned in the US & Canada

Source: Associated Press

Medical Errors

2000

Deaths: 44,000

Attitudinal Status: Acceptable

Remedy: Status quo

Source: US Institute of Medicine

Lack of Health Insurance

2009

Deaths: 44,789

Attitudinal Status: Unacceptable

Remedy: Eventually insure 32 million of the 55 million
people without insuranceSource: *American Journal of Public Health***Elevators & Escalators**

2009

Deaths: 30

Attitudinal Status: Acceptable

Remedy: Status quo

Source: Electronic Library of Construction Occupational Safety & Health

Foodborne Illness

2011

Deaths: 3,000

Attitudinal Status: Acceptable

Remedy: Status quo

Source: US Food & Drug Administration

Alcohol*

2006

Deaths: 41,682

Attitudinal Status: Acceptable

Remedy: Status quo

Source: Centers for Disease Control & Prevention

*excluding accidents & homicides

Marijuana

2008

Deaths: No Data

Attitudinal Status: Un/Acceptable

Remedy: 847,863 arrests and 7.5 billion USD spent on
law enforcement / Massachusetts becomes 13th state
to decriminalize marijuana

Source: American Civil Liberties Union

Firearms

2010

Deaths: 31,672

Attitudinal Status: Un/Acceptable

Remedy: Expand gun legislation / Restrict or repeal gun legislation

Source: Centers for Disease Control & Prevention

Fireworks

2006

Deaths: 11

Attitudinal Status: Acceptable

Remedy: Status quo

Source: US Consumer Product Safety Commission

Fire

2010

Deaths: 2,640

Attitudinal Status: Acceptable

Remedy: Status quo

Source: Centers for Disease Control & Prevention

Railroad Car Fumigants

1989

Deaths: 1

Attitudinal Status: Unacceptable

Remedy: New guidelines for warning signs

Source: Centers for Disease Control & Prevention

Lead Paint Toys

2007

Deaths: 0

Attitudinal Status: Unacceptable

Remedy: Recall nearly one million toys; ban distribution of children's books printed before 1985

Source: Consumer Product Safety Commission

Hot Dogs

2010

Deaths: 13

Attitudinal Status: Unacceptable

Remedy: American Academy of Pediatrics calls for redesign of hot dogs

Source: American Academy of Pediatrics

Electricity

2007

Deaths: 389

Attitudinal Status: Acceptable

Remedy: Status quo

Source: National Safety Council

Dog Bites

2008

Deaths: 23

Attitudinal Status: Unacceptable

Remedy: Proposals for breed-specific bans introduced in 86 municipalities

Source: *Dog Bite Law*

Bee & Wasp Stings

2007

Deaths: 54

Attitudinal Status: Acceptable

Remedy: Status quo

Source: National Safety Council

Workplace

2010

Deaths: 4,690

Attitudinal Status: Acceptable

Remedy: Status quo

Source: US Bureau of Labor Statistics

Construction Sites

2010

Deaths: 774

Attitudinal Status: Acceptable

Remedy: Status quo

Source: US Bureau of Labor Statistics

Hot Tubs

1979

Deaths: 2

Attitudinal Status: Unacceptable

Remedy: New warning labels

Source: *Anchorage Daily News*

Cycling

2010

Deaths: 618

Attitudinal Status: Acceptable

Remedy: Status quo

Source: National Highway Traffic Safety Administration

Pedestrian

2010

Deaths: 4,280

Attitudinal Status: Acceptable

Remedy: Status quo

Source: National Highway Traffic Safety Administration

Animal-Rider/Occupant of Animal-Drawn Vehicle

2006

Deaths: 126

Attitudinal Status: Acceptable

Remedy: Status quo

Source: National Safety Council

Machinery

2007

Deaths: 659

Attitudinal Status: Acceptable

Remedy: Status quo

Source: National Safety Council

Airbags

1993–98

Deaths (children): 61

Attitudinal Status: Unacceptable

Remedy: New warning labels on airbags; new warning labels
on child restraint products

Source: National Transportation Safety Board

Infant Deaths

2009

Deaths: 26,412

Attitudinal Status: Unacceptable

Remedy: Recommendations to increase access to healthcare

Source: Centers for Disease Control & Prevention

Baby Slings

2009

Deaths: 3

Attitudinal Status: Unacceptable

Remedy: Consumer Product Safety Commission warning

Source: ABC News

Vending Machines

1988

Deaths: 2

Attitudinal Status: Unacceptable

Remedy: Industry-wide warning label campaign

Source: *Journal of the American Medical Association*

Rollercoasters

2005

Deaths: 4

Attitudinal Status: Acceptable

Remedy: Status quo

Source: *Injury Prevention*

Heart Disease

2010

Deaths: 597,689

Attitudinal Status: Acceptable

Remedy: Cut research funding

Source: Centers for Disease Control & Prevention

Cancer

2010

Deaths: 574,743

Attitudinal Status: Acceptable

Remedy: Cut research funding

Source: Centers for Disease Control & Prevention

Acceptable Losses Part 2

Suicide is the leading cause of death by injury in the United States.

Source: American Journal of Public Health, 2012

Suicides

38,357

Source: Centers for Disease Control & Prevention, 2010

Homicides

16,259

Source: Centers for Disease Control & Prevention, 2010

Suicides Age 5–34

10,609

8.4 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Suicides Age 35–64

21,754

17.8 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Suicides Age 65+

5,994

14.9 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Female Suicide Attempts

616,000

Source: Centers for Disease Control & Prevention, 2011

Male Suicide Attempts

442,000

Source: Centers for Disease Control & Prevention, 2011

Female Suicides

8,087

Source: American Foundation for Suicide Prevention, 2010

Male Suicides

30,277

Source: American Foundation for Suicide Prevention, 2010

Native American Suicides

441

17.3 per 100,000

Source: Centers for Disease Control & Prevention, 2010

White Suicides

32,010

16.0 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Asian/Pacific Islander Suicides

1,017

6.3 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Black Suicides

2,091

5.3 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Hispanic Suicides

2,661

5.3 per 100,000

Source: Centers for Disease Control & Prevention, 2010

Acceptable Losses Part 3

One in five suicides in the United States is a veteran.

Source: US Department of Veterans Affairs, 2012

Veteran Suicides, 2001–12

72,270

Source: US Department of Veterans Affairs, 2012

Military Combat Deaths, Afghanistan & Iraq, 2001–12

6,519

Source: US Department of Defense, 2013

Military Combat Deaths, 2012

237

Source: US Department of Defense, 2012

Military Active Duty Suicides, 2012

323

Source: US Department of Defense, 2012

Non-Veteran Suicide Rate, All Ages Female¹

6.1 per 100,000

Source: *Psychiatric Services*, 2010

Veteran Suicide Rate, All Ages Female

12.2 per 100,000

Source: *Psychiatric Services*, 2010

Non-Veteran Suicide Rate, Age 18–34 Female

4.4 per 100,000

Source: *Psychiatric Services*, 2010

Veteran Suicide Rate, Age 18–34 Female

13.4 per 100,000

Source: *Psychiatric Services*, 2010

Non-Veteran Suicide Rate, All Ages Male

18.8 per 100,000

Source: *American Journal of Public Health*, 2012

Veteran Suicide Rate, All Ages Male

29.6 per 100,000

Source: *American Journal of Public Health*, 2012

Non-Veteran Suicide Rate, Age 17–24 Male

15.9 per 100,000

Source: *American Journal of Public Health*, 2012

Veteran Suicide Rate, Age 17–24 Male

61.0 per 100,000

Source: *American Journal of Public Health*, 2012

Iraq War & Global War on Terrorism Veteran Suicide Rate²

2003: 26.8 per 100,000

2014: 47.8 per 100,000

Source: US Department of Veterans Affairs, 2016

Iraq War & Global War on Terrorism Veteran Suicide Rate, Age 18–24 Male

2003: 27.0 per 100,000

2014: 124.0 per 100,000

Source: US Department of Veterans Affairs, 2016

Notes

1. In the *Psychiatric Services* study data, "All Ages Female" refers to females age 18–64 years.
2. Among veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn who used VHA services.

