

In-durable Sociality

*Precarious Life in Common
and the Temporal Boundaries of the Social*

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On a fall afternoon in 2007, more than a year after Jake had been medically evacuated from Iraq to the US military's iconic Walter Reed Army Medical Center in Washington, DC, he and I sat perched on a seasonal grocery store display of pumpkins and haystacks in front of a nearby mall, talking and waiting for the pain in his leg to subside. Jake reflected on his faltering new marriage to his newly pregnant wife, now on bed rest back home in South Carolina, and his as yet unsuccessful attempts to convince doctors to amputate his reconstructed but still-useless leg. Weary and frustrated, he said Walter Reed is the place where "you have to wait around before you can even begin picking up the pieces." The "pieces" Jake referred to were the fragmented stuff of an aspirationally ordinary American life, signaled in this context by marriage more than anything else. And this was inextricable from the fragmented stuff of his body—his shattered foot, his torn and sutured and incised flesh, the damaged gray matter of his brain. Through the image of a shattered whole, he evokes both a world and a body blown apart and indexes the waiting that fills the days at Walter Reed, a waiting that feels to him like a doing nothing that has become everything.¹ Waiting, of course, can be an ethical, or even reparative, practice.² Recall the familiar gendered trope of the lover who longingly waits for her soldier's return. But for Jake, waiting registers as nonaction. Not a waiting *for*, but a waiting *around*. In this moment, the essential difference is that waiting *for* is productively attached to an other and a future legible within heteronormative regimes of sociality; waiting *around* just uselessly circles a relentless present, a negative evocation of the temporalities of disability that refuse the productive organization

1 of lifetimes essential to heteronormative and capitalist fantasies of the
2 good life.³

3 This ethnographic situation rhymes with its broader historical one
4 in which, in the United States in particular, normative fantasies of the
5 good life are frayed, hard to grasp, and increasingly costly in the attempt,
6 and yet investment in them and aspiration for them remain a central force
7 that pushes people's lives along, even as they seem to go nowhere.⁴ This
8 is, after all, how many people, including Jake, end up in the army in these
9 days of the all-volunteer force and GI Bill benefits.⁵ With its steady pay,
10 education and health benefits, and touted opportunities for employment,
11 soldiers are more likely to have seen enlistment as an alternative to the
12 perils of low-wage or no work than a chance to fulfill some patriotic des-
13 tiny. And so, while there is much in the experiences I present below that is
14 specifically conditioned by America's war in Iraq in the decade following
15 9/11, there is also a good deal that speaks to the problems of aspiration,
16 desperation, and the difficulties of enduring life in the midst of a profound
17 uncertainty that both emanates from and registers in the body itself.

18 This stuckness in a difficult and undesirable present that does not
19 seem to advance toward the future is the temporality of endurance, a tem-
20 porality Elizabeth Povinelli has identified with those daily experiences of
21 "suffering and dying . . . that are chronic and cruddy," unfolding in the
22 social tense of the durative present, never rising to the level of the event.⁶
23 This is akin to what Lauren Berlant has thought through the "impasse,"
24 emphasizing affective modes of sheltering in place while waiting for a new
25 genre of social life to emerge.⁷ Endurance is not the work of overcoming
26 adversity, of moving on or moving elsewhere, but the practices of mak-
27 ing do in a protracted moment of dire and even life-threatening uncer-
28 tainty that seems so relentless it becomes ordinary. The questions I pose
29 about it here concern the modes of intimate sociality that adhere in such a
30 moment. Attending ethnographically to this fragmented and overwhelm-
31 ing present-out-of-time at Walter Reed, we encounter attachments and
32 modes of solitude that both sustain and imperil existence. While some-
33 times gesturing toward the future, Jake and others at Walter Reed were
34 often overcome by the sense that they were doing nothing but waiting,
35 and waiting for nothing. In response to this sense of nothing, I ask, what
36 broader logics of the social govern this space such that Jake can posit its
37 modes of intimacy, violence, care, and obligation as something other than
38 the living of life, as waiting around? And, what analytic interventions
39 might we pose as critical thinkers of the social to allow all this to register
40 as something more?

41 I am concerned with the situated particularities of the group of
42 injured soldiers I knew at Walter Reed. But I am also concerned with
43 how these particularities might push us to refocus our thinking about the

1 lived experiences of biosocial precarity. In seeing soldiers as exemplary
2 subjects for thinking sociality, I am reminded that Michel Foucault found
3 soldiers exemplary subjects of disciplinary power and also turned to soldier
4 sociality as a productive example ready at hand when reflecting on
5 relational modes that challenge normative arrangements of sex and love.⁸
6 Here I move between the contours of daily experience for injured soldiers
7 at Walter Reed and a broader consideration of how we might theorize the
8 contours and temporalities of sociality, solitude, life, and its limits in such
9 precarious spaces and moments. In doing so, I hone in on a mode of soci-
10 ality I term *in-durable*, one that may be illegible to social theory that takes
11 its objects from those things that constitute normative arrangements of
12 life, or the events change them,⁹ or that contain a “transformative poten-
13 tial of becoming.”¹⁰

14 When it does occur, attention to the sociality of suffering bodies is
15 sometimes explained, or justified, by the suggestion that such socialities
16 might be politically transformative, that their precarious present is on
17 the verge of the future, part of the emergence of “a people yet to come.”
18 But, echoing recent work in other zones of life configured between being
19 and not being,¹¹ my work with soldiers like Jake compels me to attend to
20 something else, a way of being that is shared and that is more *in* the verge
21 than *on* it: in a zone of life seemingly hostile to stabilizing social forms,
22 to the enduring temporality of the social, where questions of emergence
23 may be secondary to practices of being with others between emergence
24 and collapse. Here, the focus is not on the event, the transformative emer-
25 gence of a new relational mode or otherwise world, but on the moment,
26 the daily experience of difficult and deeply uncertain life that is circum-
27 scribed within a present that seems to go nowhere.

29 **In-durable Sociality In the Shadow of Conjugal Couplehood**

30 Jake stayed at Walter Reed for about three years, undergoing the ampu-
31 tation of his lower leg after about a year and a half. While his stay was
32 longer than most (the average was about fourteen months), it wasn’t all
33 that unusual. Delayed amputations like his, the result of repeated surgical
34 and rehabilitative failures to restore sufficient function (though sufficient
35 to what was a topic of careful consideration among soldiers), were increas-
36 ingly common. There are a good many American soldiers “like Jake,”
37 many thousands, depending on how you want to count them. As of the
38 time he finally left Walter Reed—three years, more than twenty surger-
39 ies, one marriage, one separation, one amputation, and two children after
40 being blown up by an improvised explosive device (IED) in Iraq—Jake
41 could be counted as one of roughly 45,500 who had been medevaced out
42 of Iraq, one of 1,200 who had partial or total limb amputations, and one of
43

1 7,800 who had come through Walter Reed, nearly all with a family mem-
2 ber who rushed to their side.¹² Soldiers might spend years living within
3 Walter Reed's gates, most often in a room in the on-post Mologne House
4 hotel or the nonprofit communal family-home-style Fisher House, where
5 my research was based. They shared their room with a family member—a
6 wife or girlfriend, a cousin or a brother—helping constitute each soldier
7 as an individuated family man. The routines and roles of military life
8 were largely absent, and institutional life increasingly gave way to forms
9 of civilian anonymity that were cultivated within it.

10 In 2007 Walter Reed was populated by a few hundred soldiers, most
11 of them grievously injured in Iraq, blown up by IEDs. Most of them were
12 young men, and almost all of them had a wife or girlfriend or a parent or
13 sibling or cousin or friend who came and was menially compensated to live
14 with them as what was called a nonmedical attendant while efforts were
15 made to remake the violences of war into the stuff of unmarked Ameri-
16 can life.¹³ Unlike civilian Americans who require long-term rehabilita-
17 tion, soldiers like Jake have a massive health care apparatus and surfeit
18 of public, private, and political will and resources to support them. They
19 also find themselves hailed by narratives of heroism, trauma, and recovery
20 that function as a proxy for the nation's own success, failure, triumph, or
21 decline, urging them into the comforting time line of a crisis overcome,
22 a promising myth of social and biomedical repair. The sometimes pros-
23 thetic production of normative and normatively gendered bodily forms
24 is a key feature of biomedicalized regimes of recovery elsewhere in the
25 United States, as critical work on mastectomy has made clear.¹⁴ The body
26 of the injured soldier is similarly rendered as a figure that plays out public
27 anxieties about gendered embodiment, debility, and sexuality. But more
28 than the body of the woman with cancer, the body of the injured soldier
29 becomes a kind of avatar of the nation itself, both in its form and function
30 and in the arrangements of life it entails.

31 Historians have been particularly apt at demonstrating the ways this
32 figure is instrumental to the production of various regimes of the social.¹⁵
33 The question of to what social form soldiers will be disbursed when they
34 are no longer soldiers, particularly after injury, has always exerted some
35 sort of pressure on the institutions that were obligated to them when they
36 were. The earliest pension and welfare system in the United States, for
37 example, was the one created for Revolutionary War soldiers in 1818, which
38 was expanded for Civil War soldiers in 1865 in part to create group homes
39 for disabled veterans.¹⁶ When the country was preparing for the return of
40 WWI soldiers, it created an insurance scheme, rather than a pension, aimed
41 largely at ensuring the return of fighting men, both injured and not, to the
42 workforce and to the ideal domestic configuration of male-headed single-
43 family households tended by nonworking wives and mothers.¹⁷ Thus the

1 whiteness, maleness, and re/productive fitness of the veteran body has
2 long been embedded in the biopolitics of veteran care. The iterations of
3 the GI Bill that began in 1944 have been organized around benefits like
4 education, housing, and medical care, aimed at bringing waves of return-
5 ing soldiers productively back into the social fold.

6 These efforts at governing and securing the futures of soldiers have
7 met with mixed success, occasionally giving rise to bastard social forms.
8 There was the Bonus Army of 1932: thousands of WWI veterans who
9 marched to Washington, DC, set up an encampment near the capitol, and
10 vowed to remain until they were given the compensation they had been
11 promised. For two months a kind of otherwise community flourished,
12 with provisions shared and color lines broken by common need, common
13 cause, and common experiences of wartime Army life that left a lingering
14 legacy of government “fear of veteran activism.”¹⁸ Fred Zinnemann’s 1950
15 film *The Men* stages the tension between the normative domestic world
16 into which injured soldiers ought to return, and the queer crip homosociality
17 (still heterosexual, though not heteronormative) of the men on the
18 veterans’ hospital’s wards that threatens it. It is this homosociality, rather
19 than the devotion of his fiancée, that offers Ken, the film’s protagonist
20 (played by Marlon Brando), the forms of intimacy and camaraderie he
21 finds most nourishing and vital.¹⁹ And it was largely out of the failures of
22 the Veteran’s Administration (VA) to help Vietnam veterans “readjust” to
23 normative social forms of civilian life that the hybrid politico-therapeutic
24 form of the rap group arose, not only creating sustaining forms of veteran
25 homosociality that counterbalanced normative forms but also, in so doing,
26 helping to feed the veteran antiwar movement consolidated by the organi-
27 zation Vietnam Veterans against the War.²⁰

28 Such forms of potentially long-lasting, oppositional, and transforma-
29 tive collectivity did not take root at Walter Reed. Instead, Walter Reed
30 was an uncanny space that attempted to replicate the comforts of home
31 while being virtually overrun with celebrities, politicians, volunteers, and
32 reporters who claimed injured soldiers as willing national sacrifices. In
33 this strange space where the ordinary and extraordinary collided, there
34 were the in-durable socialites of the present and an impossibly narrow
35 horizon of the future that was supposed to be secured by the antipolitical
36 and love-bound form of conjugal couplehood from which few fugitive
37 routes to the future escaped.²¹ *In-durable sociality* is the inelegant name
38 I give to a way of being with others based in part on a common need
39 for endurance but that is not itself enduring, a way of being in common
40 that is based on the hardness (*dureté*) of life—both its difficulty and its
41 explicit materiality—but that is also conditioned by the temporal limits
42 of that togetherness: the awareness of many, finite durations, rather than
43 the possibility of a single shared one (*the* duration). The inspiration for

1 thinking of these modes of sociality at Walter Reed in terms of the French
2 and English cognates of duration, endurance, and *dureté* comes from my
3 slightly ironic rethinking of the Paul Éluard quotation that is the epitaph
4 of Michael Lambek's *Weight of the Past*, "le dur désir de durer," roughly
5 translated as "the difficult desire to endure."²² Beyond the difficulty of
6 endurance, the ambiguous syntax also points us to the difficulty of this
7 desire itself, suggesting the fundamental ambivalence of attachments that
8 keep you living in a present you want to leave behind. At Walter Reed
9 people knew that this mode of life would not last, and indeed they hoped
10 it would not last long. After all, in the best of all possible worlds, they
11 will be able to leave Walter Reed and its sociality tomorrow. But, despite
12 their apparent thinness and fragility, the social attachments that adhere
13 in this moment are essential to the practices of endurance, of waiting out
14 the present, out of which daily life at Walter Reed is largely made: in-
15 durability is a quality of the social attachments that help sustain life in a
16 finite and protracted present that is difficult to endure.

17 *In-durable sociality* names the attachments Jake had with other
18 injured soldiers, the attachments that could seem so essential but also feel
19 to him like nothing when overshadowed by the normative form of con-
20 jugal couplehood that he, and so many others, tended to hang his future
21 on. As opposed to these ways of living, precariously, in common, with
22 others, for a while, the normative arrangement of conjugal couplehood
23 seemed best, the most reliable for the future, even if it was unstable in the
24 present. While it has long informed rehabilitative practices and redemp-
25 tive national desires that aim to enfold injured soldiers within normative
26 civilian life after war, the shift in emphasis from wage earning to conjugal
27 couplehood as offering the most whole, hopeful, and long-lasting future is
28 new.²³ It is hard to overestimate the tenacity of this form in the American
29 military context, where institutional investments in making the military
30 more "family friendly"—where the "family" form imagined was only the
31 heteronationally normative one—was essential to transitioning to an all-
32 volunteer force after the end of the draft in 1973. This form continues to
33 be considered central to the functioning of the force and, in new ways,
34 to the care of injured soldiers and veterans, even as it becomes increas-
35 ingly clear that such a limited set does not begin to capture the number
36 or arrangement of intimacies out of which soldier and veteran lives are
37 maintained, or the many ways that such limited intimacies can be hazard-
38 ous. Nevertheless, the supposed stability of that normative life lingered
39 out on the horizon of rehabilitation at Walter Reed, an imagined future
40 in which the body and mind were no trouble at all and where the social
41 form of a heteronational nuclear family would both rely on and shore up
42 the formerly wounded soldier at its center.

43 Attempting to cultivate this arrangement in the present was exhaust-

1 ing. Sometimes it seemed to work. Many marriages faltered and some
2 failed at and after Walter Reed, though every so often one would be con-
3 solidated through the pressures and practices of enduring its present.
4 Occasionally people even met and fell in love there: a soldier whose civil-
5 ian “pen pal” came to visit him and then became his wife, another who
6 went on to marry a graduate student interning there. But sometimes these
7 attempts undermined the stability of the lives they were supposed to sup-
8 port, as when wives or girlfriends hit, shoved, or betrayed soldiers.²⁴

9 Soldiers were not institutionally bound to one another, but they might
10 see one another every day in brief increments crossing paths in the hos-
11 pital’s rehab spaces or punctuating empty hours in their rooms by taking
12 smoke breaks in common spaces outside. Skipping over the incremen-
13 tal steps of getting to know one another in favor of profound identifica-
14 tion and affiliation, they would swap details that became relevant in the
15 moment: comparing the present shakiness of a body to the previously
16 honed stability of a sniper’s concentration; recounting the effects and
17 side effects of narcotic painkillers, antibiotics, sleep and psych meds, and
18 erectile dysfunction drugs; weighing the labors and maintenance of an
19 amputated leg against the pain of a dysfunctional one. In this way they
20 made deep friendships missing the superficial layers of acquaintance, an
21 intimate bond with someone whose name you might not know.

22 That they shared seemingly extraordinary things in common was
23 the core of their vital and in-durable attachments to each other. This
24 commonness did not constitute a community, but it was a kind of shared
25 world, a world of fragments, a world without a future, a world whose
26 necessity was bound to the particularities and intensities of a present,
27 which was perforated by, and always ready to break toward, a time after
28 now that never seemed to come.

29 Jake’s practice of waiting was like this, too. He and Manny, another
30 injured soldier, were practically inseparable when they both lived at Fisher
31 House. They would go to the mall together, work on cars in the parking
32 lot together, watch TV together, keep each other going just by being side-
33 by-side. They plotted a future together and talked about opening a garage
34 in South Carolina—Jake even scoped out a location one weekend on leave.
35 But this is not a future that will not come to pass. It matters as an imag-
36 ined future, not an actual one. It matters as part of a shared present, not as
37 a shared future. And when there is a special workshop for injured soldiers
38 who want to start their own businesses, neither Jake nor Manny attends.

39 When Manny plans a visit home to California, Jake is worried about
40 how he’ll spend his time. He’s worried about getting depressed and tells
41 me that if he stops shaving, I will know he is not doing very well. But
42 despite days’ worth of stubble, despite forest fires that suddenly erupt in
43 Manny’s California hometown, the two of them are not in touch. Then,

1 back at the Fisher House, they are inseparable once again, living on in
2 each other's company day after day. But once Jake's wife and Manny's
3 mother must leave Walter Reed, and Jake and Manny each move into the
4 Abrams Hall barracks for single soldiers, they don't see each other for days
5 on end. Text messages are considered and often go unsent. It is again as
6 if Manny is across the country rather than across the courtyard. It is as
7 though the pace of life is too much, too fast, too soon, and relationships
8 pounded out in this rhythm appear thick and prove brittle.

9 In-durable sociality can become a cause for concern, including concern
10 about what forms of life will emerge after Walter Reed. This is especially
11 the case when, as would prove to be true for Jake, there is no obvious
12 civilian life or robust domestic arrangement to return to and no way of
13 continuing the army life soldiers had come to know.

14 In the contemporary American public imaginary, ideas about the
15 afterlives of soldiers are shadowed by the war-crazed and war-broken veteran
16 figures of the Vietnam War era. And both public and more proximate
17 concerns about what soldiers like Jake will be are haunted by specters
18 of suicide, homicide, and other forms of violence that seem to stick to
19 them. These are often poised between the deathboundness of injured
20 soldiers and the redemptive possibility that their bodies might become stabilized
21 through normative social forms, especially through heteronational
22 domesticity, that configuration of life that is the apotheosis of successful
23 rehabilitation.²⁵ At Walter Reed, these concerns for life in the future
24 are complicated by concerns for life in the present. In-durable sociality,
25 after all, may make life bearable, but it is made of unreliable stuff. The
26 fantasy of clear—though only ever ideal—alignments between solitude
27 and social death, independence and the capacity for self-founding social
28 life, between physical proximity and bodily care and social attachment
29 becomes untenable at Walter Reed. Amid this precarity of both social
30 and biological life, the kinds of sociality and solitude that sustain life and
31 those that represent a threat to it cannot always be so categorically distinguished.
32 There were times when it seemed that life and the attachments
33 that made it might give way, that the possibility of living on might come
34 undone. Solitude seemed to be a force in this undoing. But, as I describe
35 below, it was also folded into sociality at Walter Reed.

37 **Solitude and Biosocial Life**

38 Solitude, as much as queer multiplicity, sometimes appears as an untenable
39 state in social theorizations of the normative worlds of liberal modernity. In
40 Giorgio Agamben's "bare life" or João Biehl's state of "ex-humanity," for
41 example,²⁶ conditions understood to strip away social attachments are
42 marked by radical forms of solitude, including the solitude understood
43

1 to be an effect of the limits of communication and meaning imposed by
2 bodily pain.²⁷ Even queer theory's antisocial thesis hinges on the multi-
3 plicity of monstrous nonmultipliers,²⁸ and the utopian refutation of it is
4 clearly articulated in the collective language of *we*.²⁹ In these ways, critical
5 renderings of practices of living often seem oriented toward stable social
6 connection, and critical renderings of practices of dying seem oriented
7 toward solitary bodies. But ways of being (rather than ways of not being)
8 are also constituted through pain, suffering, abandonment, and death.
9 Fleshy, ethical, political, and even symbolic social worlds emerge through
10 practices of negotiating the possibilities of precarious life and death in
11 community or, at least, in common with others,³⁰ through keeping watch
12 with others,³¹ or the ethical responsiveness of remaining.³² And, I suggest,
13 amidst the in-durable socialities of the precarious present, solitude can be
14 like this, too.

15 At Walter Reed, solitude was an inescapable but ambiguous fea-
16 ture of life, one that was as much a banal part of the everyday as it was a
17 harbinger of deadly harm, and sometimes a kind of refuge from it. Many
18 of the seemingly endless hours of empty time that soldiers faced—after
19 a morning of appointments and in the absence of a special support-the-
20 troops event like a trip to a baseball game or a steak dinner out—were
21 spent in solitary distraction, watching TV or movies or playing video
22 games in one's own room. This was a solitude held in common, a normal
23 way of being alone and one that could sometimes be shared with others. It
24 was part of the in-durable sociality that soldiers shared. But solitude could
25 also become a cause of special concern, both institutionally and among
26 soldiers and families themselves.

27 There was also a relatively new rule at Walter Reed that injured
28 soldiers were not allowed to spend the night alone. One civilian employee
29 who had been working at Walter Reed for decades explained to me that
30 the main reason for it was to prevent suicides. He told me of one dark
31 rumor involving a leap from the top of a multistory parking lot on post,
32 but I never heard any others, and it seemed there had been only one docu-
33 mented suicide at Walter Reed in the post-9/11 era. But this explanation
34 for why soldiers couldn't spend the night alone didn't require such deaths
35 or their evidence to make sense. As military suicide rates surpassed both
36 civilian suicide rates (which historically have been higher) and numbers
37 of combat deaths, a moral panic set in making suicide a special focus of
38 the way that violence and death are seen to stick to US soldiers.³³ In this
39 context, being alone, perhaps especially during the long quiet stretches of
40 solitary nights, is seen to be such a hazard at Walter Reed that it has been
41 forbidden. Soldiers are not allowed to sleep alone. The rule was directed
42 at nothing more than maintaining life itself, directed at the prevention of
43 death but not at the fortification of forms of life.

1 ter Reed, his wife and their baby joined him. His wife's sister visited often,
2 taking care of the baby and taking a break from the chaos of her own life
3 back in Tennessee to shore up her sister's. Daniel was not often around,
4 though I spent lots of time with his wife, Sam. Daniel's leg had been badly
5 damaged in an IED blast, and soon after he arrived at Fisher House it
6 became clear that it wasn't going to get any better. Sam would sometimes
7 coax him out of their bedroom and onto the living room couch, where he
8 would sit silently, sometimes scowling, sometimes smiling at their son,
9 Little J, who looked just like him. When I spoke to him, he smiled politely
10 and said as little as possible. Even in the company of others he often
11 managed to be alone. He never joined us for the communal dinners we
12 sometimes cooked. He almost always ate in his room, Sam shuffling down
13 the hall with a plate of chicken nuggets or a grilled cheese sandwich with
14 mayonnaise, the way she'd taught herself to make it.

15 Daniel's preference for solitude was talked about and treated as a
16 cause for concern by others. Other injured soldiers tried to get him to
17 hang out in the parking lot while they worked on their cars to no avail. It
18 was big news when they convinced him to go to the mall and buy a GPS,
19 and when they got back we all tried not to make a big deal about it, afraid
20 we'd scare him off. His aloneness went beyond what was held in common
21 by other soldiers, past the limit of in-durability, even though he shared
22 his room with his wife, baby, and sister-in-law. In fact, while the contin-
23 ued presence of these others might have seemed like a social prophylactic
24 against suicide, his desire for solitude raised concerns about the lives of
25 others as it was also read as a broader sign of dangerous unpredictability.
26 Sam and her sister Vanessa wouldn't leave the baby alone with him. If
27 something happened to Little J, it seemed like Daniel might just let it. No
28 matter how he tried, Daniel couldn't sever the ties that linked him to those
29 around him. But his attempts to shake them off made those ties, the very
30 ones sustaining the form of his life in the present, seem hazardous. They
31 became the sites of mutual vulnerability,³⁴ and as he attempted to gouge
32 out the anchors that held them fast, the diffuse concern about unpredict-
33 able, perhaps even violent, social contact proved well founded.

34 As we milled around in the communal dining room one night, over-
35 taken by group of VIPs hosting a dinner at the Fisher House to show their
36 support for injured soldiers, Vanessa told me that the night before they
37 left Little J alone in the room with Daniel. Little J was asleep, and Daniel
38 said he was up for it. He'd seemed a little better lately. It seemed okay.
39 She'd gone in to check on them. As soon as she'd opened the door, Daniel
40 jerked back, pulling a pillow away from Little J's head. Vanessa screamed
41 at him, demanding to know what he was doing. He said he was just try-
42 ing to make the baby more comfortable. Vanessa said that was bullshit:
43 he was trying to kill him, to smother him with a pillow—it was obvious.

1 Vanessa was sure that if she hadn't gone to check on them, Little J would
2 be dead. She'd taken Little J out of the room. She'd told Sam. She was
3 furious. She didn't know what else to do. The consequences of reporting
4 it to a military police officer or his commanding officer would probably
5 make things worse, rather than better. But they wouldn't leave Little J
6 alone with Daniel any more.

7 Then we heard a ruckus outside, some shouting, but nothing that
8 disrupted the casual special occasion in the dining room. It seemed to be
9 coming from the parking lot. It was followed by a silence. A friend went
10 out to check. A few minutes later I followed and found him standing next
11 to Sam, who was leaning on her rented car, eyes red and still dripping
12 with tears. Daniel had tried to leave, to get into the car and take off. Sam
13 had tried to stop him. In his condition, with his useless leg, his medica-
14 tions, and in his wild state, it was hard to imagine how he could survive
15 any length of time behind the wheel. But she'd kept that to herself. Instead
16 she'd reminded Daniel that soldiers aren't allowed to drive the cars rented
17 for their families by the Yellow Ribbon Fund. He had insisted he needed
18 to leave. She had insisted that he not drive himself anywhere. And that's
19 when he lifted up one of his crutches and swung it at her with all his
20 might, hitting her square on the side of the head. Then, leaving one crutch
21 on the ground and one sticking out of the trunk, he'd taken off limping
22 painfully into the contained darkness of Walter Reed.

23 During the night they found him. He hadn't even made it to the
24 front gate. They put him on the locked psych ward for three days. On
25 the second day, Sam reluctantly went to visit him, but only because she
26 needed the car keys that Daniel said he would only give to her. Now that
27 he was locked away, in an enforced solitude of someone else's design, he
28 used the little leverage he had left to pull her to him. He tells her it's hor-
29 rible in there, that he doesn't belong in there, that there are really crazy
30 people in there, talking to themselves and worse. He also tells her that
31 he doesn't have the keys, that he threw them into the grass that night.
32 He doesn't seem entirely sure why. He lied about it so she would come to
33 him, so he wouldn't feel abandoned to the imposed isolation of the ward
34 where the people who share it with him don't even seem to live in a shared
35 present.

36 Daniel is made to talk to a psychiatrist, and Sam goes with him
37 a couple of times. Later she explains to me what his desperate need for
38 solitude was about. He told her that ever since he'd left Iraq, he'd look into
39 anyone's face and know they were trying to kill him. This was why he
40 stayed in their room. This was why he never went to the mall. This was
41 why he'd tried to smother Little J. In a kind of inversion of Levinasian
42 ethics, where the face carries the injunction not to kill,³⁵ every face-to-face
43 encounter was a moment of kill or be killed. That night he'd tried to take

1 off in a desperate attempt to save himself, but also to save those faces he
2 couldn't help but see, those most intimate to him. Solitude had seemed
3 like the only possible continuation of life, the only way to avoid death,
4 even if it meant a kind of withdrawal and solitude more extreme than what
5 he could manage in that shared room, surrounded by some thin version
6 of kith and kin. But faced with the decayed sociality of the psych ward, he
7 did his best to be with others, getting Sam to come to him.

8 After he got out of the psych ward, things were a bit better. Though
9 eventually he stopped going to the psychiatrists, complaining that all they
10 wanted to talk about was Iraq, he kept taking his new meds. His need for
11 solitude was less overwhelming, his mode of being with others less deadly,
12 more in-durable. Though he still rarely spent time with other soldiers, it
13 was no longer because their faces were a threat to his life. It was now, at
14 least in part, because he felt guilty that he wasn't as badly injured as some
15 of them were and was worried that they'd think he didn't have a right to
16 be there; in place of a need to sever the attachments he had, there was a
17 fear that the affiliations available to him might be untenable.

18 This story of Daniel, the way that death mediated his relationship to
19 his wife and baby son, and the way that solitude was both a sign of poten-
20 tial death and an unsustainable refuge from it, is exceptional. It describes
21 a rare instance in which the various nearnesses of death confront a soldier
22 with a choice between a social death of radical solitude and a biological
23 death of intimacy and attachment. But as an exceptional case it speaks to,
24 and even demonstrates, habits and tacit understandings of the contours
25 of a vital and precarious sociality. Though people at Walter Reed hardly
26 ever do what he did, Daniel's solitude was readily legible to those around
27 him as a sign of deadly danger. His explanation that everyone around
28 him—even his baby boy—was trying to kill him was instantly compre-
29 hensible, even to Sam, and no one I spoke with ever called it into question.
30 This common sense holds people together in moments when the ramify-
31 ing and multiple violence of war tears them apart. It also makes solitude
32 legible as a life-preserving practice, and as a form of life preservation that
33 cannot sustain a future.

34 35 **The Future That Does Not Come**

36 Both now and throughout its century-long wartime history, Walter Reed
37 has been a place doubly governed by American fantasies of the good life.
38 As a site for the remaking of lives as well as the salvaging of limbs, it has
39 always had the rehabilitative mission of “remaking of men” in whatever
40 normative and socially productive (and always raced, classed, and gen-
41 dered) form ruled the day.³⁶ And as a key publicized space of the Ameri-
42 can wartime imaginary, it has been a site for staging nationally redemptive
43

1 stories of violence that hinge on the triumph and restoration of soldier
2 bodies.

3 But while Walter Reed is so governed by normative fantasies of self,
4 sociality, and time, it is also uncongenial to their achievement. It is not
5 a place where such fantasies can actually be realized. The experience
6 of living in it doesn't conform to the temporalities of rehabilitation that
7 guide clinical models,³⁷ or to those ideal trajectories of recovery on which
8 redemptive national narratives are based. It is a place, as Jake said, where
9 you have to wait around. Though the site was governed as if it were a space
10 for reassembling a salvaged future, being at Walter Reed was a practice
11 of biding time among bits and pieces, living through in-durable socialites
12 of a precarious present rather than forging the solid contours of a world
13 to come.

14 At a broader social and cultural level, the conventionalized sociality
15 of conjugal couplehood, and the ethical and biopolitical investments it is
16 bound up with, also helped smooth the path to the post-9/11 wars in the
17 first place, both through ethical investments that unevenly distribute the
18 value of life across political geographies³⁸ and through social investments
19 in fantasies of the good life all the more easily leveraged into military
20 recruitment in an increasingly depressed, and eternally optimistic, Ameri-
21 can dreamscape. For those soldiers whose lives are most marked by war's
22 violence, it is not at all clear how or why such an unmarked ordinary world
23 would be possible or even, in many ways, better than a life that made
24 space for the fractures of war's transformations or for forms of sociality
25 that could more thoroughly embrace them. Such a desire for soldiers to
26 settle into an unchanged ordinary after everything has changed seems
27 both optimistic and cruel in Berlant's sense, an investment, attachment, or
28 "desire that is actually an obstacle to . . . flourishing."³⁹ What would have
29 happened, for example, if Jake hadn't gotten married at all but had opened
30 that garage with Manny instead? What is lost in pursuit of such a narrow
31 form of life? What's more, though rehabilitation and reintegration are the
32 watchwords of this optimism, return is not, in fact, the desirable outcome,
33 given that so many soldiers join the military because of the structural
34 instabilities of their lives—unemployment, for example, or the inaccessi-
35 bility of higher education, or the absence of other life choices in the rural
36 swaths of the country where formerly reliable industries and livelihoods
37 have vanished. This past is not the future soldiers hope for, nor is it the
38 one that public policy and private organizations envision. As the relentless
39 and desperate chorus of American (anti)politics has it, tomorrow must be
40 better and brighter than today.⁴⁰

41 There remain, as always, alternatives to such fantasies, like the social
42 critique, camaraderie, and, sometimes, informal experiments in commu-
43 nal living of the national organization Iraq Veterans against the War, itself

1 modeled on the Vietnam Veterans against the War organization, which
2 created alternative affective, social, and political spaces for veterans, all
3 of which were part of the infrastructure of social, cultural, and political
4 change in the Vietnam War era. But such alternatives get little traction
5 against the overwhelming pull of normative sociality that is so cultur-
6 ally and institutionally supported as a bulwark against the forms of death
7 and pathologized sociality and solitude that many soldiers seem unable
8 to shake. Many injured soldiers do indeed find ways, as Jake could not,
9 to pick up the pieces of a fractured world and assemble them, with some
10 assistance, into a version of properly configured good life. But many oth-
11 ers manage to hang on by finding in-durable sociality rather than stability
12 amidst or out of those fragments.

13 A study of Vietnam veterans found that the small percentage of
14 them whose posttraumatic stress disorder diagnosis persisted through
15 the decades after the war were twice as likely as those who no longer had
16 the diagnosis to die prematurely, “their lives often claimed by the rough
17 hand of a life on the margins: injuries, accidents, suicide and homicide.”⁴¹
18 Responding to the report, a representative of Vietnam Veterans of Amer-
19 ica, was careful not to condemn the services of the VA, though in terms
20 that suggest hanging on, merely being alive rather than dead, may be all
21 that veterans have to show for decades of care: “We know a lot of people
22 who are alive today because of the V.A. medical centers,” he said. “They
23 may not be getting better, but they’re not offing themselves.”⁴² Attending
24 ethnographically to sociality and forms of life in such protracted zones of
25 afterwar precarity—including the temporally circumscribed one found
26 at Walter Reed—is thus not a project that offers a hopeful picture of an
27 emerging world. Nor is it an attention justified by the search for, or locat-
28 ing of, imminent critique. It is instead an attention to a significant and
29 evanescent present, one that can convey and illuminate certain impasses
30 of life in the contemporary American afterwar, for all that those are worth.

31 In their ethnographic unfolding, these scenes of solitude that may
32 gesture toward social death or life itself are accompanied by in-durable
33 sociality, sometimes so thin or transient or analytically awkward or seem-
34 ingly unsubstantial that an analysis of the social life might too easily treat
35 it as negligible. But it is certainly not negligible in this context where
36 aloneness is explicitly marked as dangerous and linked to the comorbid
37 risks of social and biological death, all while being wrapped up in various
38 forms of affiliation, attachment, and specifically calibrated measures of
39 concern.

40 We can easily view in such scenes a conventional anthropological
41 distinction between the suffering individual whose increasingly solitary
42 body is bound to the temporality of crisis, and the redemptive possibility
43 of a future sociality that looks more whole and more vital, more entire and

1 more social, than the precarious and materially overdetermined present,⁴³
2 a future where life has some breathing room. On the one hand, we find
3 precarious lives, suffering bodies, and the comorbid conditions of social
4 and biological death and, on the other, stable and communal social forms
5 and a redeemable and even hopeful future. But in thinking the in-durable,
6 I have tried to focus on the present in the way it is attended to in the
7 moments I encountered it, tracing out the qualities of sociality, intimacy,
8 and ethical attachment that accompany or are capacitated by a multiplicity
9 of individuated and enfleshed people in pain.

10 These are the qualities of a in-durable sociality, an ordinariness that
11 adheres in a precarious present, giving it its ethical substance and then
12 giving way to social formations that may not be qualitatively new, that may
13 not be redemptively collective, and may instead snatch normativity from
14 the jaws of the otherwise. In-durable sociality at Walter Reed is thin and
15 brittle and unenduring; it has no future of its own, it is not transformative,
16 *and* it is vitally important to the sustaining of life at Walter Reed.

17 If we tie ethical attachment and intimacy to a more stable and recog-
18 nizable social world to come, we risk displacing ethics, intimacy, care, and
19 sociality altogether from scenes of precarious life. The ethical substance
20 of precarious life shared in common with others is put beside the point. A
21 collective future, even if deferred through the temporality of emergency,
22 might hold out the possibility that worthless suffering may prove to have
23 been otherwise. But what happens when the future comes and brings, for
24 example, the death and forgetting of a generation, or the fizzling out of
25 a movement that never was, or the gradual dispersal of shared intensities
26 into the wind of liberal autological selfhood?

27 Precarity can seem, again, like a past property of individual lives
28 (albeit politically situated ones). Suffering can seem like the ordeal of a
29 solitary body (albeit a socially structured phenomenon). In-durable soci-
30 alities can be diagnosed as social failures; and deathbound lives, as little
31 more than the end points where layers of inequality finally compress and
32 crush the body. Ethical attachments may be rendered invisible, exempted
33 from history, or made to seem worthless, if they do not emerge as a pivotal
34 chapter in a morally valued story, if the moment does not rise to the level
35 of an event.

36 A form of sociality, like the one shared by injured soldiers, thrown
37 into being in a social or political space of some consequence, like Walter
38 Reed, may be consequential without being transformative. It is here that
39 we find the way suicide becomes shared as a “way of life” across genera-
40 tions of dispossession, as Angela Garcia has described; what Lisa Steven-
41 son suggests we might think of as “life beside itself,” sad and uncanny
42 experiences of affection, intimacy, and care that cross the necropolitical
43 line between life and death; and the modes of collective endurance in a

1 cruddy world that is historically drawn and redrawn into the brackets of
2 white settler liberalism's fantasies that Povinelli has traced.⁴⁴ It is how such
3 thoroughly and already bio- and necropolitical subjects live on among
4 themselves, how they do something other than protest or seek to collec-
5 tively constitute themselves within or against new regimes of legibility,
6 how they "shelter in place" or bide their time or wait for nothing but the
7 next thing to happen.⁴⁵ It matters without promising much for the future.
8 It is a way of enduring in a difficult present that itself desires to endure.

9 So, if we more readily complement hopeful questions about emer-
10 gence with others that put hope in abeyance, if we can divest ourselves
11 of our special attachment to "miracles of enduring difference,"⁴⁶ we may
12 more readily see, for example, how the sustaining of life in the present can
13 depend on forms of care and ethical attachment and structures of biopo-
14 litical capacitation that do not transform worlds, even fragmented ones,
15 but consequentially (and cruelly) remake them much as they have been,
16 even in times of endemic or acute crisis or fragmentation or structured
17 suffering that would seem ripe for transformation into an otherwise world.

19 Notes

- 20 1. See Naisargi N. Dave's contribution in this issue.
- 21 2. Han, "Symptoms of Another Life."
- 22 3. Kafer, *Feminist, Queer, Crip*; see also Weeks, *Problem with Work*.
- 23 4. Berlant, *Cruel Optimism*.
- 24 5. See, e.g., Hetherington and Junger, *Infidel*, 200–201; and Thorpe, *Soldier*
25 *Girls*.
- 26 6. Povinelli, *Economies of Abandonment*, 13. Because the moment of afterwar
27 life I describe here is situated within many other events, from the historical trans-
28 formations of American military and security practice following 9/11 to the periodic
29 scandals about veterans' access to health care, I find helpful Povinelli's distinction
30 between those forms of suffering that rise to the level of an event and those that do
31 not. But I recognize that other analytical traction might be gained from rethinking
32 the quasi event in other ways, as Veena Das suggests in *Affliction*, 12–19.
- 33 7. Berlant, *Cruel Optimism*.
- 34 8. Foucault, *Discipline and Punish*; Foucault, "Friendship as a Way of Life."
- 35 9. Badiou, *Logic of Worlds*.
- 36 10. Locke and Biehl, "Deleuze and the Anthropology of Becoming."
- 37 11. See, e.g., Das, *Affliction*; Garcia, *Pastoral Clinic*; Povinelli, *Empire of Love*;
38 and Povinelli, *Economies of Abandonment*.
- 39 12. These rough numbers are based on Fischer, "Casualty Statistics," and
40 Walter Reed Army Medical Center, "Walter Reed Fact Sheet, June 2008," www
41 .wramc.army.mil/Lists/WRNews/DispForm.aspx?ID=85 (accessed September 30,
42 2010).
- 43 13. The name nonmedical attendant (NMA) was somewhat erroneous, given
44 that NMAs could be responsible for things like daily wound care and the mainte-
45 nance of medication regimes, as well as the less explicitly medicalized tasks that could
46 range from help bathing to doing paper work. On the NMA program, see Wool and
47 Messenger, *Labors of Love*.

- 1 14. Jain, *Malignant*; Lorde, *Cancer Journals*; Wegenstein, *Good Breast and the*
- 2 *Bad Breast*.
- 3 15. See, e.g., Anderson, *Imagined Communities*; Canaday, *Straight State*; and
- 4 Mosse, *Image of Man*.
- 5 16. Linker, *War's Waste*, 14–17; Skocpol, *Protecting Soldiers and Mothers*.
- 6 17. Linker, *War's Waste*, esp. 30–31.
- 7 18. Frydl, *G.I. Bill*, 2. The action ended in disaster when General Douglas
- 8 MacArthur sent in the army, violently destroying the encampment. Dramatic and
- 9 fiery scenes were captured on film and shown, to the horror of fellow Depression-
- 10 suffering Americans, on news reels and in newspapers around the country. Dickson
- 11 and Allen, *Bonus Army*; Waters and White, *B.E.F.*
- 12 19. A similar, though more dystopic, sociality was seen to arise from the fetid
- 13 wards of overflowing VA hospitals during the era of the Vietnam War, captured, for
- 14 example, in Hal Ashby's 1978 film *Coming Home*. In that film, heterosexual couple-
- 15 hood strongly rooted in sexual intimacy and orgasmic satisfaction ultimately provides
- 16 a release from the ward and its sociality, as well as from its forms of institutional
- 17 debility and humiliation. The failure of the normative couplehood is also inextricably
- 18 bound up with the failure of life, triggering the suicidal violence supposed to be
- 19 embedded in veterans. In Robert Zemeckis's 1994 film *Forrest Gump* it is the love
- 20 and devotion of fellow veteran Forrest Gump that saves the injured veteran Lt. Dan
- 21 from a thinner, more solitary world, though ultimately the lives of both Forrest and
- 22 Lt. Dan are secured and redeemed by normative forms of true, heteronormative love
- 23 and marriage.
- 24 20. Egendorf, "Vietnam Veteran Rap Groups."
- 25 21. More than just the relationship we name with the terms *husband* and *wife*,
- 26 conjugal couplehood is a "key transfer point within liberalism" (Povinelli, *Empire of*
- 27 *Love*, 17) and basic social unit of normative American life through which discourses
- 28 and practices of normative selfhood and enmeshment migrate, reside, and calibrate
- 29 acceptable and pathological persons and socialities.
- 30 22. Cited in Lambek, *Weight of the Past*, x.
- 31 23. While prevalent forms of homonormativity suggest that the repeal of Don't
- 32 Ask Don't Tell may not trouble this ideal, the growing numbers of injured female
- 33 veterans, may trouble it, given how they may challenge the gendered arrangements
- 34 of care that heteronormative couplehood entails. Only a small handful of women
- 35 were at Walter Reed during my time there, but Jennifer Terry in "Significant Injury"
- 36 has raised important questions about the way the biopolitics of America's post-9/11
- 37 wars intersects with national imaginaries of women's bodies in the case of war injury.
- 38 24. Wool, *After War*.
- 39 25. Wool, *Attachments of Life*.
- 40 26. Agamben, *Homo Sacer*; Biehl, *Vita*, 317–18.
- 41 27. Scarry, *Body in Pain*.
- 42 28. Edelman, *No Future*.
- 43 29. Muñoz, *Cruising Utopia*.
- 44 30. Lingis, *Community*; Livingston, *Improvising Medicine*, 120–21; Petryna,
- 45 *Life Exposed*; Povinelli, *Empire of Love*; Povinelli, *Economies of Abandonment*; Taylor,
- 46 "On Recognition."
- 47 31. Garcia, *Pastoral Clinic*.
- 48 32. Stevenson, *Life beside Itself*.
- 49 33. See MacLeish, "Suicide and the Governance of Military Life."
- 50 34. Butler, *Prekarious Life*, 27–32.
- 51 35. Levinas, *Totality and Infinity*.

- 1 36. Linker, *War's Waste*.
2 37. Messinger, "Rehabilitation Time."
3 38. See Butler, *Frames of War*; Butler, *Precarious Life*; Povinelli, *Empire of Love*;
4 and Povinelli, *Economies of Abandonment*.
5 39. Berlant, *Cruel Optimism*, 1.
6 40. See Edelman, *No Future*.
7 41. Carey, *Combat Stress*. Those who maintained the diagnosis were those
8 whose symptoms continually met the diagnostic criteria *and* who remained in contact
9 with the mental health professionals who wield it.
10 42. Ibid.
11 43. See, e.g., Farmer, "On Suffering"; Nordstrom, *Different Kind of War Story*;
12 and Scheper-Hughes, "Talent for Life."
13 44. Garcia, *Pastoral Clinic*, 94; Povinelli, *Economies of Abandonment*; Steven-
14 son, *Life beside Itself*.
15 45. On biding time and related modes of inhabiting daily life, especially in the
16 place of devastation, see Das, *Life and Words*.
17 46. Povinelli, *Economies of Abandonment*, xi.

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