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ALSO BY HARRY PARKER

Anatomy of a Soldier

Hybrid Humans

Dispatches from the
Frontiers of Man and Machine

Harry Parker

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For Caro

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Dreams of a Broken Body

I open my eyes to the ward. The soundtrack is back: the low hum of machines, the shuffle of a nurse, a monitor chiming on the other side of the ICU. I inch my head around. Curtains are drawn around the bay and the lights are dimmed. The middle of the night. I lie and stare at the wall and become aware of my body. A roll call of body parts checking in. It's too painful and strange to be me – I am dislocated from this broken flesh. My nerves have been shocked by explosives, and everything below the neck is fizzing. There is a whirring also: the analgesia dulling the pain, retuning its frequency so it is just white noise. I feel for my legs along the map of synapses I've known a lifetime, but now my legs are distant, shimmering in a kind of hot furnace beyond my leaden arms and aching back and through the sharpness of lesions and bruising and the fizzing white noise blossoms into pain.

I recoil from it and press the PCA button; it drones and

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pushes morphine into my central line and after a while I am unconscious.

During those first weeks the shock and drugs and countless surgeries distorted everything. Dreams crossed into waking, so nothing felt real. My imagination seemed to be protecting me from what had happened, walking me around the ward so I could look back at the bed and my body in it, or transporting me to places I knew from childhood: to dreams of home, of schools, of the town centre where I was first given the freedom to go shopping on my own – walks from my youth that felt more real than the medicalised world I'd woken to. It was as if my imagination had kicked into overdrive, emerging to take the reins and guide me through the trauma and strangeness – to help me accept a body I knew was mine, but which was full of pain and attached to the wall of a hospital by pipes and wires. And broken. The left leg gone below the knee, the right halfway down the thigh.

I've fumbled around for the memory: that moment I gasped wide-eyed with the realisation that I had lost my legs. I can't find it. No appalling shock of a doctor or family member breaking the news to me. Instead there are many wakings – from deep comfortable sleep, from anaesthetic oblivion, from dreams horrible and brilliantly surreal – each one eroding a little more of my old self, making way for the new one that was forming.

Each year, as 18 July approaches, I think again of how my life has changed. I've heard American military veterans call it a

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‘re-birthday’ and celebrate their second lives. I did mark the day in the first year. I had a load of friends round to my flat and had a barbecue. Just a party, no speech or cake, and most people didn’t let on that they knew the significance of the date. As the years have passed, I’ve done less: a night in the pub or a raised glass over dinner. And last year I received a text at lunchtime from a friend telling me to *have a good one* and it took me a few seconds to realise what he was talking about.

The moments of stepping on an improvised explosive device (IED) are seared into my memory – they seem as perfectly formed as the day it happened: unforgettable, yet probably as unreliable as any of my memories, altered and embellished with each re-remembering. I don’t think about it much any more. It’s been ten years, and too many experiences are stacked between that day and now. My dreams are different. In sleep, I don’t see myself with or without legs, I simply see me. And the daydreams of that broken body lying in hospital have changed too: it is neither what I hoped for, nor what I feared – it is normal. A loss grieved for and accepted. I am not a victim, unable to walk, nor am I entirely freed from my disability. And while some horizons have contracted, others have expanded. Now, if I was offered the chance to rewind, to never have stepped on a bomb, not only would I refuse, I’d actually be terrified of losing this new part of my life. It would be to change my identity, to erase all those experiences, both good and bad, that make me who I am.

It is 18 July again. I am reminded this year by the date on the appointment letter from the limb-fitting centre (my

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microprocessor knee needs a service). I'm late. It's been a hard night. Our two children have taken turns being awake – another cold – and now my daughter is refusing to get dressed. I pull on my legs while discussing with my partner who will do the nursery pick-up. It is automatic: roll the liners over my stumps and click into the sockets, no novelty, no flinching – a muscle memory strengthened over ten years. Then I put in my contact lenses. The first goes in routinely but my eye flinches around the second lens, flattening it against my finger. I try prodding it in again. It falls on the floor.

In my early thirties I started wearing glasses. I hated the way they felt and the barrier they threw in front of the world, so I tried contacts. 'Only a few hours each day to begin with,' the optician had said, 'let your eyes get used to them. Let your tolerance build up. And take them out in the evenings, so your eyes can rest.'

'Like learning to use prosthetic legs,' I replied, but he didn't understand.

My half-dressed daughter is banging the shower door open and closed. It's a spaceship and she's going to the Moon. She wants me to come too, but I'm trying to find the lens. There it is. I peel it off the floor, clean it in my mouth, then push it in. My eye waters with pain as I persuade her out of the spaceship and downstairs. I need to find my leg's remote control for the appointment. Through the blur of tears I see it in the key pot, then apologise for the breakfast-time chaos I've abandoned my partner to and leave.

During the drive to the Central London hospital I keep rolling my finger over my eyeball, trying to dislodge whatever

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is behind my contact lens. I'm pretty sure I've scratched my cornea now. I crane upwards to the rear-view mirror. My eye is bloodshot and closing around the irritation. It's distracting and hard to drive, so I pinch out the lens and flick it away. I will spend the rest of the day with half the world drawn in a misty haze. For once my legs aren't the most annoying med-tech I use.

I'm stuck in traffic and look through the myopic blur at the people on the pavements. The school-bound children are running and jumping onto the brick edging of a flowerbed, bouncing into each other and laughing. They fizz about like loose atoms among the older pedestrians. I notice almost all the adults making their way down the street have a slight limp, an asymmetry to their gait or glasses, or one shoulder lower than the other. Further on there is a man on a mobility scooter. Bodies losing the suppleness of youth, and ageing.

I look for the technologies used to delay, rebuild or replace these losses of youth. How many of them have popped a pill this morning for an illness or pain, or to enhance their diet, mood or intellect? A woman is shuffling past my car now, rotating her waist around a walking stick. Hip transplant probably, or on the waiting list for one. There's a woman in a trouser suit hurrying through the crowd. I imagine a pacemaker keeping her heart in time. The children are gone, skidding around the corner, school bags wheeling.

A bus stops beside me. I look at a teenager sitting on the bottom deck. His neck is bent to a phone, his shoulders hunch to it, white pods in his ears. Suspended in his own reality.

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Being an amputee in the twenty-first century doesn't make me an outlier; we are all hybrid. And we all suffer losses. For some it is the loss of youth; for others it will be more profound. The possibilities to replace that loss – to merge human and machine – are greater than ever before. Artificial hips and knees are prolonging mobility, stents and shunts are increasing lifespans, retinal prostheses and cochlear implants are enhancing impaired senses. And as technology improves, so the likelihood of using a prosthetic, orthotic, implantable or wearable during our lifetime increases.

I drive on. Whatever was blocking the road has cleared and I feel the vibration of the accelerator pedal through my prosthetic.

I'm at the frontier. I'm with the pioneers.

Becoming Hybrid

If I had stepped on the IED that injured me while walking across the car park of a Central London hospital there's a small chance I would have survived, but my chances were actually far better where it happened, 4,000 miles away in Afghanistan, ten years previously. Despite being in the goat-shit-laced dirt of a small patch of irrigated desert under the unforgiving heat of a twenty-first-century war, there was no better place on Earth to sustain my injuries. Within eighteen minutes I was delivered to Camp Bastion field hospital, the best trauma hospital in the world, with just enough life left to be saved.

It was a dramatic and unusual way to become disabled – an origin story that sets me apart and very nearly resulted in my death.* I've attempted to make sense of those moments

*In those moments I became a member of a community that was

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when my survival hung in the balance, to replace the half-remembered personal myth with something more truthful.

I remember the shouts, the noise of the helicopter and the pain pressing on my chest. Being a small body crushed in Death's massive fist. I felt people working hard to save me, but don't remember seeing them. Eyes screwed shut. Teeth gritted. It was an interior universe of agony and terror – a very painful race against oblivion. The overwhelming feeling: that my experience was shrinking to a pinprick, and I had to fight that shrinking with every fibre of my being; if I didn't, I would die. But what really saved me were a complex set of interdependent twenty-first-century technologies and the people who knew how to use them. Before I became surrounded by the assistive technologies of disability there were the technologies of survival.

I met the CMT (combat medicine technician) only a few months after my injury. We were having tea in a red-brick mess in an army barracks. She was presented to me by people who thought it might be a nice moment. They watched on, intrigued: *This person saved his life – what will he say?* What do you say to the person who brought you back from the brink? I could feel everyone watching, sipping their tea.

'How are you, Corporal B?' is all I could manage.

far larger than I had ever realised. In the UK one in five is disabled – that's eleven million of us. Only 17 per cent of this number are born with a disability; the rest acquire one through the wear and tear of ageing, a critical illness or sudden traumatic event.

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It was awkward, and I was embarrassed and said something about how we had all done our jobs.

On the morning I was injured, Corporal B was patrolling a few yards behind me, carrying her backpack filled with saline, chest drains, chemical blood-clotting powder, tourniquets and dressings. Some of the most useful lessons we learn from war are medical. First among these is to treat trauma as early as possible, to push the right people and equipment as far forward as we dare, all the way up to the front line. She was at my side seconds after the explosion: patching up, tightening tourniquets, opening my airway.

But I was still losing blood from multiple wounds, I'd stopped breathing, shock had set in and I needed to be out of that exposed field. The 'Golden Hour' is a pillar of emergency medicine. People who suffer major trauma are more likely to live if they receive definitive care within sixty minutes of injury.* During the First World War injured soldiers could wait days in flooded shell holes, lucky if they lived long enough to see stretcher-bearers arrive to take them back to the field station. In the Second World War we reduced the wait to ten hours; during the Korean conflict, to five hours; in Vietnam, to one hour. It is the helicopter that annihilates time and space. The helicopter that flew me across the desert

*The American doctor R. Adams Cowley was central to the establishment of the 'Golden Hour'. His work during the 1960s formed the basis of trauma medicine worldwide. He also invented a prototype pacemaker that was used by Dwight D. Eisenhower and has a clamp for open-heart surgery named after him.

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collapsed ten hours of tortuous driving through minefields into a few minutes' flight.

Years later I met a MERT (Medical Emergency Response Team) helicopter pilot in a pub – a friend of a friend. We chatted over beers, slowly separating from the group at the bar by the intensity of what we shared. The more he talked, the more he looked hollowed out by it. He eyed me up, trying to work out if I'd been one of his – as if he might find some redemption in my survival, a shred of meaning that he could buttress against *Was it worth it?*

The MERT carries a trauma team (two paramedics, an anaesthetist and an emergency medicine consultant) and all the drugs, equipment, ventilators and monitors they need to the point of injury. The casualty is stretchered through the dust, up the ramp, and placed on the floor of the helicopter. The team surrounds the patient and tries to save them. They get bloods and fluid in, aggressively pack wounds, clear the airway and intubate, dull the pain and stabilise. All this while the airborne emergency bay pitches this way and that, and the racket drowns out all but the loudest shout. In more than nine years of conflict MERT picked up thousands of casualties and started their treatment while they were still flying across the desert.

More recently I met a doctor for a coffee to discuss a project. I thought we'd never met before – he was a surgeon at an inner-city trauma centre, patching up kids who had been stabbed. We settled with our mugs, and he pushed a plastic pocket with a grey photocopy inside towards me. I pulled it closer. The contrast was poor: a greyscale reproduction of pencil on coloured paper, in a doctor's script.

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‘What’s this?’

‘It’s a note I made on the surgery you had when you first came into Bastion. I thought you’d like to see it.’ He pointed a finger at where ‘RIGHT TURN’ was written and underlined. ‘You were the first *right turn* – the first to go straight to the operating theatre from the helicopter. It saved time. We realised there was no point in putting you guys through resus – you all ended up in surgery anyway. After you, it became standard procedure; we even do it in the NHS now.’

‘I didn’t know you were there,’ I said.

‘Sorry it’s such a bad photocopy,’ he said.

I read through some of it and he helped when I couldn’t make it out or didn’t understand the doctor’s code. *Left below-knee amputation. Some soft-tissue loss mid-calf; bone loss at distal tibia (tourniquet in situ). Right leg – massive posterior soft-tissue loss (tourniquet in situ mid-thigh). Frag. injuries left and right arms; scrotal frag. with loss of left testicle.*

‘What does that say?’

He looked and read the sentence. ‘*Laparotomy conducted due to precipitous drop in blood pressure to fifty-five systolic during final stages of the debridement* – I had to open you up, right at the end when we thought you were through the worst, your blood pressure dropped – and fifty-five systolic is pretty low.’

Running vertically down my stomach is a wide scar. Six inches long, flanked by rows of little white bump staple-marks, it skirts around my belly button and towards my groin. I’d never known why it was there – just another scar to go with the rest.

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‘It was a bit of a rush,’ he said.

This man had confidently cut me open, flopped some of those organs out, had a good look inside, packed it all away and then stitched and stapled me back up.

These people weren’t overwhelmed into indecision. They were playing at the boundary of human capacity for loss, and testing what might be possible. By the end of 2009, if you made it to the field hospital in Bastion with even a hint of life, the chances of dying of your wounds had dropped to 1.8 per cent. If you had a massive blood transfusion, as I did, the chance of death was 4.8 per cent. In a civilian trauma centre that figure would be nearer 30 per cent.

One moment I was gritting my teeth against the pain and thinking I would die, the next I woke to a hospital in Birmingham, alongside other unexpected survivors brought back from conflict.* When I was well enough, I was pushed from intensive care to join them on the wards. They were in various states of repair – bound with dressings, eyes patched over, limbs in external fixation cages, hands sewn into abdomens to keep the flesh alive – among a forest of drip stands and monitors, shiny helium get-well balloons and empty paper McDonald’s bags.

But the unspoken question of many who visited the ward, glancing around at the more seriously injured was: *Wouldn’t*

*If I had been injured even one year earlier, I would not have survived. All the various practices, techniques and technologies weren’t yet in place.

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it have been better if you hadn't survived? The point was made differently, sometimes about my own injuries.

'I'm not sure I could go on, if it happened to me,' one of my visitors said. He added a compliment: 'You're doing so well, you're a real inspiration.' We were a handful of soldiers who had survived when we shouldn't have – that story was written on our bodies – and he couldn't understand it.

Those who wrung their hands in pity made me angry. Implying my body was too broken to be worthwhile seemed to be an inability to imagine how someone might be capable of adapting. Their sadness also hinted at something more deeply rooted: that we struggle to separate the body from our belief in what makes us human – a body has a shape that is normal, and there are losses that seem so great they cannot be endured.

They couldn't see that the story was only just beginning. The transformation we had to make lay ahead of us – medicine and technology would fix us. But in those early days we too found it hard to imagine, and the jokes and mocking we dealt each other across the hospital ward concealed both sadness and uncertainty. Physical injury could be endured; it was harder to come to terms with what this loss had done to my sense of self. And I lay in a room of unexpected survivors, wondering what my future would be like. What kind of human would I become?

The surgeons had closed up my body with stitches and skin grafts and sutures – made it into a new, smaller shape, one that could still support life. I had waited in hospital as my

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body healed, the infection withdrew and the nurses and family kept me alive with drugs and care, and love. I had survived, I had acquired a disability, now I would find out how disabled I would be.

When the doctors were happy, I was transferred to the military rehabilitation centre. Had you met me in the corridor during those early weeks of rehab, there was everything that you would notice – the missing legs, the dressings stained with yellow discharge, the dark shrapnel pockmarks up my forearms, the skinny, hunched body in the wheelchair, the tangy whiff of wounds and medical fluids – and there was everything you would not see: the pain of injury; the buzzing in my neck that no one could explain; the fog of sixteen colourful pills twice a day; the embarrassment that *this is me now*. And, most deeply hidden, the jarring distress I suffered when what I expected to feel, the experience of being me, no longer matched my reality.

I felt shrunken. Healing had consumed my fat and muscle and made my arms stick-thin and my ribcage prominent. Everything was out of reach: high shelves and anything I dropped on the floor, the building on the other side of a gravel path. The gym felt big too. The weights that a training instructor handed me felt large, even though they were just a kilogram. I looked at the other wounded from my gym mat, all at different stages of their recovery, lifting coloured balls or bars, or stretching bands. Coming to terms with a life-changing injury is an interior job, but I would quickly get to know these people. I wasn't alone – we were a community. We were unexpected survivors, young and fit and with a potential for recovery that made a

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mockery of 'likely outcomes' based on out-of-date studies.

One afternoon, a few weeks after I arrived, I saw a double amputee with similar injuries to mine walk past in the corridor. I scabbled from my bed into my wheelchair and propelled myself to the door to watch him. He didn't have sticks and he ignored the lifts and disappeared into the stairwell. I'd get to know him as a shy Marine who needed another sort of inspiration, but back then, when I was the new boy, it was like seeing a Year 11 student on your first day at school – impossibly confident and intimidating – and being unable to imagine ever being that grown-up.

I was starting a life I had little understanding of. My idea of the amputee, like many people's, was stereotyped and polarised to extremes. At one end, I saw the homeless beggar on a street corner with one trouser leg empty; and at the other, I saw the superhuman sprinting the corner of the running track on a carbon-fibre blade or dancing once again on a microprocessor knee – injury overcome and living a normal life. Maybe even a special life.

During those first weeks in hospital, when I allowed myself to think of the future, I found it hard to imagine walking again; the body I looked down on just seemed too pathetic and incomplete. I accepted this – survival seemed enough. Life in a wheelchair felt most likely, maybe with prosthetic legs for special occasions, tottering forward on sticks. I could still find hope in that. But it didn't take long to find uplifting stories: they were in magazines and on the internet, and walking past me in the rehab centre. It made me impatient. *How soon can I walk, when will I run, when will I be myself again?*

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The possibilities were made all the more exhilarating as we seemed to approach a technological horizon where the dreams of science fiction lay within reach, where artificial body parts had the potential to outperform what they replaced. I watched para-athletes compete alongside the able-bodied, bionic hands move with the power of thought, and the paralysed walk again with the robotic assistance of exoskeletons – technology and flesh combining to overcome human frailty and loss.

Then, ten weeks after losing my legs, I stood on prosthetics for the first time. I lowered my weight into the sockets and it felt as if a vice had closed around my stumps. The wounds were still raw from surgery, and everything that had been healing for the last eight weeks crushed together. An electrical storm of impossible sensations fired – a drawing pin trodden on, a toenail pliered off, salt rubbed into a skinless foot. It was a moment of breathtaking pain and weirdness. It was also the sudden vertigo of unbending my stiff back and being 6 feet tall, after so long in beds and wheelchairs. But standing between the parallel bars in the limb-fitting room, arms quivering as they supported my weight, I looked up and saw my body completed by prosthetics for the first time and smiled.

My physio, Kate, and prosthetist, Mark, who had suddenly become just about the most important people in my life, were watching, poised close enough to catch me if I fell. ‘How does it feel?’

They wanted to know if they could improve the set-up of

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the legs, but they were also smiling – they had an idea of how standing, after losing your legs, might make a person feel.

I sat back down. It was painful and the sensation was alien and hard to describe. I made an attempt – and said something I'd never said before: 'It feels like I'm standing on the end of the bone.'

They told me to remove the leg and gave me a small white sock to roll over the end of the stump. 'You're dropping in. You'll be losing volume all the time as the inflammation of injury goes down. A sock or two might make the fit better until we cast you again.'

I pressed the leg back on and stood up from the wheelchair. 'Try taking a step,' Kate said.

I took that first step, a little step that made the prosthetic move out in front of me and touch back to the carpet with a spike of pain. It was different from anything I had experienced before: the thoughts that used to result in *step* no longer had the outcome I expected, and the collection of components suspended off my stumps wouldn't respond. The prosthetics felt frustratingly dead hanging there, and I could only animate them with exaggerated movements from my hips. I hissed out my frustration: *Move, go on, step*. But there was only a void where once there had been sprightly, quick flesh. My brain still thought I had legs, yet my nerves were signalling to muscles that were severed in my stumps. The lack of response to the commands returned as pain, unstable steps scuffing the floor and the prosthetic knee suddenly giving way.

This was exactly what happened as I tried a few more steps.

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Right after Kate had said *well done*, a gathering familiarity made me overconfident, and the attempt to brace my real knee (which had been surgically amputated and incinerated) caused the mechanical replacement to buckle. Falling would become normal in the months ahead, but that first one was terribly painful. Reflex made me jerk out a foot to stop the fall. A real leg – the old me – would easily have stopped this stumble. Instead the ghost of my foot disappeared through the floor and the prosthetic sheered away from my stump, scraping the raw wounds against the inside of the socket. The pain was not only physical; it was the pain of my loss made real.

Mark and Kate helped me back into the chair. White and sweating, I took the prosthetics off. A wound on the end of my stump had reopened and dripped perfect spheres of blood onto the carpet. Kate handed me a paper towel to blot it. Enough for today. I slid off the treatment table into my wheelchair and rolled out through the automatic doors. Up on the ward, a nurse cleaned and dressed the wound and I went to collapse on my bed, stumps buzzing with the release of pressure and phantoms ghosting from old nerve endings.

Each time I returned to the limb-fitting room, wheeling my chair over to pick out my legs from among scores of others propped along the wall, I found it easier. For all the newness of the prosthetics, there was familiarity. They inhabited the space in which my brain expected my body to be, making me upright again, letting gravity act on me in a way that felt normal. What was so odd was how natural it looked.

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Suddenly there were shoes down there, where I was used to seeing them. And walking up and down the parallel bars became a few tentative steps across the limb-fitting room with crutches; walking with two sticks along the corridors of the rehab centre became wind-blown walks down gravel paths in the garden. Each time it was a little easier. And the strangeness of it faded as I improved.

Although I never wanted this body, I started to enjoy myself. The human ability to adapt made learning to walk for a second time exciting – for all the pain and weirdness, there was also joy. The physical challenge and gradual improvement were an antidote to the trauma. I had a purpose to focus on: walking again after thinking you might never be able to was close to touching magic. A future with a different body now seemed hopeful, a life of new experiences that I might not otherwise have had, and I knew I could be independent again.

And then, after a year of rehab, I was discharged, sent back out into the world with a new body.

While rehab had been uplifting, I know now, learning to live in the everyday of the real world was a different challenge. Like winning the gold medal or achieving a lifetime goal, there was a moment of depression when I was finally discharged. The intense purpose of physical rehabilitation was gone. *What now?* It was deflating. It was also the realisation I wasn't going to get any better. That this disability was for keeps. That I would have to live the rest of my life managing my body, and the tech that assisted it.

*

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I quickly found other goals. I retrained, I started a new job, I married, I had children. I was happy. Ten years have passed and now I can carry my kids on my shoulders, commute to work, walk beside my partner holding hands – being an amputee feels normal. I also look back over those ten years and see how much I have changed. I have a new body and a different identity. I also see how dependent I am on the technologies that help me; without them I'm not the same.

But a decade after discharge from the rehab centre, I need to check again if I've left any stone unturned: can I find new and better solutions? Can I improve my relationship with the technology I use? And perhaps most important – I am so utterly different from the person I would have been, had I not stepped on a bomb – can I understand the impact those technologies have on the person I've become? Ten years after my unexpected survival I have entered a kind of adolescent introspection: I need to define who I am, how I fit in, to measure myself against society and my peers.

I look around me and see that we are all experiencing a deepening and more intimate relationship with technology. We are all, in some ways, plugged in, and this changes our bodies and our brains. At the same time, distinctions between being disabled and able-bodied seem to be blurring – so many more of us support our imperfect biology with technology. It feels like we could be moving away from *disabled* as a useful description. It doesn't quite sum up what's at stake, especially as there seems to be a possibility, not far in the future, when technology might make me more capable than an able-bodied person – or at least in the strange position where I am as

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capable when I have my prosthetics on, and far more dependent when I don't. The paradox already exists: to the casual glance, I walk as fast and upright as anyone else in the street; the cost and effort are hidden, and outwardly it appears that technology has fixed me.

I've always felt uncomfortable with *disabled*; I know it is a legal category that protects me and I benefit from, but I've pushed back. I don't want to be labelled. Nearly all the technologies I've learnt to use, and so much of the last ten years, have been about overcoming my physical impairments – what would it be to live in a world where disability is normal and truly accepted, where the attitudes and structures of a society that create the disabled disappear?

I am wary of new categories, but I look around for anything that might better describe how I feel. *Cyborg* and *bionic* carry too much baggage; they conjure too many fictions and unrealistic expectations. *Differently abled* seems a word game. So I have started to think of myself as a *hybrid human*. It is a label just for me, not one I would impose on others. Hybrid bikes and hybrid cars, hybrid working – it is on-trend; it isn't perfect, but 'a combination of two different elements' seems to fit. And I like that *human* is part of it – human, more than anything, is how I want to feel, and it disappears from cyborg, bionic and disabled. This hybrid is a fusion, an amalgam, a confluence of things – of pig's-heart hybridity, of robotics and AI (artificial intelligence), of genetic engineering and new kinds of interfacing. It feels like a better way of describing my experiences and is somehow less loaded.

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What if I was no longer a disabled person, but a hybrid human?

What follows is a journey to find stories at the frontiers of man and machine, and to ask what it means to become dependent on medical technology; how the everyday realities of replacing and enhancing the body can change a person; and what the people at the extreme fringes – where monsters and cyborgs lurk, where technology has the capacity to dismantle identity and the traditional expectations of society – tell us about who we are.