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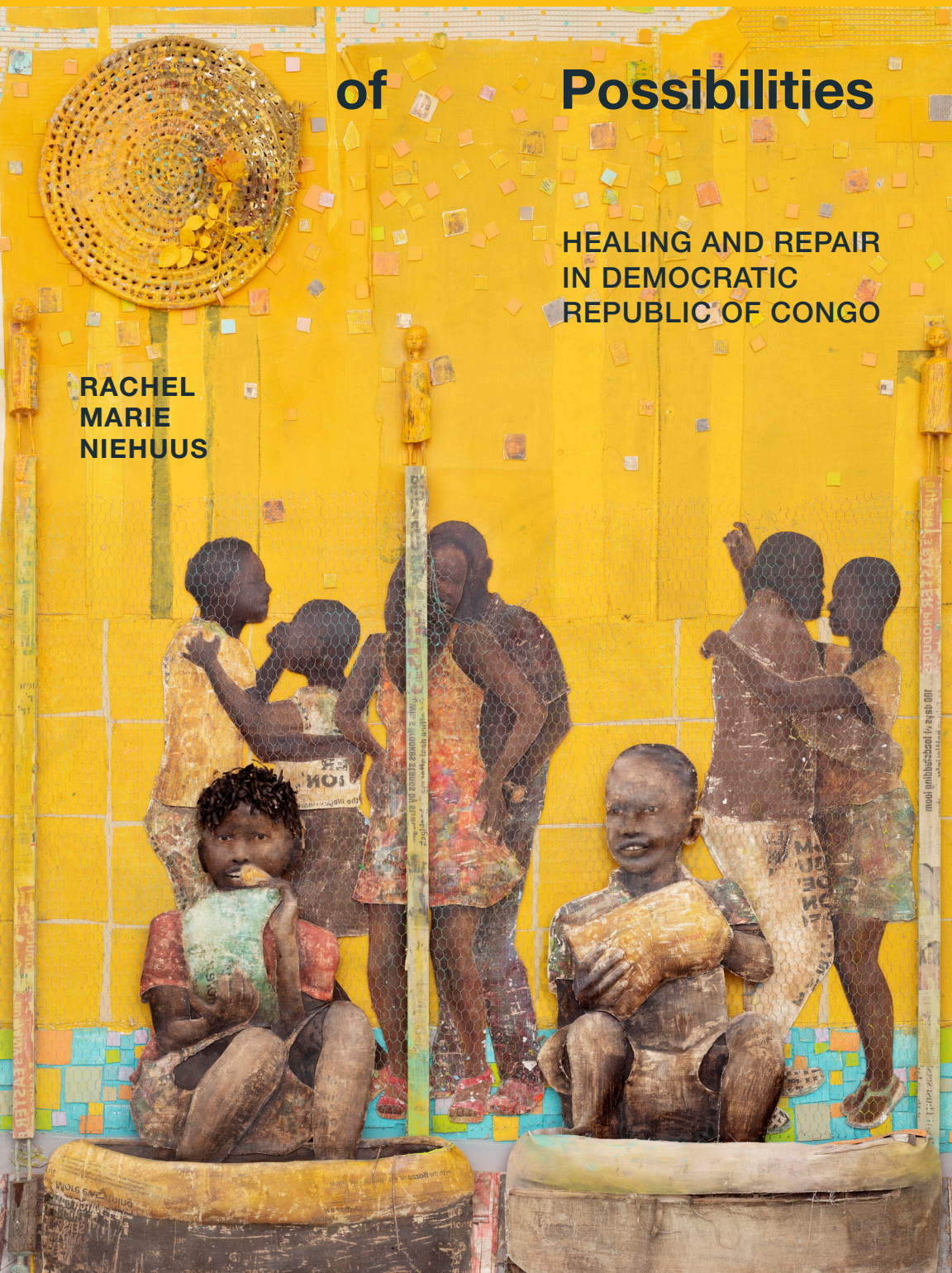
Archive

of

Possibilities

**HEALING AND REPAIR
IN DEMOCRATIC
REPUBLIC OF CONGO**

**RACHEL
MARIE
NIEHUUS**



An Archive

of Possibilities

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CRITICAL GLOBAL HEALTH: Evidence, Efficacy, Ethnography

A series edited by Vincanne Adams and João Biehl

**UNIVERSITY
PRESS**

Possibilities

HEALING AND REPAIR
IN DEMOCRATIC
REPUBLIC OF CONGO

RACHEL
MARIE
NIEHUUS

DUKE

Duke University Press
Durham and London 2024

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Printed in the United States of America on acid-free paper ∞

Project Editor: Livia Tenzer

Designed by Courtney Leigh Richardson

Typeset in Minion Pro and Helvetica Neue

by Westchester Publishing Services

Library of Congress Cataloging-in-Publication Data

Names: Niehuus, Rachel Marie, [date] author.

Title: An archive of possibilities : healing and repair in Democratic Republic of Congo / Rachel Marie Niehuus.

Other titles: Critical global health.

Description: Durham : Duke University Press, 2024. | Series:

Critical global health: evidence, efficacy, ethnography | Includes bibliographical references and index.

Identifiers: LCCN 2023029106 (print)

LCCN 2023029107 (ebook)

ISBN 9781478025757 (paperback)

ISBN 9781478021018 (hardcover)

ISBN 9781478027881 (ebook)

Subjects: LCSH: Healing—Congo (Democratic Republic)—

Psychological aspects. | Violence—Health aspects—Congo (Democratic Republic) | Racism against Black people. | Political violence—Congo (Democratic Republic) | Feminism. | Afrofuturism. | Congo (Democratic Republic)—Race relations.

Classification: LCC RZ401 .N544 2024 (print) | LCC RZ401 (ebook) |

DDC 615.8/528096751—dc23/eng/20230921

LC record available at <https://lcn.loc.gov/2023029106>

LC ebook record available at <https://lcn.loc.gov/2023029107>

Cover art: Thonton

Kabeya, *La vie est belle*,

2018–2022. Walnut

powder, woods, metallic

net, and transferred

newspaper ink on

sculpting canvas,

245 × 185 cm. Sanaa

Collection. Courtesy the

artist.

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For those who live in war

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ACKNOWLEDGMENTS

Authorship seems to have two components. First, it implies responsibility and accountability for published work. In this respect, I am the sole author of this book. The analytical slippages, theoretical oversights, and factual errors are mine and mine alone. In addition to conferring responsibility, authorship also bestows social, academic, and financial status—this despite the fact that the anthropologist is, as Michael Taussig argues, a thief, a voyeur. Writing, as I do, as someone who uses the stories of others, specifically Black Others, for (white) personal gain, I would like to acknowledge here those to whom all credit is due.

My deepest gratitude goes to the men, women, and children in eastern Congo who shared their stories, homes, and lives with me over the past ten years. This project would not have been possible without the support and generosity of the “Kishabe” community. In particular, Furaha, Marie, Florence, and Bernadette were selfless hostesses, thoughtful discussants, and genuine friends. Claude and Jules provided endless conversation and amusement. The staff in the maternity ward were ultimately patient with my unending streams of questions. My interest and belief in otherwise presents arose as I observed the diligence and compassion with which they approach their work. Dr. Guellord was also a valued interlocutor, inspiring in his introspection and the tireless efforts he continues to make on behalf of his patients.

Outside Kishabe, too, many thanks are due. Lyn Lusi taught me to listen for quiet expressions of care and forgiveness. Mama Modestine, Mama Neema, Mama Noella, and Mama Domina took me into their homes, fed my curiosity, and encouraged my personal and intellectual growth. During my earlier stints of fieldwork, the leaders at HEAL Africa provided invaluable guidance and support, which ultimately enabled me to move my research to Kishabe. When M23 invaded Goma, logistical support from HEAL contributed crucially to my safety. Jean-Pierre, Ilot, Amani, Washikala, and

Dr. Luc intervened at several key moments, providing analytical direction in the research stage and innovative advice during the writing process. The four ethnographers with whom I conducted research on the Ebola epidemic in 2020 will, for their safety, remain anonymous here, but may they know that they are the reason that I have been able to see—and write—Congo in a new light.

My advisors at UCSF and Berkeley have been deeply engaged in the project since its embryonic stages. Vincanne Adams first introduced me to theoretical medical anthropology and has been a constant source of direction, motivation, and mentorship as my roles have shifted from anthropologist to surgeon to mother. Conversations with Liisa Malkki have pushed me toward a more thoughtful and compassionate approach to anthropology. I have yet to encounter a more careful scholar than Mariane Ferme. In addition to her theoretical rigor, I am especially appreciative of her incredible warmth and unabating support. This book would never have been written if not for the generosity, encouragement, and intellectual nourishment that Ian Whitmarsh continues to provide. His sustained meditation on the projects of empathy and justice in anthropology and in life is radical and profoundly inspiring.

Naamah Razon, Carolyn Sufrin, Marlee Tichenor, and Dana Greenfield have provided companionship, laughter, and life advice since my earliest days in graduate school. Joshua Craze provided sage advice at a critical time that allowed this project to continue. My conversations with Sam Dubal, even after his passing, helped elucidate the structure that this book has taken. The years of WhatsApp conversations that I have shared with Clare Cameron about poetry, medicine, and life have nourished me deeply. Christoph Vogel has been an unwavering friend, a formidable colleague, and a source of joy for more than a decade. The many porch dinners shared with Freya Sargent and Michael Hicks buoyed my spirits and helped me move this project forward at a time when I, and it, felt profoundly stuck.

Josh Dugat, Maureen Shay, and the students in a writing class I taught at UCSF in the spring of 2020 read very early versions of the material that would become this book. So, too, did Joanna Cooper, Joelle Fraser, Michelle Lanzoni, and students in the classes at Creative Nonfiction that I took in 2020. Their thoughtful feedback and continued encouragement kept me writing when I felt most alone. Seminars at the UCB's Center for African Studies as well as Emory's Department of Women, Gender, and Sexuality Studies, together with thoughtful critiques from the four anonymous reviewers, Ian Whitmarsh, and Sheyda Aboii helped give the book its final push.

At UCSF, the research that underlies this book was funded by Graduate Division Fellowships and the Andrew V. White and Florence W. White Dissertation Fellowship. Through the Center for African Studies at the University of California, Berkeley, I received the Andrew and Mary Thompson Rocca Dissertation Scholarship and the Foreign Language and Area Studies Fellowship in Swahili. The research on Ebola was funded by the European Union and managed by NYU's Congo Research Group. At Emory, my two-year research sabbatical was funded by the Daniel Collier Elkin Research Fellowship in the Department of Surgery. The project would not have been possible without the (mostly blind and) unwavering support of Dr. Keith Delman in the Emory Department of Surgery.

I am most thankful for the family and friends who have stood steadfastly at my side since this project began. My father taught me the value of determination and of humor. My mother remains one of my role models for compassion. My brothers never cease to make me laugh. The relationships that I share with Mélanie, Julie, Milli, and Nadine are deeply intimate, inspirational, and generative. They push me to listen keenly, live fully, and love with reckless abandon. The six months that I spent with Nadine in 2019 and 2020 taught me more about joy and grace than most people learn in a lifetime.

Finally, I am forever grateful to the people who helped me build family. Though new to the scene, W, Z, and bb are the brightest lights in my life. Their presence in this world has ignited within me a fire to listen for new worlds being spoken into being. Walk through the world with care, my loves / And sing the things you see.

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MAP 1. Democratic Republic of Congo. Map by author.



MAP 2. North Kivu Province. Map by author.



FIGURE 1.1: *Belgian Colony*. This painting was photographed in a pharmacy in Mangina, North Kivu, in 2020. When asked what the painting meant to him, the owner of the pharmacy shrugged casually and said, “This is from the time of the Belgians. But today, it is the same. The whites [*wazungu*] still rule, and we, Congolese, run to escape the violence.” Photograph by author.

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Where the Scars Are So Thick

she taught them about shoulders. how upside down, they could still carry the world. she taught them about air and how one way to get it is to scream. she taught them about breathing and that the first way to do it is underwater. she taught them about the necessity of lubrication, the bright beauty of blood, the elasticity of membrane, the flexibility of a body holding on to itself, the grace of a first dive. and she would continue to teach them so many things. simply by being alive. —Alexis Pauline Gumbs, *M Archive*

The end of this world has already happened for some subjects, and it is the prerequisite for the possibility of imagining “living and breathing again” for others.

—Kathryn Yusoff, *A Billion Black Anthropocenes or None*

This book is set in eastern Congo, in and around Goma, the provincial capital of North Kivu. A city on the national border between Congo and Rwanda, Goma is home to some two million Congolese as well as the second largest population of humanitarian workers in the world. Nestled between Lake Kivu, one of the deepest lakes in the world, and Mount Nyiragongo,

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it's a border town that trembles sometimes in its embrace of a multiplicity of ethnicities, political ideologies, and languages.¹ Inside Goma's government buildings and hotel conference rooms, contracts are signed and business deals made that affect the stability of an entire region; and on Goma's streets, men, women, and children push, pull, and carry goods central to the global economy. Afrocentric haircuts and glasses pay homage to the 1960s, when Patrice Lumumba led Congolese politics. Abacosts—Mao-style tunics—and three-piece wax print ensembles hark back to a national uniform of the 1970s. Logoed T-shirts and hoodies—"My Grandson goes to NYU," a bedazzled "Queen of Sarcasm"—confirm the predominance of American Goodwill; slinky synthetic jumpsuits confirm open trade routes with China. Placards lining the road attest to the continued prosperity of the humanitarian-industrial complex; all the acronyms are present—UN, MSF, WFP, USAID, WHO. And a solar-powered traffic robot at Goma's center affirms the presence of a new generation. Designed by a female Congolese engineer to replace (potentially abusive) policemen, it is boxy, like a robot of 1950s science fiction. It has a breastplate that pivots as the traffic lights on its surface change from green to red and mechanical arms that raise to stop the traffic on one road and wave to vehicles on other routes to pass.² Like most of Goma's inhabitants, it speaks both French and Swahili as it instructs drivers to "leave the road to pedestrians."

At the intersection of a booming humanitarian complex and a visionary youth, Goma, and perhaps eastern Congo more generally, seems to be simultaneously solidly Congolese and also one of the most cosmopolitan places in the world. Where the darkly tinted private cars of mine, oil, and farming brass rumba with white Land Cruisers carrying humanitarian aid, and motorbike taxis and their oft-subversive passengers—students, artists, activists, and young businesswomen—weave their own paths across soccer fields and around traffic barriers, collisions are commonplace; and the diversity of lives that come together here create new possibilities in Congo and across the globe.

The repair of vesicovaginal fistulas in eastern Congo garnered international attention in the early 2000s. War had characterized life in eastern Congo for a decade; and then stories began to circulate about brutal sexual violence in which women's bodies were destroyed through penetration with guns, knives, and broken bottles. The violence created abnormal openings between women's urinary tracts and their vaginas or rectum, and a group of women now leaked urine and/or stool constantly. Human rights organizations

described men in uniform raping *en masse*; subsequently, Congo was given the epithet “the worst place in the world to be a woman.”³ As a result of the international attention, centers were established in Goma and in Bukavu to take care of the women whose rape and subsequent fistulas had left them social outcasts, ostracized from their families and communities for their inability to control their excrement. Or so the stories initially went. Gradually, other narratives surfaced. A Swedish group documented that the overwhelming majority of fistula cases undergoing repair in eastern Congo were not due to sexual violence but actually the result of poor obstetric care.⁴ Eschewing the imagined scenes of gang rape creating fistulas, the report presented retrospective data on the etiology of fistula for 604 women who had undergone fistula repair at the center in Bukavu. Their conclusions: where even public health clinics charged exorbitant fees, many women were left to give birth at home; even for those who attempted to pursue health care, the poor state of roads and security in rural areas resulted in prolonged transit times for women with obstetric emergencies; and there were large numbers of untrained or undertrained providers who performed cesarean sections without attention to the proximity of the uterus to the urinary system.

As critique of the rape-as-a-weapon-of-war narrative grew in Congo, stories about the use of rape narratives to access services appeared elsewhere.⁵ An analyst of transnational humanitarian aid, Erica Caple James, illustrates the emergence of “trauma projects,” which seek to care for those deemed to be “victims of human rights violations” in the Global South.⁶ Where these trauma projects were the gatekeepers to much-needed food, economic, and medical aid, James describes the way that people were taught to perform trauma narratives that include shocking and egregious acts, including rape, in order to receive access to the services they needed. A similar phenomenon is described by Mats Utas in Liberia and Sierra Leone, where women and girls were taught to perform the role of the victim so as to establish themselves as “legitimate recipients” of humanitarian aid.⁷ Gradually, in eastern Congo, researchers began to speak out against the creation of the category of the “traumatic fistula” and the “commercialization of rape.”⁸ And still, despite the research and advocacy efforts of those who sought to change the narrative around sexual violence, obstetric care, and vesicovaginal fistulas in eastern Congo, in 2018, Dr. Denis Mukwege, heralded founder of the fistula repair center in Bukavu, received the Nobel Peace Prize for his work with “raped” women.⁹ From Goma, all of the hubbub around traumatic fistulas created fertile ground for thinking about who was responsible

for the injury of certain Black lives, who was tasked with their repair, and how healing might be achieved amid continued injury.

Repair: to mend, to put back in order.

Healing: that which comes after repair, the process of making whole again.

When I first began research in Congo in 2010, I was interested in the way that chronic war marked bodies: the aberrant holes, the meager frames, the minds of those who had seen too much. I embedded myself in a private hospital in Goma that had become well known for its care of women with vesicovaginal fistulas and began studying. Early in my time in eastern Congo, I met Dr. Jerome. In Goma, Dr. Jerome was the gynecologist who performed the majority of the surgeries there. Because he traveled often into rural areas to teach other physicians how to perform fistula repairs, he was acutely aware of the way that poor surgical care, and poor primary care more generally, contributed to bodily injury. Our conversations, which have now spanned more than a decade, began with the structural factors that lead to fistulas in Congo. We spoke often about how structural adjustment programs in the 1980s had decimated the Congolese health system, and the ways in which the vertical programming in the humanitarian and development aid that followed continued to hollow out medical training so that many physicians performing cesarean sections in Congo were never taught how to perform a safe operation. We discussed rampant malnutrition in a country that had an abundance of fertile land, and we debated the lasting impact of pronatalist policies under colonial rule, which encouraged women to birth ten, twelve, or fourteen children.¹⁰

Seven years after I first traveled to eastern Congo, I finished medical school and began surgical training. As I advanced through residency and became more familiar with the process by which tissue heals, my discussions with Dr. Jerome shifted to include the technical aspects of repair. Because of his expertise in the field, Dr. Jerome often operated on the most difficult of cases: the women whose fistulas continued to recur despite multiple attempts at repair. While many surgeons in his position would choose to permanently divert the woman's urinary tract, because of scarring that had become too great to reconnect her urinary tract to its usual anatomy, Dr. Jerome insisted on performing multiple attempts at primary repair. "Permanent diversion is not an option here," he said. He reasoned: supplies that would allow patients to care for a diverted urinary system did not exist in the country. Even if they could be obtained, they would be prohibitively expensive. But, practical concerns aside, Dr. Jerome's approach also rested

on a commitment to repair in a place where severe and recurrent injury was common. In response to my suggestion that, in cases of deep scarring, other surgeons might opt for diversion over repair, Jerome stated resolutely, “The surgeons you speak of have clearly never worked in a place like this. In Congo, the war has lasted for so long. Our wounds are deep, our scars are thick [*Nos plaies sont profondes, nos cicatrices épaisses*]. If we refused to operate on scarred tissue, these women would have to live with their bodies in ruin [*en ruine*]. Someone has to repair [*réparer*] these wounds.”

Where structural and physical violence continued to injure years after the wars were declared over and peace treaties were signed, it was repair and healing—*kurekibisha*, *kupona*—not injury that dominated conversations. In the fistula ward in Goma, Dr. Jerome attempted a third try, a fourth try; the tissue graft, the muscle flap. His patients, many of whom had already undergone a handful of failed operations, declared that soon, they would once again be whole (*mzima*); they would no longer leak urine. Even when presented with overwhelming evidence to the contrary—persistent leakage after the *n*th attempt—they left open the possibility that this time would be different. “Hatujui,” the women said, “labda ile itakamata.” We never know: maybe this one will hold.

The belief in repair and healing extended beyond the fistula ward. “These kids will walk,” the orthopedic surgeon said to me of the three children that sat at his feet in casts. They had been born with clubfoot, and he and a team of orthopedic doctors had been using a combination of surgeries and frequent recasting to correct their crooked limbs. Several months into the process, war had come to Goma, and the children and their parents had fled to their homes in rural areas. It had taken some time to find the children and convince them to return to the hospital. In the intervening time, ligaments had again shortened, and the children had gone from walking with crutches back to crawling and scooting on the ground. And still, Dr. Freddy remained confident in his assertion. “They might walk differently from you or I—there’s no way to fully remove the scar tissue that has developed in the interim. But they will move through the world on two feet. Of that, I am certain.”

Outside the hospital, too, people sought to mend what had been destroyed. As they went about their daily lives—farming, trading, fighting, laughing, and grieving amid the threat of war—people returned to that which had been torn apart, and worked to suture livelihoods, families, communities back together. Where the damage had been so extensive, rubble often blocked any simple path to return. And so attempts at repair and healing

required imagination, ingenuity, invention, the forging of new paths. “Tunajikaza tu,” people said. We just force ourselves. Whether in the hospital, the fields, or the home, people returned to their wounds, pieced together what was left, and worked to move beyond, toward satisfaction and flourishing. The wounds have been deep, the scars thick; and yet the work to make whole continues. Because, as the women in the fistula ward assert, “Labda ile itakamata.” Maybe this one will hold.

A History of Scars

Eastern Congo has been marked by two and a half centuries of terrible violence. This violence created deep wounds. Some of these wounds have festered; others have become scars. The festering wounds stink, bleed, and hurt. The scars pull, throb, and constrain movement. Much time has passed; and still the wounds that colonial and postcolonial violence etched continue to be felt in the present day.

In Central Africa, unlike the Atlantic coast, the extracontinental trade of enslaved people was a brief, if brutal, force. Arab traders arrived in central Africa in the 1880s and quickly began leveraging the greed of local leaders to enslave people and extract raw materials to the Zanzibari coast. Within a decade of the Arabs’ arrival, Belgian king Leopold II had declared Congo to be his personal property and had begun his own processes of extraction. While decrying the brutal practices of the Arab enslavers, Belgian imperialists under Leopold also operationalized violence for financial gain. Under the dual auspices of profit and civilization, Congolese were chained, their hands and feet amputated, their wombs violated. Blinded by greed and overcome by force, Congolese leaders participated in the graft.¹¹

Surely, the precolonial period in central Africa was not without violence; no human society is. However, the arrival of lighter-skinned outsiders, and their institutionalization of antiblack violence, disrupted existing religious, political, and social structures in a way not previously seen. As brutal labor practices on rubber and coffee plantations dismembered individuals, they also crushed the life force of collective bodies. Complex systems devoted to maintaining balance were dismantled, and the regional balance of power that the precolonial kingdoms had maintained for centuries ruptured. And this structural wounding has had lasting effects: historian David Schoenbrun writes, “The particularly violent conquest of the Inner Congo Basin destroyed the premise of autonomy at the core of an Equatorial African political tradition.”¹² Many transitions in power have taken place since the

Arab enslavers and their Belgian counterparts arrived in eastern Congo. And still, the destabilization of precolonial balances of power that occurred in the nineteenth century continues to reverberate through the region today.

In 1908, the Belgian state took over the governance of Congo and instituted indirect rule. As overt physical violence began to draw criticism in the metropole, demonstrations of power become more insidious. As part of their civilizing mission, Belgians enrolled Congolese children in primary and secondary school, where French language and European cultural assimilation were rewarded. After they completed school, these *évolués* were then recruited into the colonial system as nurses, priests, and local administrators, where they served as middle figures. Tasked with the local enforcement of colonial rule, these middle figures often reproduced the physical and psychic violence that they had witnessed. As Congolese *évolués* upheld, even enacted, colonial-era racial and class hierarchies, antiblackness overflowed the formal limits of the colonial structures and permeated the tribe, the clan, the home.¹³

In June 1960, Congo achieved independence from Belgium. Six months later, the country's first prime minister and a staunch freedom fighter, Patrice Lumumba, was assassinated in a covert Belgian-American operation undertaken to ensure that the newly independent state remained compliant with Western diplomatic suggestion.¹⁴ For several years, the country was paralyzed by a deeply divided government and successive armed rebellions. Then, in 1965, Mobutu Sese Seko took power in a bloodless coup. The first decade of Mobutu's rule was characterized by relative prosperity: Mobutu's nationalization of foreign-owned companies filled state coffers, and as profit flowed in from copper mines and other exports, his government worked to expand public services to the entire population. But the divisions fostered during colonial rule were deep, and many Congolese (Zaireans) still opposed a centralized government.¹⁵ Facing many threats to his leadership, Mobutu began doling out land, companies, or political positions.¹⁶ By the 1980s, however, there was no more to give. Further, with the end of the Cold War, Western support of Mobutu's regime waned. Given empty state coffers, public services ground to a halt: schools started charging enrollment fees to pay teachers; hospitals began requiring patients to pay for medications prior to treating them. Violence became commonplace, as the national police and army began to extract their salaries from the population.¹⁷

In the east, the poverty and violence that followed Zairean (Congolese) state failure was exacerbated by land expropriation. Conflicts that had begun under colonial rule were stoked by Mobutu's warlord politics. By the 1990s,

many people in the east found themselves landless and hungry. And just as local militia groups had begun gathering to protect their land or fight for its return, the Rwandan genocide began. In 1994, one million Rwandan refugees spilled into eastern Congo. Some ran from the genocide; others ran from the Rwandan Patriotic Front, which was killing perpetrators as it attempted to stop the genocide. Both victims and perpetrators coalesced together on the western shores of Lake Kivu, where they formed the world's largest refugee camps. The camps were crowded; there was cholera, there were guns, and there was fear. Hungry and in search of employment, many refugees climbed out of the lakeside camps into the surrounding hills, which exacerbated local land conflicts. At the same time, Congolese militias that had begun to assemble to defend their land descended into the camps, making alliances with the Hutu militias already present in the camps and profiting from the humanitarian aid that was being distributed. Fearing invasion, the new government in Kigali called upon Mobutu and the international humanitarian apparatus to clear the camps of armed groups. The presence of armed groups in the camps was condemned; and the armed groups grew even more powerful.¹⁸

In October 1996, citing self-defense, Rwandan-backed forces entered eastern Congo. This marked the start of the First Congo War. After chasing the armed groups from the camps, the troops spread out over the east of the country, began to integrate into the regional economy, and awaited reinforcement. Several months later, the resulting coalition of troops marched across the continent to the western capital of Kinshasa and toppled Mobutu's dictatorship. The leader of the invading troops, Laurent Kabila, a Congolese man who had grown up in exile after Lumumba's assassination, was declared president. For a year, there was a brief reprieve in fighting. Then, like all leaders before him had done, Kabila attempted to clear the country of foreign influence. Within weeks of being escorted out, Rwandan forces again entered the country. Between 1998 and 2002, nine African countries and twenty-five armed groups fought over control of Congolese soil in what became named the Second Congo War. Eventually, peace treaties were signed, and a transitional government took power in 2003. However, the continued presence of Rwandan and Ugandan influence in the region—and the militarization of all sectors of the economy more generally—has combined with persistent local land conflict to produce a growing list of armed groups and war that does not end.¹⁹ Two decades after the formal end of fighting, people in eastern Congo still insist, “Tunaishi mu vita.” We live in war.

As written, this history tells of the pattern of wounds that the West's encounter with Congo has left: amputated hands and syphilitic wombs during Belgian imperialism, the deeply internalized prejudice of Congolese *évolués* with Belgian colonialism, Lumumba's assassination and Mobutu's rise to power in the immediate postcolonial period, and, most recently, the persistent war that lingers in part because of the West's tacit support of the Rwandan government's cross-border meddling. While the historical specificities of Congo's scars are unique, I believe that the particular story of wounding in Congo can also tell a more general story about the intersection of antiblackness and violence at the present moment. "Ce monde n'appartient pas à nous. Les bons ne durent jamais," is a common refrain in Congo. This world does not belong to us. The good never lasts. It's a non-specific statement, one that attests to the general and enduring experience of impermanence and erasure in Congo. The statement is muttered in a variety of geographic settings—after the pillage of a single household in rural North Kivu or when discussing the finances of the flow of Congo's natural resources into the global economy. It is also used across time—I have heard it used to describe present expropriation as well as the losses of the colonial and immediate postcolonial eras: traditional land tenure, political autonomy. Recently, I have heard the statement take on another meaning with the addition of two words: "Ce monde n'appartient pas à nous, les noirs. Les bons ne durent jamais." The world does not belong to us, Black folks. The good never lasts. In this usage, it gestures toward a shared experience of loss in Congo and in other Black worlds; and in so doing, it echoes the growing body of Black critical studies literature that attests that antiblack violence is a common experience of Black and brown folks across the globe.²⁰ Having described the particular ways in which violence and expropriation have functioned in Congo, I now turn to query how the particulars of war and its consequences—including the impulses to repair and healing it generates—are shared with others outside its borders.

War, Antiblackness, and Fugitivity

For decades now, scholars have debated the underlying causes of persistent war and early death in eastern Congo. Most would argue that the conditions of life in present-day Congo are largely shaped by locoregional forces: they might discuss laws that govern citizenship and land ownership in the east, or, more broadly, agrarian reform; or they might speak about the way

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that regional economic activity, traditional political and social structures, and the *longue durée* of identity formation in the frontier between neighboring countries affect grievances.²¹ In their own ways, my interlocutors, too, spoke of these forces. Additionally, however, my interlocutors also attributed persistent war in Congo with a more general force: the valuelessness of (Black) Congolese life. To prove their marginality, people often repeated characterizations of them as “dirt” (*udongo*) or “insects” (*vidudu*). They also spoke of a racial hierarchy: when fighting stopped in 2012 in anticipation of a Western diplomat’s visit, one of the hospital orderlies said, “Wacongomani tunakufa kila siku na wazungu hawajaii”: Congolese die every day and white folks don’t care. For my interlocutors, the persistence of war in eastern Congo was a product of geographical and historical specificities—and also war was a consequence of the general disposability of Congolese life.²² War continued in Congo because no one valued Congolese life enough to stop it.

By attributing the war that characterized their everyday to their general disposability, my Congolese interlocutors rejected the characterization of Congo as exceptionally violent, as an enduring “heart of darkness.”²³ Instead, they asserted that the fact that they were thought of as dirt or insects permitted them to become subject to recurring violence, thus creating a through line between their suffering and that of other marginalized folks around the globe. They also infused race into the discussion about violence in Congo—“Congolese die every day and white folks don’t care”—and thus opened a conversation about how Black critical theory might be used to understand violence in Congo.

Sylvia Wynter argues that the category of the human cannot be thought without attention to race, for modern understandings of humanity came into existence amid dense global antiblackness.²⁴ Building on Wynter, Alexander Weheliye asserts, “If racialization is understood not as a biological or cultural descriptor but as a conglomerate of sociopolitical relations that discipline humanity into full humans, not-quite-humans, and nonhumans, then blackness designates a changing system of unequal power structures that apportion and delimit which humans can lay claim to full human status and which cannot.”²⁵ For Wynter, Weheliye, and other Black critical theorists, because the enslavement of Black folks is so deeply written into modernity—into our understandings of value, freedom, democracy, progress—antiblackness is not limited to places where chattel slavery was practiced, but rather is a global force that continues to stratify who has the right to a good life and who does not.²⁶

Of the western Congolese capital, Kinshasa, anthropologist Filip De Boeck writes, “Dying [was] no longer a departure from life, it [had] become that which gives life its significance, density, and directionality. Life in fact cannot be lived, nor spoken, nor even imagined, outside of the space of death.”²⁷ In eastern Congo, as in Kinshasa, war, violence, and death are overbearing forces; and, as elsewhere in Black worlds, the omnipresence of death has occasioned the rise of particular ways of living with and in death. In this book, I am interested in the fugitive and monstrous ways that people in eastern Congo make life in the wake of war and death.²⁸ In Goma, a woman returns for her sixth attempt at a fistula repair; an orthopedic surgeon recasts a limb that has once again contracted. Outside of the hospital’s walls too, amid the ever-present threat of more bloodshed, Congolese work to mend that which has been, and will continue to be, destroyed. Like characters of visionary fiction who forge lives in the aftermaths of apocalypse, Congolese are creating worlds they, and we, have never seen. This book traces the wild and dogged efforts of repair and healing in eastern DRC today and records the otherwise presents they create.

Apposing Skin, Repair, and Healing

In an essay that accompanies his exhibit titled *On Injury and Repair*, artist Kader Attia describes two kinds of repair: “Occidental” and “non-Occidental.”²⁹ In Attia’s formulation, Occidental repair is defined by the effacement of the trace of the wound and the restoration of a body to its pre-injury state. To illustrate Occidental repair, Attia offers the example of facial reconstruction surgery, which has as its goal the erasure, or concealment, of all scars. In contrast to Occidental repair, Attia suggests non-Occidental repair, which makes no attempt to hide the wound, but rather maintains it in the repair. According to Attia, the non-Occidental repair of the crack in the ancient African mask follows three steps: first, there is a recognition and preservation of the original wound, the identification of the losses and cracks; second, there is the integration—rather than the rejection, erasure—of these wounds; and finally, as the wounds are integrated, there is the creation of possibility for deep healing. Because non-Occidental repair opens space for healing, Attia declares it to be a superior process. He states, “To deny the wound [in Occidental repair] is to maintain the pain it generates. By repairing history’s cracks with metal staples, with yarn or with patches from other, often contradictory cultures, I give voice to the victims; I allow trauma to speak to us and thus to pave the way for catharsis.”³⁰

As a surgeon, I have read Attia's work with interest. Traditional surgical teaching dictates that one must know how to repair something before one can cut; and so, I wondered if I was encountering a limited version of repair in my surgical textbooks. Before we picked up a scalpel, we learned about the four stages of wound healing. On an index card somewhere, I have written: hemostasis, inflammation, proliferation, and maturation. Within sixty seconds of injury, hemostasis has begun: blood vessels constrict, platelets aggregate, and a clot forms to plug the hole in the vessel wall. Shortly thereafter, inflammation begins. As white blood cells flock to the area, there is leaking and swelling, the removal of damaged cells and bacteria, and the prevention of infection. Then comes the proliferative stage, when type III collagen is laid onto the wound bed, granulation tissue builds up, and the wound contracts. Finally, during the maturation phase, the tissue is remodeled. Disorganized collagen that was laid down in the proliferative stage is realigned along lines of tension and cross-linked, which reduces scar thickness and increases the tensile strength of the scar.

This is how wound healing is supposed to progress; but after outlining normal wound healing, the textbooks all describe a litany of ways in which the linear process can be derailed. Usually, there is a single illustration of normal wound healing followed by multiple pages of pictures of infected, nonhealing, and hypertrophic wounds. Alongside the pictures, the textbooks list strategies for assisting the healing of chronic wounds. Depending on the size and location of the wounds, there are various options: sharp debridement, negative pressure, steroid injections, skin substitutes, hyperbaric oxygen. With experience, one learns which wounds require sharp debridement, which require special dressings, and which require a more complicated regimen. Learning how to get wounds to heal is an integral part of surgical training. After years of practice, I continue to study wounds closely, to learn the methods required to help even the most complex wounds eventually heal.

In all of my years studying the human body, I have never seen a wound heal without a trace; that is, I have never observed Occidental repair. Wounds always leave a scar, a reminder of the initial injury, a testament to a painful event that happened in the past. Neither have I observed Occidental repair in eastern Congo. Despite the recurrent violence they have endured at the hands of the West since imperialism, my interlocutors never speak of a return backward. They can't imagine a time before the Arab slavers—they know there was violence then too; and they state that it is not possible to recoup the lives lost under imperial or colonial rule. And still, their drive to

repair is strong. Instead of some kind of return backward to some idealized past, however, theirs is an assertion of the possibility of presents and futures otherwise. Maybe this one will hold, the women in the fistula ward said. These children will walk, the surgeon asserted. The otherwise begins now, today, and extends forward. But the trajectory it takes is not the future of European modernity, in which Africa will forever be consigned to becoming, in which Africa can only draw near but never arrive.³¹ Rather, the future of Congolese repair is a very proximate future—what will happen *kesho*, tomorrow. Tina Campt calls this “the future real conditional.” Like the future of Black feminist writing, it is “a performance of a future that hasn’t yet happened but must. It’s an attachment to a belief in what should be true, which in turn realizes that aspiration. It’s the power to imagine beyond current fact, to envision that which is not but must be. Put another way, it’s a form of prefiguration that involves living the future now, as imperative rather than subjunctive, as a striving for the future that you want to see.”³²

Where chronic wounds fester and scars are so thick, healing is a complex task that stretches across multiple temporalities. In Congo, where present violence leaves many without records or recognition of their wounds—there are no museums that attest to violence; there have been no large-scale reconciliation efforts; and the only discussions about reparations keep getting pushed farther and farther into the future—repair begins in the here and now, the everyday encounters. As bodies, livelihoods, futures continue to be blown apart, repair assembles the pieces, stitches together two sides of the wound. Often, so much has been lost that new techniques are required to move forward, to live together again. As with physical wounds, the healing of the chronic, complex psychic wounds in eastern Congo requires attention, ingenuity, innovation. In addition, however, healing in Congo also requires a shared belief in the imperative, in “a performance of a future that hasn’t happened yet but must.” The description of this latter aspect of healing in Congo is the motor that drives this text.

The research for this book was conducted at a particularly turbulent time in Congo’s history. Congo has not always been, nor will it always be, the way that it is depicted in these pages. Perhaps that is a limitation of this work. I believe that this is also its beauty. By telling this story now, while the fate of the Congolese nation and state is so nebulous, I have sought to create an archive of the future that is to come. At a time when, as Jean and John Comaroff state, “the global south is running ahead of the global north,” I believe that Congo has much to teach us all about the possibilities of healing amid political and economic collapse.³³ As the climate continues to change and

we all draw nearer to widespread energy scarcity, hunger, and conflict, Congo's lessons on repair and healing feel both radical and increasingly urgent.

Positionality and Method

I initially began research in eastern Congo as a graduate student interested in the bodily effects of violence. I followed the traditional path through anthropological graduate studies and defined a field site in a place foreign to me. I learned French and Swahili, so as to be able to communicate with my interlocutors, and secured a grant that would enable me to travel halfway around the world to conduct my research. The coloniality of the endeavor was evident to me at the time—and yet, it still seemed that postcolonial Africa was the site par excellence to examine the physical and psychic effects of enduring violence.

For the first several years that I worked in Congo, my white skin and American passport served to create distance between myself and my subject of study. While I studied violence during the day, I always retreated behind the safety of tall walls with armed guards at night. As I became more proficient in Swahili and began to feel more comfortable traveling outside of Goma, friends encouraged me to relocate to a rural area to advance my research. “You say you want to learn about how we live. Well, you’ll never know how Congolese live in war every day if you stay behind those walls,” one friend pushed. “Besides, Kishabe [a rural town south of Goma] has been safe for years. There’s a hospital and a women’s empowerment program there. You would learn a lot about what Congolese women live every day,” she insisted. In July 2012, I moved to the small lakeside town that I will call Kishabe.³⁴

Initially, I began ethnography in the hospital because it made sense—I was a medical student, and hospitals, as key sites of employment and humanitarian and development assistance in eastern Congo, were also central places of sociality. In a rural area like Kishabe, the hospital had a further advantage: because hospitals are largely considered neutral in war—“both sides of the conflict need medical care,” people would say—the hospital provided safety to those affiliated with it. Those known to be doctors or nurses—these terms were broadly defined and often applied to me despite my nonclinical role at the hospital—were often waved through military barriers and spared violence in uncertain times.³⁵ In active conflict, the physical building of the hospital became a refuge for medical professionals, and also for the surrounding community more broadly. While I never used the

hospital for this purpose, many in the region considered it to be an asylum within deep structural and physical violence.

In November 2012, the war that had been brewing in the area for some time engulfed my field site. Because of the connections that I had fostered in Goma for years, I was able to leave the country ahead of the war. And yet, the moment in which I, also, fled for my safety marked me deeply. While I was grateful and relieved that my privilege afforded me safe passage out of war, I also felt deep shame and guilt for having left behind the Congolese people that had become family to me. When the war stopped and I eventually returned, my attention shifted from studying the chronic wounds of war to noting the ways in which, for many Congolese, war was both a real, recurrent, life-threatening force and also a symbolic marker of the deep inequalities that allowed me, a white American woman, to leave the country when shells began falling and required them to remain in the violence.³⁶ Before I ran from war, I had recorded the phrases “vita inatuaribisha”—war ruins us—“vita inleta maisha buchungu”—war brings bitter life; however, it wasn’t until I witnessed bombs fall on Goma that I began to understand the way war became a way for Congolese to make sense of their marginalization. “I was born in war; I grew up in war; and I live in war,” a friend said when I called to see how her family had weathered the recent fighting. “To be Congolese is to know war.” Eventually, I wrote a dissertation about the affective experience of living in wartime violence that has no end. I knew there was more to the story, but I couldn’t yet articulate what the story of war in Congo had to offer to the rest of the world.

The week after I filed my dissertation, I returned to medical school. For two years, I spent my days in tertiary hospitals in Northern California. With time, medical terms took the place of Swahili and French in my brain, and Congo seemed to fade into the distance. When I moved to Atlanta to start my surgical residency, I thought that I would not be returning to Congo for some time, as my clinical training needed to take priority. I boxed up my books on war, Congo, and Africa and filled my bookshelves with medical texts. I screened calls that came in from WhatsApp—people always called in the middle of the day, and I was learning to operate. And still, despite my efforts to focus on clinical work, my mind often traveled back across the Atlantic. On busy nights at the trauma center at which I worked, I encountered twenty or thirty youths who had been violently injured. Sometimes, they were lucky—the bullet or blade had missed its intended target. As I stitched up their wounds and they spoke about their food insecurity, their inability

to find a job or get out of the war they were born into, I was reminded of my Congolese interlocutors. Sometimes, they came in too ill to speak, and my hands worked quickly to find a pulse, to figure out where the blood had gone. In these moments, my mind returned to the maternity ward, where I had also worked frantically to keep breath in Black bodies. One year into the grueling training program, I wrote a note to myself: “I don’t know why Congo matters here, but it does.” Two years later, I decided to take a sabbatical from surgical residency. I had a hunch that learning about repair and healing in eastern Congo would change my clinical practice—and I needed time to figure out how.

This book is based on the ethnographic research that I have conducted in and about eastern Congo since 2010. For three months in 2010, I spent my days in the fistula ward of a private hospital in Goma. For two months in 2011, I traveled through North Kivu with a team charged with evaluating the far reaches of the hospital’s women’s empowerment program. Between July 2012 and June 2013, the Kishabe Referral Hospital—and the community that surrounded it—served as the site for continued ethnographic research on wounding in war. While I had undergone some medical training at the time, I entered the hospital as an anthropologist and remained in this capacity throughout my time there. In October 2013, a conference on violence occasioned a return trip to the region; between May and July 2014, a research consultancy on gendered violence in a refugee camp led to prolonged time spent amid displaced Congolese in Tanzania and South Kivu; and in May 2016, friendship motivated a return to Goma. In September 2019, I returned again to the region and spent six months immersed in conversations about structures of healing in the region.

In what now amounts to more than a decade of back-and-forth living between DRC and the United States, I have compiled the ledger on which this book is based: thousands of daily field notes, hundreds of interviews, and an entire cloud full of articles, photographs, and journal articles about the region. As much as was possible, I created and sustained daily encounters with interlocutors, who became friends: I followed some women from the fistula wards to their homes to their fields to the markets; I asked the people working in the guest house in Goma at which I stayed whether they would share their stories with me; every time I returned from a stint in the United States, I sought out people I had previously interviewed and learned about the directions that their lives had taken since I had last seen them.

And yet, regardless of the depth and longevity of my friendships, of the different contexts that I have explored and learned from, the material I collected remains fundamentally fragmented. As a privileged white American woman studying antiblackness, every encounter between myself and my interlocutors was punctuated by incommensurability. Silence often interrupted our conversations, especially when I asked people about their fear, their losses, or their desires for the future. Even when my friends and interlocutors were able to speak more openly about their daily lives, they often answered my questions about their experiences during active conflict with “huwezi jua ile”—you couldn’t know that. I was and always would remain fundamentally an outsider to their experiences of hunger, poverty, and violence.³⁷

And so, in place of the linear, cohesive sketches that often characterize ethnographic writing, I offer narratives of friends who only displayed aspects of their lives, relationships interrupted by flight or distance, and questions that remained unanswered irrespective of the extended time I spent researching. Where possible, I have avoided filling in the silences or flattening the incongruencies of these narratives.³⁸ For, fundamentally, I understand my ethnographic material, like the affect theorist’s archive, to be composed of “lines of potential,” of “trajectories that forces might take if they were to go unchecked.”³⁹ The text that follows, then, gestures “not toward the clarity of answers but toward the texture of knowing.”⁴⁰

Where new ways of being were developing, and new forms of healing becoming, a sense of “perhaps” clung to so many encounters. Sometimes, these moments of possibility were identified and flagged by my interlocutors; and sometimes, people fell silent just before speaking aloud what could be, for fear of the performative power of a speech act. Regardless of how it was communicated, where violence and expropriation have dominated for centuries, the language of possibilities—possibilities of repair, possibilities of healing, possibilities of a present otherwise—was everywhere; it was also ever changing, with doors closing as soon as they had cracked open, and new cracks being encountered every day. And so, understanding Congo to be a society on the edge of transformation, as I do, I have sought to archive the possibilities that I have encountered there.⁴¹ What follows is an archive that I have created about a place where I will forever be *mzungu*, a foreigner; and, a product of ethnographic contact, it is also an attestation of a particular moment in time in which a group of people believed that Congo could lead the world into a better future.⁴²

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The Chapters

Such is the theoretical and methodological framework of this book. What remains is an overview of the structure of the text. Overall, the book is organized into five chapters, each of which examines a different register of healing in eastern Congo. Between each chapter, there are also interludes, which contain more proximate encounters with the chaotic affect of insecurity in DRC. Like the threat of violence that intrudes into the everyday in Congo, these interludes interrupt the more cohesive narratives and offer more direct insight into the kinds of ethnographic contact that undergird this text. Surely, the particularities of this contact, the ways that I recognized and cataloged emergence, shape what I have chosen to archive. And so, as a means to explore ethnographic contact that produced this particular archive, the interludes stay close to my field notes, to my personal experiences of people and place in eastern Congo.

Chapter 1 queries Congolese relationships with soil, subsoil, and the natural world more generally. In Congo, as across Africa, the past 250 years have been characterized by the prying of autochthonous peoples from their land. First, there were the Arab slavers, who marched Congolese off their land in chains. During the imperial and colonial eras, land dispossession functioned as an important tactic of rule. In the postcolonial era, the wounds created during previous exploitative regimes have festered, and disputes over who has the right to which land fuels much of the current fighting in eastern Congo. As people seek to reconcile with this violent past, they return to the land—to the soil, the subsoil, and the ancestral power it contains. Through farming, mining, and conservation efforts, Congolese work to rebuild relationships with the natural world from which they have been severed. By returning to soil in a place where land has been so divisive, Congolese suggest that the ecological might serve as a register of repair, a form of public healing.

In chapter 2, I describe the way that insecurity functions as both a deep psychic wound and generates affect, which serves as a register for repair. The inhabitants of eastern Congo have always lived in a menacing environment, at the foot of an active volcano, on the shores of a methane-containing lake. When conflict erupted in 1993, the threat of physical violence compounded that posed by the region's topography. Where more than 132 armed groups are fighting to control a geographic area smaller than Texas, people in eastern Congo continue to live with the threats of violence and of repeated displacement. By narrating one particular period of insecurity, I query the affective experience of living in bad weather, as Christina Sharpe calls antiblack

regimes, at the convergence of death, disaster, and possibility. Where violence looms, destruction is always a risk; but inhabiting affect offers healing, as victims and perpetrators work together to create anew.

Chapter 3 investigates the role of the body and the hospital in wound-ing and healing in eastern Congo. Where material possessions and food security are so fleeting, the body is both one's dearest and most vulnerable asset. Because the line between life and death is so thin in Congo, hospitals have risen in prominence, often serving as focal points through which social and economic activity are brokered. However, due to an absence of running water, electricity, and essential supplies within its walls, the hospital in eastern Congo often fails to provide physical healing. Rather, as it bears witness to the screams and the dreams of the population, it teaches endurance, witnesses pain, and stokes visions of presents otherwise, in which people and things can be counted on, in which life is less fragile.

The next two chapters examine the limits of repair and its unending possibilities, respectively. Over the past two and a half centuries of violence in eastern Congo, so much has been lost: progressive time, the promise of social reproduction, a sense of belonging in the global community, all in addition to the lives cut short. Drawing heavily on Achille Mbembe and Frantz Fanon, in the fourth chapter, I ask whether violence can be therapeutic in this context. Through an analysis of children who stop eating, youths who taunt death, and armed groups who commit massacre, I explore how killing, or making die, fits into a shared present in eastern Congo. I ask, are there ways in which violent refusal of the current order might beget an emphasis on tomorrow, on durable healing?

Chapter 5 then moves from the healing power of refusal to other radical propositions of what could be. By attuning to the poetic register, the chapter explores alternative ways of seeing and speaking Black survival. Through an analysis of visionary play, of performance and prophesy, and of the dreamworlds of interpersonal intimacy, this chapter interrogates the healing power of future worlding within antiblack regimes. For people of African descent, it is an audacious and emboldened notion to envisage a collective future. But a new discourse is emerging in Congo, which questions and affirms how Congolese will survive in the future, not if they will. The final chapter is devoted to this epistemology of Black/Congolese aliveness.

The conclusion that follows chapter 5 is brief. It begins with a meditation on the radical nature of cohabitating, of living with violence. Drawing on research conducted during the Ebola epidemic in eastern Congo, it examines the commitment to survive, to breathe, to aspire in Congo despite

dense antiblackness, a world committed to Black death. It then offers a final glimpse of Congo, the return of M23 and continuation of violence, before concluding with a vision of what could be. When the world of Man is crumbling, as it must, the plural, multisited understanding of healing that is emerging from the undercommons, which is devoted to trying out other ways of living in a broken world, lights paths forward to otherwise futures for us all.

Fundamentally, this book is dedicated to archiving the possibilities Congolese espouse, both the devastating and the liberatory ones. So many refuse the politics of death that has been thrust upon them. So much Congolese culture—idioms, music, poetry, dress, and stories—asserts possibilities besides the “apocalyptic interlude” that characterizes the present.⁴³ By following visionary Congolese who are forging paths within pervasive death, by studying their efforts at repair amid profound wounding, we hear articulations of presents and futures otherwise. As war becomes the “sacrament of our times,” it is my hope that the articulations of possibilities archived here might serve as guideposts for what could be.⁴⁴

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INTRODUCTION. WHERE THE SCARS ARE SO THICK

- 1 For more on Goma as border town, see Büscher and Vlassenroot, “Humanitarian Presence and Urban Development”; Vlassenroot and Büscher, “Borderlands, Identity and Urban Development.”
- 2 On the traffic robots, see Al Jazeera, “DR Congo Recruits Robots as Traffic Police”; as well as the brilliant short story inspired by them, Okorafor and Kahiu, “Rusties.” Thanks to Martha Saavedra for this latter recommendation.
- 3 See, for example, Csete and Kippenberg, “War within the War.”
- 4 Onsrud et al., “Sexual Violence–Related Fistulas in the Democratic Republic of Congo.” For a similar argument, see D’Errico et al., “‘You Say Rape, I Say Hospitals.’”
- 5 Within DRC, a discussion also arose about armed groups’ use of rape to gain international attention. See especially Autesserre, *Trouble with the Congo*; Autesserre, “Dangerous Tales.”
- 6 See James, “Political Economy of ‘Trauma’ in Haiti”; James, “Ruptures, Rights, and Repair.”
- 7 Utas, “West-African Warscapes.”
- 8 Hunt, “Acoustic Register”; Baaz and Stern, “Complexity of Violence.”
- 9 Here, I use quotation marks to denote the nebulousness of this category. While there is good data (cited above) that the majority of women with fistulas have fistulas as a result of obstetric complications, Mukwege nonetheless is recognized for his efforts with victims of sexual violence. “Denis Mukwege: Facts,” Nobel Peace Prize 2018, accessed April 26, 2023, <https://www.nobelprize.org/prizes/peace/2018/mukwege/facts/>.
- 10 See World Food Program, “WFP Democratic Republic of Congo Country Brief”; Trefon, *Congo’s Environmental Paradox*; Hunt, “Le Bébé en Brousse”; Hunt, *Colonial Lexicon*.
- 11 On precolonial Congolese history, see Mathys, “Bringing History Back In”; Vansina, *Paths in the Rainforests*; Hunt, *Colonial Lexicon*; Newbury, “Lake Kivu Regional Trade in the Nineteenth Century”; Chrétien, *Great Lakes of Africa*.
- 12 Schoenbrun, “Conjuring the Modern in Africa,” 1407.

- 13 On middle figures in Congo, see Hunt, *Colonial Lexicon*; Hunt, *Nervous State*. On middle figures in colonialism more generally, see Fanon, *Black Skin, White Masks*.
- 14 Chapter 5 features a longer discussion on Lumumba's assassination with more extensive references. Nzongola-Ntalaja, *Patrice Lumumba*, provides a nice starting point. Lemarchand, *Political Awakening in the Belgian Congo*, provides a nice historiography of the "political awakening," in his words, that led to the Congolese demand for independence.
- 15 Between 1971 and 1997, the Democratic Republic of Congo was known as Zaire.
- 16 This tactic, which William Reno has termed "warlord politics," simultaneously ingratiated his opposition with him, while also pitting his enemies against each other. On governance in postcolonial Congo, see Reno, *Warlord Politics and African States*; Schatzberg, *Dialectics of Oppression in Zaire*; Nzongola-Ntalaja, *Congo from Leopold to Kabila*; MacGaffey, *Real Economy of Zaire*; Young, *Postcolonial State in Africa*; Bayart, *State in Africa*; Vogel, *Conflict Minerals, Inc.*
- 17 For an ethnographic exploration of this time, see Devisch, "Frenzy, Violence, and Ethical Renewal in Kinshasa."
- 18 Much has been written about the events surrounding the beginning of regional war in the 1990s. Prunier, *Africa's World War*; Reyntjens, *Great African War*; Stearns, *Dancing in the Glory of Monsters*; and Mamdani, *When Victims Become Killers*, are among the most useful. Mararo, "Land, Power, and Ethnic Conflict in Masisi," writes a very local history of this time. Lemarchand, "Reflections on the Recent Historiography of Eastern Congo," points out the difficulty of writing the history of this region since war began.
- 19 The chronic war in eastern Congo has drawn significant scholarly attention. Autesserre, *Trouble with the Congo*; Englebert and Tull, "Postconflict Reconstruction in Africa"; Raeymaekers, "Post-war Conflict and the Market for Protection"; Vlassenroot and Raeymaekers, *Conflict and Social Transformation in Eastern DR Congo*; Vogel and Raeymaekers, "Terr(it)or(ies) of Peace?"; Verweijen, "Ambiguity of Militarization"; and Stearns, *War That Doesn't Say Its Name*, are especially helpful in understanding the multitude of forces that perpetuate violence in the region.
- 20 Christina Sharpe asserts that the regime of antiblackness, which precludes some people from durable action, from satisfaction, from social life, is a global phenomenon, a "predictable and constitutive aspect" of the present moment (*In the Wake*, 7).
- 21 Mararo, "Land, Power, and Ethnic Conflict in Masisi"; Vlassenroot and Huggins, "Land, Migration and Conflict in Eastern DRC"; Chrétien, *Great Lakes of Africa*.
- 22 Mbembe argues that it is not just that Black life is disposable. Rather, because the enlightened towers of Western democracy—the solar body—rest on fixing disorder, bringing democracy elsewhere across the globe, war must continue in the nocturnal body. For the solar body to continue, which it must, there must always be someone to save. In Mbembe's words, "war . . . has become the sacrament of our times" (*Necropolitics*, 2). See also chapter 4 of this book.

- 23 On the enduring work that this trope continues to do, see Dunn, *Imagining the Congo*; Vogel et al., “Cliches Can Kill in Congo.”
- 24 Wynter, “Unsettling the Coloniality of Being/Power/Truth/Freedom.”
- 25 Weheliye, *Habeas Viscus*, 22.
- 26 To emphasize this point: I understand Wynter, Weheliye, Sharpe, Moten, and others to be writing a theory of Man (using examples from the North American context), just as Foucault writes a theory of Man (using examples from the European context). The fact that Foucault builds his theories of Man on European history does not limit the use of his work only to European contexts. Similarly, the fact that many Black critical theorists use material from North America to build their theories of antiblackness cannot limit the use of this work to only North American contexts. A smaller, but important corrective to one possible reading of this text: when I use *antiblackness* and race theory more generally to think about Congo, I am in no way conflating chattel slavery in Atlantic and North American histories of violence and slavery with the history of the slave trade in eastern Africa, which was mainly directed to Indian Ocean trade networks and the Middle East. These were two completely separate historical processes, which are connected only by the process that underlies them both—the devaluing of Black life everywhere, so that people could be owned, so that they could become, in the eyes of whites, (mailable, killable) property.
- 27 De Boeck, “Apocalyptic Interlude,” 247.
- 28 Here I borrow language from prominent Black critical theorists including Harney and Moten, *Undercommons*; Spillers, “Mama’s Baby, Papa’s Maybe”; Sharpe, *In the Wake*.
- 29 See Attia, *Repair*.
- 30 *Art Daily*, “Exhibition Invites Visitors.”
- 31 See Mbembe’s critique of the future in writing on Africa, especially Mbembe, *On the Postcolony*; Mbembe, “Africa in Theory.” Also see Guyer, “Prophecy and the Near Future.”
- 32 Campt, “Black Feminist Futures and the Practice of Fugitivity.” See especially minutes 29:15–30:30 of this talk.
- 33 Comaroff and Comaroff, *Theory from the South*, 2019.
- 34 To protect the identity of my interlocutors, “Kishabe” and all names used in this book for patients, staff, and local informants are pseudonyms.
- 35 This is certainly not a constant in Congo or elsewhere. Dewachi, “Blurred Lines,” writes about the ways in which the sites of health care provision have become targets—and active participants—in contemporary wars. During the tenth Ebola epidemic in Congo, hundreds of assaults against health care sites and providers were recorded. For further analysis of the forces that gave rise to this phenomenon in DRC, see Congo Research Group, “Rebels, Doctors, and Merchants of Violence.”
- 36 I described the visceral sensation of the inequality present in my fieldwork in a talk I gave at the European Conference on African Studies in Lisbon: Niehuus, “Going Rogue.”

- 37 This has certainly been observed elsewhere. Of her ethnographic research in postwar Guatemala, Linda Green writes, “Fear joined me to the people and yet separated me from them as well” (*Fear as a Way of Life*, 20). In her first book, *The Pastoral Clinic*, Angela Garcia writes about incommensurability more generally in the ethnographic encounter.
- 38 Saidiya Hartman writes about the desire for stories to recuperate that which has been erased: “Loss gives rise to longing, and in these circumstances, it would not be far-fetched to consider stories as a form of compensation or even as reparations, perhaps the only kind we will ever receive” (“Venus in Two Acts,” sx26).
- 39 Stewart, *Ordinary Affects*, 2.
- 40 Stewart, *Ordinary Affects*, 129.
- 41 In this idea, I owe a large intellectual debt to Alexis Pauline Gumbs. Gumbs describes her book *M Archive* as a “speculative documentary work” that seeks to “[depict] a species at the edge of its integrity, on the verge or in the practice of transforming into something beyond the luxuries and limitations of what some call ‘the human’” (*M Archive*, xi).
- 42 The fact that ethnographic methodology was used to create this text means that my presence has affected the shape of the archive itself: surely, lives unfolded and possibilities opened and closed every day outside of my presence, and yet only the things that I observed, the activities that I participated in, the stories that I recorded appear in this text. This archive is, thus, partial, delimited by my experience of eastern Congo; and, if archives, in Geissler et al.’s words, have the capacity to “trigger new affective responses, provoke moments of recognition and refusal, and thus invite further conversation, opening new futures rather than turning another page on the past” (Geissler et al., *Traces of the Future*, 27), the partiality of this archive might limit the kinds of futures it opens.
- 43 See De Boeck, “Apocalyptic Interlude.”
- 44 Mbembe, *Necropolitics*, 2.

CHAPTER 1. DIRT WORK

- 1 Trefon, *Congo’s Environmental Paradox*, 21.
- 2 UNICEF DR Congo (@UNICEFDR Congo), Twitter, February 6, 2013.
- 3 Farming as the most common occupation is an older statistic from Trefon, *Reinventing Order in the Congo*. A household survey that we conducted in North Kivu as part of research for a different project demonstrated this number was closer to 50 percent (Congo Research Group, “Ebola in the DRC”). On the 2021 crisis, see World Food Program, “WFP Democratic Republic of Congo Country Brief.” As Alex de Waal previously demonstrated in Sudan, instead of being the result of a drought or a flood, hunger is often politically created. In Congo, like Sudan, a predatory government comes together with a humanitarian sector that intervenes in crises without ensuring durable political reform to create a situation in which the millions experiencing hunger are surrounded by huge swaths of fertile land. Waal, *Famine Crimes*.