

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

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

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

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

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

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

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

In-durable Sociality in the Shadow of Conjugal Couplehood

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

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

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

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

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

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

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

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

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

Attempting to cultivate this arrangement in the present was exhaust-

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

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

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

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

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

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

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

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

Solitude and Biosocial Life

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

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

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

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

Though suicide was exceedingly rare at Walter Reed, being alone at night could still bring death close. And at the same time, and in ways such a rule could never capture, instances of being alone at night were bound up with forms of being with that sustained life in the present. The social fortifications of a life did not simply give way to a vortex of solitary death. They remained tangled up in a kind of precarious suspension. Jake, for example, was sometimes confronted with spending the night alone after his wife, Tanielle, was put on bed rest and remained back home in South Carolina. His mother had moved nearby to be close to him, and though he could spend the night at her house, he would have to get up so early in the morning to make it back for formation or appointments that he wouldn't be able to take his sleep meds, and without his sleep meds he would have horrible nightmares, in which case, like many soldiers at Walter Reed, he'd rather not sleep at all. Some nights Manny could stay with him in his room—and this was what the rule advised, to find a “Battle Buddy” to bunk with, using the army term for combat comrades designated to look out for each other, taking care to look for signs of suicidality and post-traumatic stress disorder. But it wasn't always possible, and given the way it intimated lasting homosocial intimacies that could displace the family forms future life was supposed to orient toward, it didn't seem to them like a proper solution for the present. And anyway, someone had donated special orthopedic mattresses to the Fisher House that made Jake's back ache and ruined his days, so maybe it was best to stay up all night at his mother's place after all. There were also those few weekend nights that Jake spent alone driving six hours each way back and forth to South Carolina to see Tanielle, though once he had to pull over to the side of the road to take a nap so he didn't fall asleep at the wheel. And then, after he and Tanielle split up, he moved into his own room in the barracks and spent every night alone: he was lucky enough to get one of the new wheelchair-accessible barracks rooms with a little kitchenette, but these newly built rooms meant to accommodate the bodies of severely injured soldiers were singles. Those few lucky soldiers that got them *had* to spend the night alone. For Jake, all these ways of breaking the rule, all these ways of sleeping alone, were also ways of managing social attachments, of deciding who to be with and who to be without and of becoming sensitive to what those decisions felt like, in every sense of the word. Managing the configuration of social attachments was a way of supporting or imperiling his life and his flesh: feelings of comfort, restlessness, fear, exhaustion, and pain. All of these feelings were measures of his condition in both a social and a clinical sense.

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When Daniel was told his new job was “EOD” he Googled it to find out what it meant: Explosives Ordinance Disposal. When he ended up at Wal-

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

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

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

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

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

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

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

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

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

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

The Future That Does Not Come

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

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

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

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

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

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

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

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

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

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

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

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

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

A form of sociality, like the one shared by injured soldiers, thrown into being in a social or political space of some consequence, like Walter Reed, may be consequential without being transformative. It is here that we find the way suicide becomes shared as a “way of life” across generations of dispossession, as Angela Garcia has described; what Lisa Stevenson suggests we might think of as “life beside itself,” sad and uncanny experiences of affection, intimacy, and care that cross the necropolitical line between life and death; and the modes of collective endurance in a cruddy world that is historically drawn and redrawn into the brackets of

white settler liberalism's fantasies that Elizabeth Povinelli has traced.⁴⁴ It is how such thoroughly and already bio- and necropolitical subjects live on among themselves, how they do something other than protest or seek to collectively constitute themselves within or against new regimes of legibility, how they “shelter in place” or bide their time or wait for nothing but the next thing to happen.⁴⁵ It matters without promising much for the future. It is a way of enduring in a difficult present that itself desires to endure.

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

Notes

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

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

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

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